CLASS A
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

SANLANDO UTILITIES CORPORATION
Exact Legal Name of Utility
Docket No.: 110257-WS

VOLUME III (a)

FOR THE

Test Year Ended: December 31, 2010

(Volume III a-c)

DOCUMENT NUMBER-DATE
07991 OCT 31 =
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Sanlando Utilities Corporation

Docket No. 110257-WS

Seminole County

25.30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2010

Sanlando Utilities Corporation

Docket No. 110257-WS

Seminole County

25.30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2010

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
2/15/2010					494	0.88														
3/8/2010					1100	0.88														
3/11/2010																	44,830	0.23		
3/15/2010					480	0.88														
3/15/2010					250	0.88														
3/8/2010					280	0.88														
3/23/2010							320	2.75												
3/22/2010					435	0.88														
3/3/2010							240	2.75												
3/29/2010					518	0.88														
4/5/2010					455	0.88														
4/2/2010																	45,085	0.23		
4/8/2010							300	2.75												
3/22/2010					340	0.88														
3/29/2010					335	0.88														
4/12/2010					546	0.88														
4/5/2010					270	0.88														
4/12/2010					275	0.88														
4/19/2010					533	0.88														
4/27/2010																	44,505	0.23		
4/26/2010					364	0.88														
5/3/2010					584	0.88														
4/19/2010					440	0.88														
4/26/2010					270	0.88														
5/10/2010					700	0.88														
5/10/2010					400	0.88														
5/3/2010					240	0.88														
5/11/2010							300	2.75												
5/19/2010																	44,273	0.23		
5/18/2010					395	0.88														
5/17/2010					597	0.88														
5/17/2010					494	0.88														
5/20/2010					409	0.88														
5/22/2010					390	0.88														
5/24/2010					350	0.88														
5/31/2010					441	0.88														
5/31/2010					715	0.88														
6/7/2010					763	0.88														
6/9/2010					450	0.88														
6/14/2010					500	0.88														
6/14/2010					650	0.88														
6/16/2010					410	0.88														
6/7/2010					450	0.88														
6/21/2010					1,085	0.88														
6/21/2010					714	0.88														
7/5/2010																				

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					434.72
																					968.00
																					10,310.90
																					422.40
																					220.00
																					248.40
																					880.00
																					382.80
																					660.00
																					455.84
																					400.40
																					10,369.55
																					825.00
																					299.20
																					294.80
																					480.48
																					237.60
																					242.00
																					469.04
																					10,236.15
																					320.32
																					513.92
																					387.20
																					237.60
																					616.00
																					352.00
																					211.20
																					825.00
																					10,182.79
																1,800	1.29				2,322.00
																					347.60
																					525.36
																					434.72
																					359.92
																					343.20
																					308.00
																					388.08
																					629.20
																					671.44
																					396.00
																					440.00
																					572.00
																					360.80
																					396.00
																					954.80
																					628.32

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
7/5/2010					650	0.88														
6/28/2010					1,039	0.88														
6/28/2010					440	0.88														
7/6/2010																				
7/12/2010					825	0.88														
7/12/2010					415	0.88														
7/15/2010							300	2.75												
7/19/2010					800	0.88														
7/1/2010													450	1.65						
7/13/2010															2	183.1				
7/19/2010					400	0.88														
7/26/2010					487	0.88														
8/2/2010					200	0.88														
7/30/2010					350	0.88														
8/4/2010					205	0.88														
7/26/2010					500	0.88														
8/10/2010							300	2.75												
8/2/2010					410	0.88														
8/10/2010																	43,878	0.23		
8/9/2010					410	0.88														
8/9/2010					572	0.88														
8/16/2010					1,000	0.88														
8/16/2010					350	0.88														
8/23/2010					350	0.88														
8/23/2010					1,000	0.88														
8/30/2010					800	0.88														
8/30/2010					350	0.88														
9/6/2010					350	0.88														
9/6/2010					763	0.88														
9/13/2010					225	0.88														
9/13/2010					649	0.88														
9/20/2010					1,039	0.88														
9/20/2010					300	0.88														
9/27/2010					315	0.88														
9/27/2010																	45,113	0.23		
9/27/2010					450	0.88														
10/5/2010																			1	2,898
10/4/2010															2	183.1				
10/4/2010					927	0.88														
10/4/2010					205	0.88														
10/12/2010							270	2.75												
10/11/2010					500	0.88														
5/5/2010																				
10/18/2010					770	0.88														
10/25/2010					355	0.88														
10/25/2010					493	0.88														
10/1/2010																				
10/18/2010					295	0.88														

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					572.00
																					914.32
																					387.20
																2,290	1.29			206.79	3,160.89
																					726.00
																					365.20
																					825.00
																					704.00
																				48.26	790.76
																			27.69	25.63	419.52
																					352.00
																					428.56
																					176.00
																					308.00
																					180.40
																					440.00
																					825.00
																					360.80
																					10,091.94
																					360.80
																					509.36
																					880.00
																					308.00
																					308.00
																					880.00
																					704.00
																					308.00
																					308.00
																					671.44
																					198.00
																					571.12
																					914.32
																					264.00
																					277.20
																					10,375.99
																					396.00
																				202.86	3,100.86
																			27.85	25.63	419.68
																					816.76
																					180.40
																					742.50
																					440.00
2	25	2	40																10		140.00
																					677.60
																					312.40
																					433.84
				2	8.97															1.26	19.20
																					159.60

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
1/11/2010	1,040	0.88																		
1/18/2010	1,050	0.88																		
1/4/2010	590	0.88																		
1/11/2010	1,236	0.88																		
1/18/2010	1,404	0.88																		
1/25/2010	1,210	0.88																		
1/25/2010	1,100	0.88																		
2/1/2010	750	0.88																		
2/2/2010	436	0.88																		
2/8/2010	900	0.88																		
2/1/2010	1,152	0.88																		
2/8/2010	1,092	0.88																		
2/15/2010	950	0.88																		
2/22/2010	1,020	0.88																		
2/15/2010	936	0.88																		
3/1/2010	900	0.88																		
2/22/2010	1,040	0.88																		
3/1/2010	936	0.88																		
3/8/2010	441	0.88																		
3/15/2010	1,140	0.88																		
3/15/2010	1,014	0.88																		
3/8/2010	858	0.88																		
3/22/2010	1,090	0.88																		
3/22/2010	1,144	0.88																		
3/29/2010	1,150	0.88																		
4/5/2010	1,310	0.88																		
3/29/2010	1,198	0.88																		
4/12/2010	1,450	0.88																		
4/5/2010	1,106	0.88																		
4/12/2010	1,248	0.88																		
4/19/2010	1,440	0.88																		
4/26/2010	1,150	0.80																		
5/3/2010	1,610	0.88																		
4/19/2010	1,508	0.88																		
4/26/2010	1,326	0.88																		
5/10/2010	2,000	0.88																		
5/10/2010	936	0.88																		
5/3/2010	1,488	0.88																		
4/30/2010			3,805	6.90																
5/17/2010	2,444	0.88																		
5/17/2010	650	0.88																		
5/20/2010	2,100	0.88																		
5/22/2010	1,650	0.88																		
5/24/2010	1,677	0.88																		
5/31/2010	1,456	0.88																		
5/31/2010	900	0.88																		
6/7/2010	1,000	0.88																		
6/11/2010	950	0.88																		
6/14/2010	1,500	0.88																		
6/14/2010	1,524	0.88																		

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					815.20
																					924.00
																					515.20
																					1,087.88
																					1,235.57
																					1,064.80
																					968.00
																					660.00
																					383.68
																					792.00
																					1,013.76
																					960.95
																					836.00
																					897.60
																					823.68
																					792.00
																					915.20
																					823.68
																					348.00
																					1,009.20
																					897.32
																					755.04
																					953.20
																					1,006.72
																					1,013.00
																					1,152.80
																					1,054.24
																					1,276.00
																					973.28
																					1,098.24
																					1,397.20
																					920.00
																					1,416.80
																					1,317.00
																					1,166.88
																					1,760.00
																					823.68
																					1,309.44
																					16,294.50
																					2,158.72
																					572.00
																					1,848.00
																					1,452.00
																					1,475.76
																					1,281.28
																					792.00
																					880.00
																					836.00
																					1,320.00
																					1,341.12

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
6/16/2010	1,100	0.88																		
6/7/2010	1,170	0.88																		
6/15/2010	320	1.42																		
6/21/2010	1,482	0.88																		
6/21/2010	708	0.88																		
7/5/2010	850	0.88																		
7/5/2010	1,534	0.88																		
6/28/2010	1,600	0.88																		
6/28/2010	1,586	0.88																		
7/13/2010	255	1.42																		
7/9/2010																				
7/12/2010	1,400	0.88																		
7/12/2010	1,508	0.88																		
7/19/2010	1,300	0.88																		
7/19/2010	1,638	0.88																		
7/9/2010																	44,626	0.23		
7/26/2010	975	0.88																		
8/2/2010	800	0.88																		
7/30/2010	875	0.88																		
8/4/2010	1,700	0.88																		
7/26/2010	1,924	0.88																		
8/3/2010	270	1.42																		
8/2/2010	1,872	0.88																		
8/9/2010	1,936	0.88																		
8/9/2010	850	0.88																		
8/16/2010	2,000	0.88																		
8/16/2010	1,352	0.88																		
8/23/2010	1,560	0.88																		
8/23/2010	1,300	0.88																		
8/30/2010	1,450	0.88																		
8/30/2010	1,300	0.88																		
8/31/2010	228	1.42																		
9/6/2010	1,852	0.88																		
9/6/2010	1,800	0.88																		
9/13/2010	1,456	0.88																		
9/13/2010	1,580	0.88																		
9/20/2010	1,700	0.88																		
9/23/2010	300	1.42																		
9/20/2010	1,716	0.88																		
9/27/2010	1,664	0.88																		
9/27/2010	1,550	0.88																		
10/4/2010	1,500	0.88																		
10/4/2010	1,524	0.88																		
10/11/2010	2,100	0.88																		
10/18/2010	1,590	0.88																		
10/25/2010	1,846	0.88																		
10/25/2010	1,700	0.88																		
10/18/2010	1,794	0.88																		
11/1/2010	1,690	0.88																		

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					968.00
																					1,029.60
																					456.40
																					1,304.16
																					623.04
																					748.00
																					1,349.92
																					1,408.00
																					1,395.68
																					362.10
										1	77.36	1	98.29						19.71	12.30	207.66
																					1,232.00
																					1,327.04
																					1,144.00
																					1,441.44
																					10,383.98
																					858.00
																					704.00
																					770.00
																					1,496.00
																					1,693.12
																					383.40
																					1,647.36
																					1,703.68
																					748.00
																					1,760.00
																					1,189.76
																					1,372.80
																					1,144.00
																					1,276.00
																					1,144.00
																					323.76
																					1,629.76
																					1,584.00
																					1,281.28
																					1,390.40
																					1,496.00
																					425.00
																					1,510.08
																					1,464.32
																					1,364.00
																					1,320.00
																					1,341.12
																					1,848.00
																					1,399.20
																					1,624.48
																					1,496.00
																					1,578.72
																					1,487.20

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
10/21/2010	300	1.42																		
11/1/2010	2,000	0.88																		
11/8/2010	1,389	0.88																		
11/16/2010	270	1.42																		
11/8/2010	1,800	0.88																		
11/15/2010	1,500	0.88																		
11/15/2010	1,508	0.88																		
11/22/2010	1,508	0.88																		
11/22/2010	2,050	0.88																		
11/29/2010	1,050	0.88																		
12/6/2010	1,400	0.88																		
11/29/2010	1,288	0.88																		
12/6/2010	1,170	0.88																		
12/13/2010	1,600	0.88																		
12/21/2010	230	1.42																		
12/13/2010	1,196	0.88																		
12/27/2010	1,040	0.88																		
12/20/2010	1,034	0.88																		
12/20/2010	1,300	0.88																		
12/27/2010	1,400	0.88																		
1/4/2010					299	0.88														
1/11/2010					468	0.88														
1/12/2010							310	2.75												
1/18/2010					500	0.88														
1/12/2010																				
1/18/2010					250	0.88														
1/11/2010					245	0.88														
1/25/2010					130	0.88														
1/24/2010																				
1/26/2010																	44,505	0.23		
1/25/2010					331	0.88														
1/5/2010																	44,000	0.23		
2/2/2010					450	0.88														
2/9/2010							300	2.75												
2/8/2010					402	0.88														
2/1/2010					400	0.88														
2/17/2010																	44,560	0.23		
2/16/2010																				
2/8/2010					455	0.88														
2/23/2010							325	2.75												
2/22/2010					468	0.88														
2/15/2010					450	0.88														
3/1/2010					390	0.88														
1/26/2010							310	2.75												
2/22/2010					450	0.88														
3/1/2010					300	0.88														

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					436.00
																					1,760.00
																					1,222.32
																					383.80
																					1,584.00
																					1,320.00
																					1,327.04
																					1,327.04
																					1,804.00
																					924.00
																					1,232.00
																					1,138.44
																					1,029.80
																					1,408.00
																					526.60
																					1,057.48
																					815.29
																					909.92
																					1,144.00
																					1,232.00
																					263.12
																					411.84
																					852.50
																					440.00
										2	159.24								27.31	22.29	368.08
																					220.00
																					215.60
																					114.40
														1,800	1.65					193.05	3,163.05
																					10,236.15
																					291.28
																					10,120.00
																					396.00
																					825.00
																					353.76
																					352.00
																					10,248.80
																1,800	1.29				2,322.00
																					400.40
																					803.75
																					411.84
																					396.00
																					343.20
																					852.50
																					396.00
																					264.00

Sanlando Utilities Corporation
Docket No.: 110257-WS
Schedule of Chemicals
Test Year Ended December 31, 2010

	Sodium Hypochlorite (gal)		Aquadene (gal)		Sodium Hypochlorite (gal)		Sodium Bisulfite (gal)		Calcium Hypochlorite (100# bucket)		Calcium Hypochlorite granular (55# bag)		K290 FLX Polymer (lbs)		Zep Mr. Big II (case)		Sodium Aluminate (lbs)		FBS-7602 Polymer (tote)	
Date of Invoice	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	units	unit price	units	unit price	Units	Unit Price	units	unit price
11/1/2010					290	0.88														
10/26/2010																				
11/1/2010					714	0.88														
11/2/2010																				
11/8/2010					1,008	0.88														
11/8/2010					325	0.88														
11/10/2010																	45,237	0.23		
11/15/2010					585	0.88														
11/15/2010					280	0.88														
11/22/2010					355	0.88														
11/22/2010					832	0.88														
12/6/2010					546	0.88														
11/29/2010					767	0.88														
11/29/2010					355	0.88														
12/6/2010					350	0.88														
12/13/2010					630	0.88														
12/13/2010																			2	567
12/13/2010					345	0.88														
12/27/2010					350	0.88														
12/20/2010					315	0.88														
12/20/2010					680	0.88														
12/29/2010							225	2.75												
12/27/2010					546	0.88														
1/1/10-3/31/10			1,560	6.90																
Total	**147,438**	**0.92**	**5,365**		**52,572**	**0.88**	**3,500**										**490,612**			
Application/Use	Disinfection		Corrosion control		Disinfection		Dechlorination		Plant Maintenance		Plant Maintenance		Sludge dewatering		Odor control		Phosphorus removal		Sludge dewatering	
Water/Sewer/Both	Water		Water		Sewer		Sewer		Sewer		Sewer				Sewer		Sewer		Sewer	
Water Treated (mg)	2,720		2,720																	
Dosage (ppm)	7		0																	
Sewer Treated (mg)					717		220													
Dosage (ppm)					9		2													

DMRQA (pH @25 c)		DMRQA (Total Residual Chlorine)		Hydrated Lime (50# bag)		HTH granular (37.5# pail)		Trichloroisocyanuric acid (tabs)		ZEP FORMULA 50 (case)		Zep INSECT POWDER (case)		EK 27X Polymer (lbs)		LC-1506 Polymer (gal)					
units	unit price	units	unit price	units	unit price	units	unit price	units	unit price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Units	Unit Price	Labor	Freight	Tax	Total $
																					255.20
						1	89.92													6.3	96.22
																					628.32
								2	150.00												300.00
																					887.04
																					286.00
																					10,404.51
																					514.80
																					246.40
																					312.40
																					732.16
																					480.48
																					674.96
																					312.40
																					308.00
																					554.40
																				79.38	1,219.38
																					303.60
																					308.00
																					277.20
																					598.40
																					618.75
																					480.48
																					10,764.00
																					354,617.78
Lab process control		Lab process control		Spill cleanup		Plant maintenance		Plant maintenance		Cleaner		Ant killer		Sludge dewatering		Sludge dewatering					
Sewer		Sewer		Sewer		Sewer		Sewer		Both		Both		Sewer		Sewer					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255100	5480		SE 5 AP ACCRUAL 2 DECEMBER REV	JE	268834	1/1/2010		(149.60)	(149.60)	AA	P	
255	255100	5480		SE 5 AP ACCRUAL 3 DECEMBER	JE	268908	1/1/2010		(630.08)	(630.08)	AA	P	
255	255100	5480		SE 5 AP ACCRUAL 2 DECEMBER	JE	268830	1/1/2010	149.60		149.60	AA	P	
255	255100	5480		SE 5 AP ACCRUAL 2 DECEMBER	JE	268835	1/1/2010		(149.60)	(149.60)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	52929	1/4/2010	519.20		519.20	AA	P	228292
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53289	1/7/2010	2,708.64		2,708.64	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53384	1/8/2010	1,005.84		1,005.84	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53516	1/11/2010	915.20		915.20	AA	P	228292
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53681	1/13/2010	542.08		542.08	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	PV	228292	1/13/2010	149.60		149.60	AA	P	228292
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53943	1/18/2010	2,078.56		2,078.56	AA	P	229455
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	53967	1/18/2010	924.00		924.00	AA	P	229562
255	255100	5480		ODYSSEY MANUFACTURING CO.	PV	229455	1/18/2010	630.08		630.08	AA	P	229455
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	54422	1/25/2010	519.20		519.20	AA	P	231017
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	54466	1/25/2010	968.00		968.00	AA	P	230907
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55020	2/1/2010	1,064.80		1,064.80	AA	P	232961
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55019	2/1/2010	1,235.52		1,235.52	AA	P	232781
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55018	2/1/2010	1,087.68		1,087.68	AA	P	232780
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55017	2/1/2010	1,110.56		1,110.56	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55434	2/5/2010	1,043.68		1,043.68	AA	P	236472 & 236473
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55551	2/8/2010	792.00		792.00	AA	P	235768
255	255100	5480		ODYSSEY MANUFACTURING CO.	PV	235768	2/9/2010	176.00		176.00	AA	P	235768
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55692	2/10/2010		(542.08)	(542.08)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	55946	2/16/2010	836.00		836.00	AA	P	238682
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	56360	2/22/2010	1,013.76		1,013.76	AA	P	238647
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	56359	2/22/2010	960.96		960.96	AA	P	238653
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	56381	2/22/2010	897.60		897.60	AA	P	241019
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	56821	3/1/2010	792.00		792.00	AA	P	237429
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	56855	3/2/2010	823.68		823.68	AA	P	241907
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	57252	3/8/2010	388.08		388.08	AA	P	244289
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	57559	3/11/2010	823.68		823.68	AA	P	243952
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	57558	3/11/2010	915.20		915.20	AA	P	243951
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	57532	3/11/2010	792.00		792.00	AA	P	243643
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	57821	3/17/2010	1,003.20		1,003.20	AA	P	245931
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58069	3/22/2010	959.20		959.20	AA	P	247701
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58372	3/25/2010	892.32		892.32	AA	P	247490
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58369	3/25/2010	514.80		514.80	AA	P	247491
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58587	3/26/2010		(8.80)	(8.80)	AA	P	229562
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58587	3/26/2010		(44.00)	(44.00)	AA	P	229562
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58572	3/26/2010		(1,005.84)	(1,005.84)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	PV	247491	3/26/2010	240.24		240.24	AA	P	247491
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	58767	3/30/2010	1,012.00		1,012.00	AA	P	249719
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	59221	4/6/2010	1,152.80		1,152.80	AA	P	251268
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	59800	4/15/2010	1,276.00		1,276.00	AA	P	252928
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	59920	4/16/2010	1,006.72		1,006.72	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	59917	4/16/2010	1,054.24		1,054.24	AA	P	252255
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	60122	4/20/2010	1,267.20		1,267.20	AA	P	254320

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
					-	
					630.08	
					149.60	
					(519.20)	
					(2,708.64)	
					(915.20)	
					(149.60)	
					(2,078.56)	
					(630.08)	

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	60369	4/22/2010	973.28		973.28	AA	P	254290
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	60411	4/22/2010	1,098.24		1,098.24	AA	P	254294
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	60824	4/28/2010	1,012.00		1,012.00	AA	P	257888
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61042	4/30/2010	1,327.04		1,327.04	AA	P	259001
255	255100	5490		PRISTINE WATER SOLUTIONS	OV	61084	5/3/2010	27,600.00		27,600.00	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61278	5/4/2010	1,416.80		1,416.80	AA	P	258245
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61280	5/4/2010	1,166.88		1,166.88	AA	P	259005
255	255100	5490		PRISTINE WATER SOLUTIONS	OV	61377	5/5/2010		(27,600.00)	(27,600.00)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61764	5/10/2010	1,760.00		1,760.00	AA	P	259835
255	255100	5480		ODYSSEY MANUFACTURING CO.	PV	257888	5/10/2010		(92.00)	(92.00)	AA	P	257888
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61911	5/12/2010	1,309.44		1,309.44	AA	P	260104
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	61912	5/12/2010	823.68		823.68	AA	P	260044
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	62360	5/18/2010	572.00		572.00	AA	P	262233
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	62473	5/19/2010	2,150.72		2,150.72	AA	P	262231
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	62721	5/21/2010	1,848.00		1,848.00	AA	P	263694
255	255100	5490		PRISTINE WATER SOLUTIONS	OV	62719	5/21/2010	26,254.50		26,254.50	AA	P	261344
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	62862	5/25/2010	1,452.00		1,452.00	AA	P	263696
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	62996	5/26/2010	1,475.76		1,475.76	AA	P	264323
255	255100	5490		MOVE PPD TO EXP 05/2010	JE	271315	5/31/2010	4,375.75		4,375.75	AA	P	
255	255100	5490		MOVE PPD TO EXP 05/2010	JE	271315	5/31/2010		(26,254.50)	(26,254.50)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	63353	6/1/2010		(1,110.56)	(1,110.56)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	63421	6/2/2010	792.00		792.00	AA	P	266787
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	63646	6/3/2010	1,281.28		1,281.28	AA	P	266785
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	63896	6/8/2010	880.00		880.00	AA	P	267002
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64118	6/11/2010	836.00		836.00	AA	P	268652
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64369	6/15/2010	1,341.12		1,341.12	AA	P	268655
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64356	6/15/2010	1,320.00		1,320.00	AA	P	268653
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64454	6/16/2010	968.00		968.00	AA	P	269409
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64842	6/22/2010		(512.16)	(512.16)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64840	6/22/2010	1,304.16		1,304.16	AA	P	270631
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64885	6/22/2010		(543.84)	(543.84)	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	64943	6/23/2010	1,029.60		1,029.60	AA	P	269903
255	255100	5480		THE DUMONT COMPANY INC	OV	64944	6/23/2010	454.40		454.40	AA	P	269906
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	65045	6/24/2010	623.04		623.04	AA	P	271375
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	65500	6/29/2010	1,408.00		1,408.00	AA	P	274907
255	255100	5490		MOVE PPD TO EXP 06/2010	JE	271559	6/30/2010	4,375.75		4,375.75	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	65916	7/2/2010	1,395.68		1,395.68	AA	P	274909
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	65976	7/6/2010	748.00		748.00	AA	P	274903
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	66580	7/13/2010	1,349.92		1,349.92	AA	P	274905
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	66794	7/15/2010	1,327.04		1,327.04	AA	P	275972
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	66827	7/16/2010	1,232.00		1,232.00	AA	P	275967
255	255100	5490		C&S CHEMICALS INC.	OV	66826	7/16/2010	10,263.98		10,263.98	AA	P	277093
255	255100	5480		THE DUMONT COMPANY INC	OV	66977	7/19/2010	362.10		362.10	AA	P	275524
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	67023	7/20/2010	1,144.00		1,144.00	AA	P	277043
255	255100	5490		ZEP SALES AND SERVICE	PV	275593	7/20/2010	207.66		207.66	AA	P	275593
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	67546	7/26/2010	858.00		858.00	AA	P	280118
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	67622	7/27/2010	1,441.44		1,441.44	AA	P	279557

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
					512.16	
					543.84	
	10,263.98					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	67961	7/29/2010		(1,006.72)	(1,006.72)	AA	P	
255	255100	5490		MOVE PPD TO EXP 07/2010	JE	272019	7/31/2010	4,375.75		4,375.75	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	68223	8/2/2010	770.00		770.00	AA	P	282077
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	68469	8/4/2010	704.00		704.00	AA	P	282075
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	68632	8/5/2010	1,496.00		1,496.00	AA	P	282079
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	68791	8/9/2010	1,693.12		1,693.12	AA	P	282691
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	68830	8/9/2010	748.00		748.00	AA	P	284828
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	69317	8/16/2010	1,703.68		1,703.68	AA	P	284825
255	255100	5480		THE DUMONT COMPANY INC	OV	69316	8/16/2010	378.00		378.00	AA	P	283332
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	69315	8/16/2010	1,647.36		1,647.36	AA	P	283693
255	255100	5480		THE DUMONT COMPANY INC	PV	283332	8/16/2010	5.40		5.40	AA	P	283332
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	69376	8/17/2010	1,760.00		1,760.00	AA	P	284983
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	69824	8/24/2010	1,144.00		1,144.00	AA	P	287189
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	70285	8/30/2010	1,189.76		1,189.76	AA	P	287185
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	70287	8/30/2010	1,372.80		1,372.80	AA	P	287187
255	255100	5490		MOVE PPD TO EXP 08/2010	JE	273244	8/31/2010	4,375.75		4,375.75	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	70378	8/31/2010	1,276.00		1,276.00	AA	P	289078
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	70399	8/31/2010	1,144.00		1,144.00	AA	P	289825
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	71084	9/9/2010	1,584.00		1,584.00	AA	P	291929
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	71296	9/13/2010	1,629.76		1,629.76	AA	P	291926
255	255100	5480		THE DUMONT COMPANY INC	OV	71295	9/13/2010	323.76		323.76	AA	P	291472
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	71504	9/15/2010	1,390.40		1,390.40	AA	P	294616
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	71951	9/21/2010	1,496.00		1,496.00	AA	P	294618
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	72092	9/23/2010	1,281.28		1,281.28	AA	P	293991
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	72391	9/28/2010	1,464.32		1,464.32	AA	P	297277
255	255100	5480		THE DUMONT COMPANY INC	OV	72393	9/28/2010	426.00		426.00	AA	P	295279
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	72388	9/28/2010	1,510.08		1,510.08	AA	P	295487
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	72449	9/29/2010	1,364.00		1,364.00	AA	P	297566
255	255100	5490		MOVE PPD TO EXP 09/2010	JE	275095	9/30/2010	4,375.75		4,375.75	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	72949	10/5/2010	1,320.00		1,320.00	AA	P	298935
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	73585	10/13/2010	1,341.12		1,341.12	AA	P	299035
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	73628	10/13/2010	1,848.00		1,848.00	AA	P	300515
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	73903	10/18/2010	1,399.20		1,399.20	AA	P	303154
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	74431	10/25/2010	1,496.00		1,496.00	AA	P	304849
255	255100	5490		MOVE PPD TO EXP 10/2010	JE	275322	10/31/2010	4,375.75		4,375.75	AA	P	
255	255100	5480		THE DUMONT COMPANY INC	OV	74952	11/1/2010	426.00		426.00	AA	P	306757
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	74949	11/1/2010	1,578.72		1,578.72	AA	P	305891
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	74947	11/1/2010	1,601.60		1,601.60	AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	74954	11/1/2010	1,624.48		1,624.48	AA	P	304847
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	75031	11/2/2010	1,760.00		1,760.00	AA	P	306788
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	75570	11/9/2010	1,487.20		1,487.20	AA	P	305908
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76049	11/16/2010	1,222.32		1,222.32	AA	P	308754
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76089	11/16/2010	1,320.00		1,320.00	AA	P	310075
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76166	11/17/2010	1,584.00		1,584.00	AA	P	309358
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76551	11/23/2010	1,804.00		1,804.00	AA	P	313408
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76598	11/23/2010	1,327.04		1,327.04	AA	P	310077
255	255100	5480		THE DUMONT COMPANY INC	OV	76597	11/23/2010	383.40		383.40	AA	P	309356

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
				1,006.72		This invoice was never recorded but it's on the back of 252235 pages 287 & 288

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255100	5490		MOVE PPD TO EXP 11/2010	JE	277147	11/30/2010				AA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	76867	11/30/2010	924.00		924.00	AA	P	314359
255	255100	5480		Southeast Region-805100.5480	JA	5543	11/30/2010	2,836.69	-	2,836.69	UA	P	
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	77092	12/2/2010	1,327.04		1,327.04	AA	P	311755
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	77367	12/7/2010	1,232.00		1,232.00	AA	P	314360
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	77869	12/14/2010	1,408.00		1,408.00	AA	P	316386
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	77814	12/14/2010	1,029.60		1,029.60	AA	P	315069
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	77811	12/14/2010	1,133.44		1,133.44	AA	P	314835
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	78195	12/20/2010	1,437.92		1,437.92	AA	P	319336
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	78226	12/20/2010	1,144.00		1,144.00	AA	P	319338
255	255100	5480		THE DUMONT COMPANY INC	OV	78433	12/22/2010	333.50		333.50	AA	P	316830
255	255100	5480		THE DUMONT COMPANY INC	PV	316830	12/23/2010		(6.90)	(6.90)	AA	P	316830
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	78642	12/28/2010	915.20		915.20	AA	P	319320
255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	78684	12/29/2010	1,052.48		1,052.48	AA	P	317975
255	255100	5490		MOVE PPD TO EXP 12/2010	JE	277438	12/31/2010				AA	P	
255	255101	5480		SE 5 AP ACCRUAL 2 DECEMBER	JE	268835	1/1/2010		(66.88)	(66.88)	AA	P	
255	255101	5480		SE 5 AP ACCRUAL 2 DECEMBER	JE	268830	1/1/2010	66.88		66.88	AA	P	
255	255101	5480		SE 5 AP ACCRUAL 2 DECEMBER REV	JE	268834	1/1/2010		(66.88)	(66.88)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL DECEMBER	JE	268612	1/1/2010		(48.26)	(48.26)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL 2 DECEMBER	JE	268835	1/1/2010		(48.26)	(48.26)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL 2 DECEMBER REV	JE	268834	1/1/2010		(48.26)	(48.26)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL DECEMBER	JE	268833	1/1/2010		(48.26)	(48.26)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL 2 DECEMBER	JE	268830	1/1/2010	48.26		48.26	AA	P	
255	255101	5490		SE 5 AP ACCRUAL DECEMBER	JE	268612	1/1/2010	48.26		48.26	AA	P	
255	255101	5490		REMOVE DUPLICATE ACCRUALS	JE	269139	1/1/2010	48.26		48.26	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	52930	1/4/2010	263.12		263.12	AA	P	228626
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	52954	1/4/2010	38.72		38.72	AA	P	226980
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	52954	1/4/2010	440.00		440.00	AA	P	226980
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	53293	1/7/2010	220.00		220.00	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	53294	1/7/2010	220.00		220.00	AA	P	
255	255101	5490		C&S CHEMICALS INC.	OV	53347	1/7/2010	9,200.00		9,200.00	AA	P	235770
255	255101	5490		KED GROUP, INC.	OV	53349	1/7/2010	742.50		742.50	AA	P	227313
255	255101	5490		KED GROUP, INC.	PV	227313	1/8/2010	48.26		48.26	AA	P	227313
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	53515	1/11/2010	411.84		411.84	AA	P	228293
255	255101	5490		THE DUMONT COMPANY INC	OV	53615	1/12/2010	852.50		852.50	AA	P	230904
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	228293	1/13/2010	66.88		66.88	AA	P	228293
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	53968	1/18/2010	440.00		440.00	AA	P	230908
255	255101	5490		KED GROUP, INC.	OV	53969	1/18/2010	2,970.00		2,970.00	AA	P	234098
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	54469	1/25/2010	291.28		291.28	AA	P	229561
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	230908	1/25/2010	120.56		120.56	AA	P	229561
255	255101	5485		ZEP MAUFACTURING COMPANY	OV	54511	1/26/2010	318.48		318.48	AA	P	231618
255	255101	5490		C&S CHEMICALS INC.	OV	54568	1/26/2010	10,120.00		10,120.00	AA	P	234912
255	255101	5490		THE DUMONT COMPANY INC	OV	54654	1/27/2010	852.50		852.50	AA	P	243937
255	255101	5485		ZEP SALES AND SERVICE	PV	231618	1/27/2010	49.60		49.60	AA	P	231618
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	232547	1/30/2010	220.00		220.00	AA	P	232547
255	255101	5490		SE 5 AP ACCRUAL JANUARY	JE	269147	1/31/2010	2,749.05		2,749.05	AA	P	
255	255101	5490		SE 5 AP ACCRUAL JANUARY	JE	269147	2/1/2010		(2,749.05)	(2,749.05)	AA	P	

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
			(2,836.69)			
(528.00)						
					66.88	
	66.88					
	(66.88)					
	(48.26)					
					48.26	
	(48.26)					
	(48.26)					
	48.26					
	48.26					
	48.26					
	263.12					
					(38.72)	
					(440.00)	
	220.00					
	220.00					
	9,200.00					
					(742.50)	
					(48.26)	
					(411.84)	
	852.50					
					(66.88)	
	440.00					
	2,970.00					
	291.28					
	120.56					
	318.48					
	10,120.00					
	852.50					
	49.60					
	220.00					
	2,749.05					
	(2,749.05)					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55025	2/1/2010	215.60		215.60	AA	P	232782
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55024	2/1/2010	220.00		220.00	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55027	2/1/2010	114.40		114.40	AA	P	232963
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55026	2/1/2010	220.00		220.00	AA	P	
255	255101	5490		KED GROUP, INC.	PV	232754	2/1/2010		(2,749.05)	(2,749.05)	AA	P	232754
255	255101	5490		KED GROUP, INC.	PV	232754	2/1/2010	2,749.05		2,749.05	AA	P	232754
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55182	2/3/2010		(388.96)	(388.96)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55190	2/3/2010		(28.00)	(28.00)	AA	P	
255	255101	5490		KED GROUP, INC.	PV	234098	2/3/2010	193.05		193.05	AA	P	234098
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55435	2/5/2010	396.00		396.00	AA	P	236471
255	255101	5490		C&S CHEMICALS INC.	OV	55392	2/5/2010	920.00		920.00	AA	P	235770
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55550	2/8/2010	353.76		353.76	AA	P	237426
255	255101	5490		C&S CHEMICALS INC.	PV	234912	2/8/2010	116.15		116.15	AA	P	234912
255	255101	5490		THE DUMONT COMPANY INC	OV	55627	2/9/2010	825.00		825.00	AA	P	236482
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	55945	2/16/2010	434.72		434.72	AA	P	243954
255	255101	5490		C&S CHEMICALS INC.	OV	56073	2/17/2010	10,120.00		10,120.00	AA	P	239269
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56382	2/22/2010	411.84		411.84	AA	P	241020
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56361	2/22/2010	352.00		352.00	AA	P	238649
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56358	2/22/2010	0.88		0.88	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56408	2/22/2010	1,006.72		1,006.72	AA	P	239732
255	255101	5490		LEAHCHEM IND., INC.	OV	56383	2/22/2010	2,322.00		2,322.00	AA	P	239704
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56478	2/23/2010	400.40		400.40	AA	P	239736
255	255101	5490		KED GROUP, INC.	OV	56460	2/23/2010	790.76		790.76	AA	P	
255	255101	5490		C&S CHEMICALS INC.	PV	239269	2/23/2010	128.80		128.80	AA	P	239269
255	255101	5490		THE DUMONT COMPANY INC	OV	56608	2/25/2010	893.75		893.75	AA	P	240409
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56820	3/1/2010	343.20		343.20	AA	P	242420
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	56856	3/2/2010	396.00		396.00	AA	P	241906
255	255101	5490		THE DUMONT COMPANY INC	OV	57087	3/4/2010	660.00		660.00	AA	P	248844
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	57251	3/8/2010	968.00		968.00	AA	P	244283
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	57557	3/11/2010	396.00		396.00	AA	P	243950
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	57560	3/11/2010	264.00		264.00	AA	P	243953
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	57709	3/15/2010	422.40		422.40	AA	P	245933
255	255101	5490		C&S CHEMICALS INC.	OV	57710	3/15/2010	10,310.90		10,310.90	AA	P	245673
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	244283	3/15/2010	291.28		291.28	AA	P	235769
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58070	3/22/2010	382.80		382.80	AA	P	247702
255	255101	5490		THE DUMONT COMPANY INC	OV	58226	3/23/2010	880.00		880.00	AA	P	247559
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58311	3/24/2010		(68.64)	(68.64)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58311	3/24/2010		(21.12)	(21.12)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58313	3/24/2010		(1,392.00)	(1,392.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58313	3/24/2010		(1,208.00)	(1,208.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58319	3/24/2010		(204.00)	(204.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58319	3/24/2010		(200.00)	(200.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58319	3/24/2010		(220.00)	(220.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58319	3/24/2010		(208.00)	(208.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58319	3/24/2010		(220.00)	(220.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58368	3/25/2010	246.40		246.40	AA	P	247492
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58371	3/25/2010	220.00		220.00	AA	P	247489

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
	215.60					
	220.00					
	114.40					
	220.00					
	(2,749.05)					
	2,749.05					
					388.96	
					28.00	
	193.05					
	396.00					
	920.00					
	353.76					
	116.15					
	825.00					
	434.72					
	10,120.00					
	411.84					
	352.00					
	0.88					
					(1,006.72)	
	2,322.00					
	400.40					
	790.76					
	128.80					
	893.75					
	343.20					
	396.00					
	660.00					
	968.00					
	396.00					
	264.00					
	422.40					
	10,310.90					
	291.28					
	382.80					
	880.00					
					68.64	
					21.12	
					1,392.00	
					1,208.00	
					204.00	
					200.00	
					220.00	
					208.00	
					220.00	
	246.40					
	220.00					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58559	3/26/2010		(13.20)	(13.20)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58569	3/26/2010		(220.00)	(220.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	58569	3/26/2010		(220.00)	(220.00)	AA	P	
255	255101	5480		SE 5 AP ACCRUAL 2 MARCH	JE	270472	3/31/2010	455.84		455.84	AA	P	
255	255101	5480		SE 5 AP ACCRUAL 2 MARCH	JE	270472	4/1/2010		(455.84)	(455.84)	AA	P	
255	255101	5490		C&S CHEMICALS INC.	OV	59100	4/5/2010	10,350.00		10,350.00	AA	P	251686
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	249693	4/6/2010	455.84		455.84	AA	P	249693
255	255101	5490		THE DUMONT COMPANY INC	OV	59453	4/9/2010	825.00		825.00	AA	P	252193
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	59660	4/13/2010	480.48		480.48	AA	P	252927
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	251274	4/13/2010	400.40		400.40	AA	P	251274
255	255101	5490		C&S CHEMICALS INC.	PV	251686	4/14/2010	19.55		19.55	AA	P	251686
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	59919	4/16/2010	299.20		299.20	AA	P	252253
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	59918	4/16/2010	294.80		294.80	AA	P	252254
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	60123	4/20/2010	469.04		469.04	AA	P	254321
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	60410	4/22/2010	242.00		242.00	AA	P	254293
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	60370	4/22/2010	237.60		237.60	AA	P	254289
255	255101	5490		C&S CHEMICALS INC.	OV	60713	4/27/2010	10,120.00		10,120.00	AA	P	256866
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	60755	4/28/2010	320.32		320.32	AA	P	257884
255	255101	5480		PERMANENT PPV REVERSAL ENTRY	JE	270797	4/30/2010		(888.00)	(888.00)	AA	P	
255	255101	5490		SE 5 AP ACCRUAL APRIL	JE	271001	4/30/2010	116.15		116.15	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	61041	4/30/2010	387.20		387.20	AA	P	259002
255	255101	5490		SE 5 AP ACCRUAL APRIL	JE	271001	5/1/2010		(116.15)	(116.15)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	61279	5/4/2010	237.60		237.60	AA	P	259004
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	61277	5/4/2010	513.92		513.92	AA	P	258246
255	255101	5490		C&S CHEMICALS INC.	PV	256866	5/5/2010	116.15		116.15	AA	P	256866
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	61765	5/10/2010	616.00		616.00	AA	P	259837
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	61914	5/12/2010	352.00		352.00	AA	P	260045
255	255101	5490		THE DUMONT COMPANY INC	OV	62110	5/13/2010	825.00		825.00	AA	P	260797
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	62361	5/18/2010	525.36		525.36	AA	P	262234
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	62359	5/18/2010	347.60		347.60	AA	P	262232
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	260102	5/18/2010	211.20		211.20	AA	P	260102
255	255101	5490		LEAHCHEM IND., INC.	OV	62533	5/20/2010	2,484.56		2,484.56	AA	P	262227
255	255101	5490		C&S CHEMICALS INC.	OV	62532	5/20/2010	10,182.79		10,182.79	AA	P	261830
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	62720	5/21/2010	434.72		434.72	AA	P	263695
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	62791	5/24/2010	359.92		359.92	AA	P	263697
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	62885	5/25/2010	343.20		343.20	AA	P	264325
255	255101	5490		LEAHCHEM IND., INC.	PV	262227	5/25/2010		(162.56)	(162.56)	AA	P	262227
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63352	6/1/2010		(220.00)	(220.00)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63344	6/1/2010		(0.88)	(0.88)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63352	6/1/2010		(220.00)	(220.00)	AA	P	
255	255101	5490		KED GROUP, INC.	OV	63343	6/1/2010		(790.76)	(790.76)	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63422	6/2/2010	388.08		388.08	AA	P	266788
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63647	6/3/2010	308.00		308.00	AA	P	266786
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	63897	6/8/2010	629.20		629.20	AA	P	267005
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64057	6/10/2010	671.44		671.44	AA	P	267677
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64368	6/15/2010	396.00		396.00	AA	P	268654
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64357	6/15/2010	440.00		440.00	AA	P	268656

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
					13.20	
	(220.00)					
	(220.00)					
	455.84					
	(455.84)					
	10,350.00					
	455.84					
	825.00					
	480.48					
	400.40					
	19.55					
	299.20					
	294.80					
	469.04					
	242.00					
	237.60					
	10,120.00					
	320.32					
					888.00	
	116.15					
	387.20					
	(116.15)					
	237.60					
	513.92					
	116.15					
	616.00					
	352.00					
	825.00					
	525.36					
	347.60					
	211.20					
	2,484.56					
	10,182.79					
	434.72					
	359.92					
	343.20					
	(162.56)					
	(220.00)					
	(0.88)					
	(220.00)					
	(790.76)					
	388.08					
	308.00					
	629.20					
	671.44					
	396.00					
	440.00					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64455	6/16/2010	572.00		572.00	AA	P	269408
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64841	6/22/2010	396.00		396.00	AA	P	270632
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	64942	6/23/2010	360.80		360.80	AA	P	269898
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	65047	6/24/2010	954.80		954.80	AA	P	271376
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	65499	6/29/2010	914.32		914.32	AA	P	274906
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	65915	7/2/2010	387.20		387.20	AA	P	274908
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	65977	7/6/2010	628.32		628.32	AA	P	274902
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	66106	7/7/2010	572.00		572.00	AA	P	274904
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	66597	7/13/2010	365.20		365.20	AA	P	275969
255	255101	5490		KED GROUP, INC.	OV	66589	7/13/2010	790.76		790.76	AA	P	278704
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	66736	7/15/2010	748.00		748.00	AA	P	275962
255	255101	5490		LEAHCHEM IND., INC.	OV	66735	7/15/2010	2,954.10		2,954.10	AA	P	275583
255	255101	5490		THE DUMONT COMPANY INC	OV	66825	7/16/2010	825.00		825.00	AA	P	276127
255	255101	5490		LEAHCHEM IND., INC.	PV	275583	7/20/2010	206.79		206.79	AA	P	275583
255	255101	5485		ZEP MAUFACTURING COMPANY	OV	67466	7/23/2010	386.20		386.20	AA	P	278717
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	67547	7/26/2010	428.56		428.56	AA	P	280119
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	277044	7/26/2010	704.00		704.00	AA	P	277044
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	67623	7/27/2010	352.00		352.00	AA	P	279558
255	255101	5485		ZEP SALES AND SERVICE	PV	278717	7/28/2010	33.32		33.32	AA	P	278717
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	68224	8/2/2010	308.00		308.00	AA	P	282078
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	68470	8/4/2010	176.00		176.00	AA	P	282076
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	68566	8/5/2010	180.40		180.40	AA	P	282080
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	68831	8/9/2010	503.36		503.36	AA	P	284829
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	68790	8/9/2010	440.00		440.00	AA	P	282692
255	255101	5490		C&S CHEMICALS INC.	OV	68897	8/10/2010	10,091.94		10,091.94	AA	P	284512
255	255101	5490		THE DUMONT COMPANY INC	OV	68989	8/11/2010	825.00		825.00	AA	P	283345
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	69335	8/16/2010	880.00		880.00	AA	P	284984
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	69314	8/16/2010	360.80		360.80	AA	P	283694
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	69318	8/16/2010	360.80		360.80	AA	P	284826
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	69793	8/23/2010	880.00		880.00	AA	P	287203
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	70288	8/30/2010	308.00		308.00	AA	P	287188
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	70286	8/30/2010	308.00		308.00	AA	P	287186
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	70400	8/31/2010	308.00		308.00	AA	P	289827
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	70558	9/1/2010	704.00		704.00	AA	P	289079
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	71085	9/9/2010	671.44		671.44	AA	P	291930
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	71177	9/10/2010		(22.00)	(22.00)	AA	P	275962
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	71298	9/13/2010	308.00		308.00	AA	P	291927
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	71361	9/14/2010	571.12		571.12	AA	P	294615
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	71953	9/21/2010	914.32		914.32	AA	P	294617
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	72093	9/23/2010	198.00		198.00	AA	P	293990
255	255101	5480		C&S CHEMICALS INC.	OV	72257	9/27/2010	10,120.00		10,120.00	AA	P	297533
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	72392	9/28/2010	277.20		277.20	AA	P	297278
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	72389	9/28/2010	264.00		264.00	AA	P	295489
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	72448	9/29/2010	396.00		396.00	AA	P	297565
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	72950	10/5/2010	815.76		815.76	AA	P	299032
255	255101	5485		ZEP MAUFACTURING COMPANY	OV	73040	10/6/2010	390.00		390.00	AA	P	298868
255	255101	5490		FORT BEND SERVICES INC	OV	73103	10/7/2010	2,898.00		2,898.00	AA	P	298835

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
	572.00					
	396.00					
	360.80					
	954.80					
	914.32					
	387.20					
	628.32					
	572.00					
	365.20					
	790.76					
	748.00					
	2,954.10					
	825.00					
	206.79					
	386.20					
	428.56					
	704.00					
	352.00					
	33.32					
	308.00					
	176.00					
	180.40					
	503.36					
	440.00					
	10,091.94					
	825.00					
	880.00					
	360.80					
	360.80					
	880.00					
	308.00					
	308.00					
	308.00					
	704.00					
	671.44					
	(22.00)					
	308.00					
	571.12					
	914.32					
	198.00					
	10,120.00					
	277.20					
	264.00					
	396.00					
	815.76					
	390.00					
	2,898.00					

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number
255	255101	5480		C&S CHEMICALS INC.	PV	297533	10/7/2010	255.99		255.99	AA	P	297533
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	73587	10/13/2010	180.40		180.40	AA	P	299039
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	73627	10/13/2010	440.00		440.00	AA	P	300514
255	255101	5485		ZEP SALES AND SERVICE	PV	298868	10/13/2010	29.68		29.68	AA	P	298868
255	255101	5490		FORT BEND SERVICES INC	PV	298835	10/13/2010	202.86		202.86	AA	P	298835
255	255101	5490		THE DUMONT COMPANY INC	OV	73742	10/14/2010	742.50		742.50	AA	P	299499
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	73901	10/18/2010	677.60		677.60	AA	P	303155
255	255101	5480		ABSOLUTE STANDARDS INC	PV	300945	10/20/2010	140.00		140.00	AA	P	300945
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	74432	10/25/2010	433.84		433.84	AA	P	304850
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	74955	11/1/2010	312.40		312.40	AA	P	304848
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	74948	11/1/2010	198.00		198.00	AA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	74950	11/1/2010	259.60		259.60	AA	P	305890
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	75032	11/2/2010	628.32		628.32	AA	P	306787
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	75571	11/9/2010	255.20		255.20	AA	P	305909
255	255101	5490		ACE HARDWARE OF LONGWOOD	PV	305870	11/9/2010	19.20		19.20	AA	P	305870
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	75682	11/11/2010	887.04		887.04	AA	P	307714
255	255101	5480		HOME DEPOT CREDIT SERVICES	PV	306631	11/11/2010	96.22		96.22	AA	P	306631
255	255101	5490		C&S CHEMICALS INC.	OV	75874	11/12/2010	10,120.00		10,120.00	AA	P	309951
255	255101	5480		THE DUMONT COMPANY INC	OV	75910	11/15/2010	300.00		300.00	AA	P	307287
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	76090	11/16/2010	514.80		514.80	AA	P	310074
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	76050	11/16/2010	286.00		286.00	AA	P	308753
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	76552	11/23/2010	732.16		732.16	AA	P	314362
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	76599	11/23/2010	246.40		246.40	AA	P	310076
255	255101	5490		C&S CHEMICALS INC.	OV	76709	11/24/2010	284.51		284.51	AA	P	309951
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	76866	11/30/2010	674.96		674.96	AA	P	313409
255	255101	5480		Southeast Region-805100.5480	JA	5543	11/30/2010	2,205.55	-	2,205.55	UA	P	
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	77093	12/2/2010	312.40		312.40	AA	P	311756
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	77262	12/6/2010	480.48		480.48	AA	P	314361
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	313409	12/8/2010	57.20		57.20	AA	P	313409
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	77868	12/14/2010	530.64		530.64	AA	P	316387
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	77815	12/14/2010	308.00		308.00	AA	P	315070
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	77812	12/14/2010	312.40		312.40	AA	P	314836
255	255101	5490		FORT BEND SERVICES INC	OV	77870	12/14/2010	1,213.38		1,213.38	AA	P	316399
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	78167	12/20/2010	277.20		277.20	AA	P	319337
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	78227	12/20/2010	598.40		598.40	AA	P	319339
255	255101	5480		ODYSSEY MANUFACTURING CO.	PV	316387	12/21/2010	23.76		23.76	AA	P	316387
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	78631	12/28/2010	480.48		480.48	AA	P	320418
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	78643	12/28/2010	308.00		308.00	AA	P	319321
255	255101	5480		ODYSSEY MANUFACTURING CO.	OV	78685	12/29/2010	303.60		303.60	AA	P	317976
255	255101	5490		THE DUMONT COMPANY INC	OV	78828	12/30/2010	618.75		618.75	AA	P	319347
255	255102	5480		Southeast Region-805100.5480	JA	5543	11/30/2010	7.22	-	7.22	UA	P	

Total Chemical General Ledger 351,794.78

255	255100	5480		ODYSSEY MANUFACTURING CO.	OV	79119	1/4/2011	1,232.00		1,232.00	AA	P	320417
				Aquadene True up for Usage of 1,560 Gallons									

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
	255.99					
	180.40					
	440.00					
	29.68					
	202.86					
	742.50					
	677.60					
	140.00					
	433.84					
	312.40					
(198.00)						
	259.60					
	628.32					
	255.20					
	19.20					
	887.04					
	96.22					
	10,120.00					
	300.00					
	514.80					
	286.00					
(57.20)	674.96					
	246.40					
	284.51					
	674.96					
			(2,205.55)			
	312.40					
	480.48					
	57.20					
	530.64					
	308.00					
	312.40					
	1,213.38					
	277.20					
	598.40					
	23.76					
	480.48					
	308.00					
	303.60					
	618.75					
			(7.22)			

1,232.00

10,764.00

CO	BU	OBJ	SUB	DESCRIPTION	TY	DOC	DATE	DEBIT	CREDIT	NET	LT	PC	Invoice Number

Chemical General Ledger	351,794.78
Adjustment from subsequent period	(1,152.80)
Adjustment from prior period	(2,745.46)
Erroneous Entries	1,006.72
Aquadene True-up	10,764.00
Remove Allocations	(5,049.46)
Chemical Schedule	354,617.78

ADJUSTMENTS TO G/L						
Adjustment from subsequent period	Reclass to Sewer	Aquadene True-Up	Remove Allocations	Erroneous Entries	Adjustments from Prior Period	
(1,152.80)	186,564.76	10,764.00	(5,049.46)	1,006.72	(2,745.46)	

Due to the large number of Invoices, a CD containing copies of Invoices will be provided to Staff under separate cover.

Sanlando Utilities Corporation

Docket No. 110257-WS

Seminole County

25.30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2010

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)

Lab Name: KNL Laboratory Services Florida DOH Certification #: E 84025 Certification Expiration Date: June Renewal

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 1833 Tampa, FL 33601 Phone #: 813-229-2879

Were any analyses subcontracted? ☐Yes ☒No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 4-22-11

PWS ID (From Page 1): _____ Sample Number (From Page 1): 14827(01) Lab Assigned Report # or Job ID: 11.2838

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: James W Hayes Date: 5-10-11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐Yes ☐No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601

Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: Flowers 148274DW1

KNL Report Number/Job ID: 11.2838
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15 ***	pCi/L	1.7		EPA 900.0	1.1	3	0.9	04-30-11	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	05-09-11	1205	E84025

Reporting Format 62-550.730
Effective January 1995, Revised February 2010.

* Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl.U) of 15 pCi/L. If the result for ID 4002 Gross Alpha (incl.Uranium) does not exceed 15 pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

James W. Hayes

Approved by:

James W. Hayes
Laboratory Director

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)

Lab Name: EMSL Analytical, Inc. Florida DOH Certification #: E 87804 Certification Expiration Date: 6/30/11

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 5125 Adamson St Ste 900 Orlando FL 32804 Phone #: 407-599-5887

Were any analyses subcontracted? ☐Yes ☐No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: April 20, 2011

PWS ID (From Page 1): _____ Sample Number (From Page 1): 462740001 Lab Assigned Report # or Job ID: 341103110

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

I, Tonya Ann Feda (Print Name), Asbestos Lab Manager (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: _____ Date: 5/4/11

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐Yes ☐No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 34110310 | 148274 Dw01

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L							E
1041	Nitrite (as N)	1	mg/L							E
1005	Arsenic	0.010	mg/L							E
1010	Barium	2	mg/L							E
1015	Cadmium	0.005	mg/L							E
1020	Chromium	0.1	mg/L							E
1024	Cyanide	0.2	mg/L							E
1025	Fluoride	4.0	mg/L							E
1030	Lead	0.015	mg/L							E
1035	Mercury	0.002	mg/L							E
1036	Nickel	0.1	mg/L							E
1045	Selenium	0.05	mg/L							E
1052	Sodium	160	mg/L							E
1074	Antimony	0.006	mg/L							E
1075	Beryllium	0.004	mg/L							E
1085	Thallium	0.002	mg/L							E
1094	Asbestos	7 MFL	MFL	0.17	U	EPA 100.2	0.17	5/3/11	10:50am	E 87804

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, C, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Wekiva PWS ID # 3591121

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

Address: 2020 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: prflynn@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 119518DW1 Location Code (if known): POE Wekiva-3

Sample Date: 3/24/10 Sample Time: 10:15 (AM) PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: ____

Sample Type (check only one)

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

Sample Reason(s) (check all that apply)

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

Sampling Procedure Used or Other Comments: Grab

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Tom Keys

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: ____

Certification (to be completed by sampler)

I, TOM KEYS, LEAD OPERATOR

(Print Name) (Print Title)

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

Signature: Tom Keys Date: 4-7-2010

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2010
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 119516DW1

Report Number: 119516
Date Sample Received: 03/24/10

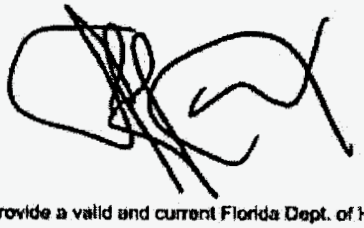
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
☐ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☐ Partial	

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

Certification

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

Signature: 

Date: 03/25/10

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

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 119516DW1 PWS ID: PWS# 3591121 Wekiva Sanlando Sample ID: POE Wekiva-3

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Des Pinar PWS ID # 3591121

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

Address: 200 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: pcfluno@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 119516DW2 Location Code (if known): POE Despinar-1

Sample Date: 3/24/10 Sample Time: 10:25 (AM) PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 2.2 mg/L. Field pH: ____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☑ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) ____
☑ Entry Point (for Distribution)	☐ Confirmation of MCL Exceedance *	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated sample)
☐ Max Residence Time	☐ Other: ____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: Grab	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

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

Sampler's Name: Tom Keys

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: ____

Certification (to be completed by sampler)

I, TOM KEYS, LEAD OPERATOR

(Print Name) (Print Title)

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

Signature: Tom Keys Date: 4-7-2010

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2010
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 119516DW2

Report Number: 119516
Date Sample Received: 03/24/10

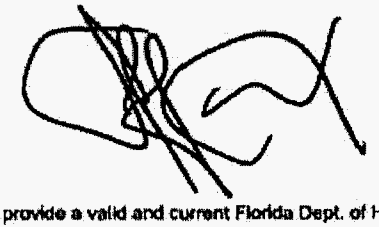
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
☐ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☐ Partial	

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

Certification

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

Signature: 

Date: 03/25/10

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

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 119516DW2 PWS ID: PWS# 3591121 Wekiva Sanlando Sample ID: POE Despinar-1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Knollwood PWS ID # 3591121

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

Address: 200 Weatherstield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: pcflynn@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 119516DW3 Location Code (if known): POE Knollwood-2

Sample Date: 3/24/10 Sample Time: 10:35 (AM) PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.9 mg/L Field pH: ____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☑ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) ____
☑ Entry Point (for Distribution)	☐ Confirmation of MCL Exceedance *	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated sample)
☐ Max Residence Time	☐ Other: ____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: Grab	
☐ Near First Customer		

* See 62-550.500(5) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

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

Sampler's Name: Tom Keys

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: ____

Certification (to be completed by sampler)

I, TOM KEYS, LEAD OPERATOR
(Print Name) (Print Title)

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

Signature: Tom Keys Date: 4-7-2010

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2010
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 119516DW3

Report Number: 119516
Date Sample Received: 03/24/10

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

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
☐ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☐ Partial	

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

Certification

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

Signature: Date: 03/25/10

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

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 119516DW3 PWS ID: PWS# 3591121 Wekiva Sanlando Sample ID: POE Knollwood-2

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	03/24/10	03:00 PM	E83018

FLOWERS CHEMICAL LABORATORIES INCORPORATED

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

☐ **Flowers Chemical Labs-South**
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089

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

☐ **Flowers Chemical Labs-Keys**
3980 Overseas Highway
Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598

www.flowerslabs.com

Client: UTILITIES INC.	Public Water System Name: WEKIVA SANITARY UTILITY CORPORATION
Address: 144 LEDBURY	PWS ID#: 3591121
LONGWOOD, FL. 32779	P.O. #: BU 255100
Phone: 407-682-5651	FCL Lab Coordinator: MARIANNE
Sampled By (PRINT): TOMKEYS	Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☒ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

Sampler Signature: Tom Keys — Date Sampled: 3-24-10

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	ICE	Primary Inorg	Secondaries	VOCs	SOCs	NO3/NO2	TTHM	THAA	Pb/Cu	GA / RA228	RA226	Asbestos	Field pH	Field Cl_2 Res
1	POE WEKIVA-3	3-24-10	10:15		1						X					X								1.25
2	POE DESTINAIR - 1	3-24-10	10:55		1						X					X								
3	POE KNOLLWOOD - 2	3-24-10	10:35		1						X					X								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Tom Keys	3-24-10	11:25									
									M Jordana	3/24/10	11:25

• WHITE - Ship with Samples / To Be Returned with Results • YELLOW - Field Copy / Retain For Your Records

PDW 02-04

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or pring legibly)

System Name: Wekiva PWS I.D. # 3591121

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

Address: 144 Ledbury Dr.

City: Longwood FL. ZIP Code: 32779

Phone #: 407-682-5651 Fax #: 407-682-5713 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 130119DW1 Sample Date: 8/12/10 Sample Time: 11:00 (AM) PM (Circle One)

Sample Location (be specific): 411 Fox Valley Dr. Location Code: 411 Fox Valley Dr.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 2.2 mg/L Field pH:

Sample Type (Check Only One)

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

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

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites **
- ☐ Other:
- ☐ Sampling Procedure Used or Other Comments:
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, TOM KEYS (Print Name), LEAD OPERATOR (Print Title), do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: Tom Keys Date: 8-26-10

Certified Operator #: A2181 Phone #: 407-682-5651 Sampler's Fax: 407-682-5713

Sampler's E-Mail: TKEYS@UIWATER.COM

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)

Lab Name: Flowers Chemical Laboratories, Inc. Florida DOH Certification #: E83018 Certification Expiration Date: 6/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597 Phone #: 407-339-5984

Were any analyses subcontracted? ☐ Yes ☐ No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab) Date Sample(s) Received: 08/12/10

PWS ID (From Page 1): _____ Sample Number (From Page 1): 130119DW1 Lab Assigned Report # or Job ID: 130119

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐ All Except Asbestos	☐ All 30	☐ All 21	☐ Trihalomethanes	☐ Single Sample	☐ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☐ Asbestos					

LAB CERTIFICATION

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

Signature: Date: 08/23/10

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 130119DW1
Disinfectant Residual (mg/L): 2.2
PWS ID (From Page 1): Wekiva

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	7.83		EPA552.2	2.00	2.0	08/18/10		E83018
2451	Dichloroacetic Acid	N/A	ug/L	11.6		EPA552.2	1.00	1.0	08/18/10		E83018
2452	Trichloroacetic Acid	N/A	ug/L	4.44		EPA552.2	0.500	1.0	08/18/10		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/18/10		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.61		EPA552.2	0.500	1.0	08/18/10		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	25.5		EPA552.2	0.500	—	08/18/10		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	11.5		EPA502.2	0.500	1.0	08/13/10		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/13/10		E83018
2943	Bromodichloromethane	N/A	ug/L	6.02		EPA502.2	0.500	1.0	08/13/10		E83018
2944	Dibromochloromethane	N/A	ug/L	2.86		EPA502.2	0.500	1.0	08/13/10		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	20.4		EPA502.2	0.500	—	08/13/10		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)
*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)
**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or pring legibly)

System Name: Des Pinar PWS I.D. # 3591121

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

Address: 125 Western Fork Ave

City: Longwood FL ZIP Code: 32779

Phone #: 407-260-5065 Fax #: 407-260-5631 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 130119DW2 Sample Date: 8/12/10 Sample Time: 10:36 (AM) PM (Circle One)

Sample Location (be specific): 1532 Sunshine Tree Ln. on Code: 1532 Sunshine Tree Ln.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.9 mg/L Field pH:

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☑ Distribution	☑ Routine Compliance (with 62-550)	☐ Replacement (of Invalidated Sample)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Clearance (permitting)
☐ Raw (at well or intake)	☐ Other:	
☐ Max Residence Time	☐ Sampling Procedure Used or Other Comments:	
☐ Avg Residence Time		
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, TOM KEYS (Print Name), LEAD OPERATOR (Print Title), do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: Tom Keys Date: 8-26-10

Certified Operator #: A2181 Phone #: 407-682-5713 Sampler's Fax: 407-682-5713

Sampler's E-Mail: TKEYS@UIWATER.COM

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)

Lab Name: Flowers Chemical Laboratories, Inc. Florida DOH Certification #: E83018 Certification Expiration Date: 6/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597 Phone #: 407-339-5984

Were any analyses subcontracted? ☐Yes ☐No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab) Date Sample(s) Received: 08/12/10

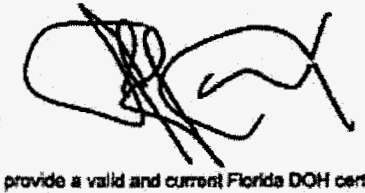
PWS ID (From Page 1): _____ Sample Number (From Page 1): 130119DW2 Lab Assigned Report # or Job ID: 130119

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

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

Signature:  Date: 08/23/10

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory ☐Yes ☐No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 130119DW2
Disinfectant Residual (mg/L): 1.9
PWS ID (From Page 1): Wekiva

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	9.79		EPA552.2	2.00	2.0	08/18/10		E83018
2451	Dichloroacetic Acid	N/A	ug/L	15.8		EPA552.2	1.00	1.0	08/18/10		E83018
2452	Trichloroacetic Acid	N/A	ug/L	4.43		EPA552.2	0.500	1.0	08/18/10		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/18/10		E83018
2454	Dibromoacetic Acid	N/A	ug/L	1.32		EPA552.2	0.500	1.0	08/18/10		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	31.3		EPA552.2	0.500	---	08/18/10		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	14.4		EPA502.2	0.500	1.0	08/13/10		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/13/10		E83018
2943	Bromodichloromethane	N/A	ug/L	9.10		EPA502.2	0.500	1.0	08/13/10		E83018
2944	Dibromochloromethane	N/A	ug/L	4.56		EPA502.2	0.500	1.0	08/13/10		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	28.0		EPA502.2	0.500	---	08/13/10		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)
*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)
**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

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

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or pring legibly)

System Name: Knollwood PWS I.D. # 3591121

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

Address: 100 Pressview

City: Longwood FL. ZIP Code: 32779

Phone #: 407-260-5065 Fax #: 407-260-8681 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 130119DW3 Sample Date: 8/12/10 Sample Time: 10:52 (AM) PM (Circle One)

Sample Location (be specific): 247 Timberland Location Code: 247 Timberland

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☑ Distribution	☑ Routine Compliance (with 62-550)	☐ Replacement (of Invalidated Sample)
☐ Entry Point (to Distribution)	☐ Confirmation of MCL Exceedance*	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Clearance (permitting)
☐ Raw (at well or intake)	☐ Other:	
☐ Max Residence Time	☐ Sampling Procedure Used or Other Comments:	
☐ Avg Residence Time		
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, TOM KEYS (Print Name), LEAD OPERATOR (Print Title), do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: Tom Keys Date: 8-26-10

Certified Operator #: A2181 Phone #: 407-682-5651 Sampler's Fax: 407-682-5713

Sampler's E-Mail: TKEYS@UIWATER.COM

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)

Lab Name: Flowers Chemical Laboratories, Inc. Florida DOH Certification #: E83018 Certification Expiration Date: 6/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597 Phone #: 407-339-5984

Were any analyses subcontracted? ☐Yes ☐No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab) Date Sample(s) Received: 08/12/10

PWS ID (From Page 1): _____ Sample Number (From Page 1): 130119DW3 Lab Assigned Report # or Job ID. 130119

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☐All Except Asbestos	☐All 30	☐All 21	☐Trihalomethanes	☐Single Sample	☐All 14
☐Partial	☐All Except Dioxin	☐Partial	☐Haloacetic Acids	☐Qtrly Composite**	☐Partial
☐Nitrate	☐Partial		☐Chlorite		
☐Nitrite	☐Dioxin Only		☐Bromate		
☐Asbestos					

LAB CERTIFICATION

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

Signature: Date: 08/23/10

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory ☐Yes ☐No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: 130119DW3
Disinfectant Residual (mg/L): 1.4
PWS ID (From Page 1): Wekiva

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	10.4		EPA552.2	2.00	2.0	08/18/10		E83018
2451	Dichloroacetic Acid	N/A	ug/L	15.5		EPA552.2	1.00	1.0	08/18/10		E83018
2452	Trichloroacetic Acid	N/A	ug/L	5.37		EPA552.2	0.500	1.0	08/18/10		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/18/10		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.16		EPA552.2	0.500	1.0	08/18/10		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	33.4		EPA552.2	0.500	—	08/18/10		E83018

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	16.6		EPA502.2	0.500	1.0	08/13/10		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	1.0	08/13/10		E83018
2943	Bromodichloromethane	N/A	ug/L	10.4		EPA502.2	0.500	1.0	08/13/10		E83018
2944	Dibromochloromethane	N/A	ug/L	5.19		EPA502.2	0.500	1.0	08/13/10		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	32.1		EPA502.2	0.500	—	08/13/10		E83018

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)
*** Applicable to monitoring as prescribed in 40 CFR 141.132(b)(2)(i)(B) and (b)(2)(ii)
**** Laboratories that use EPA methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

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

Check Box That Applies To Your Location

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

☐ **Flowers Chemical Labs-South**
West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8069

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

☐ **Flowers Chemical Labs Keys**
3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598

FLOWERS CHEMICAL LABORATORIES INCORPORATED

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Client: UTILITIES INC.	Project Name: WEKIVA	P.O. #: 255101	
Address: 144 LEDBURY	Client Contact: TOM KEYS	FAX:	
LONGWOOD FL 32779	FCL Project Manager: DENA	E-MAIL:	
Phone: 407-682-5051	Requested Due Date: 10 Day Standard OR	Rush Charges May Apply	
Sampled By (PRINT): TOM KEYS	Pick-Up Fee $	Vehicle Surcharge $	Sampling Fee $
Sampler Signature: Tom Keys	Date Sampled: 8-12-10		

GW - ground water DW - drinking water WW - wastewater
SW - surface water S - soil/solid SL - sludge HW - waste

ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	PRESERVATIVES: NONE	H_2SO_4	HNO_3	HCl	$Na_2S_2O_3$	NH_4Cl	ANALYSES REQUEST: TTHM	HAA	COMMENTS: CL2	Total # Containers
1	411 FOX VALLEY DR	8/12/10	1100	DW						X		X		2.2	
2	411 FOX VALLEY DR TRIP	8/12/10	1100	DW							X		X	2.2	
3	1532 SUNSHINE	8/12/10	1036	DW						X		X		1.9	
4	1532 SUNSHINE TRIP BLK	8/12/10	1036	DW							X		X	1.9	
5	247 TIMBERLAND	8/12/10	1052	DW						X		X		1.4	
6	247 TIMBERLAND	8/12/10	1052	DW							X		X	1.4	
7															
8															
9															
10															

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Tom Keys	8-12-10										

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned • YELLOW - Client Copy

Rev 04-08

DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT

MONITORING FREQUENCY: ☐QUARTERLY ☒ANNUALLY	YEAR: 2010
QUARTERLY REPORTING PERIOD:	

SYSTEM INFORMATION	
PWS NAME: Sandlando Utilities, Inc.	
PWS ID NUMBER: 3591121	COUNTY: Seminole
CONTACT PERSON: Bryan Gongre	PHONE NUMBER : 407-869-1919
E-MAIL ADDRESS (optional); bkgongre@uiwater.com	FAX NUMBER (optional): 407-869-6961

TTHM/HAA5 COMPLIANCE SUMMARY FOR PWSs MONITORING ON A QUARTERLY OR MORE FREQUENT BASIS

TTHM COMPLIANCE SUMMARY					HAA5 COMPLIANCE SUMMARY				
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4
Actual Quarter/Year					Actual Quarter/Year				
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*				
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters				
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)					Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)				

*Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		**HAA5 COMPLIANCE SUMMARY**	
Provide the number of TTHM samples taken during the last year*	3	Provide the number of HAA5 samples taken during the last year*	3
Calculate the arithmetic average of all TTHM samples taken over the last year	26.8	Calculate the arithmetic average all HAA5s samples taken over the last year	30.1
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.
**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

TOTAL TRIHALOMETHANE (TTHM) ANALYSIS RESULTS FOR REPORTING PERIOD								
Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
411 Fox Valley Dr.	MRT	8/12/10	2.2	Tom Keys	8/13/10	EPA 524.2	Flowers # E83018	20.4
1532 Sunshine Tree	MRT	8/12/10	1.9	Tom Keys	8/13/10	EPA 524.2	Flowers # E83018	28.0
247 Timberland	MRT	8/12/10	1.4	Tom Keys	8/13/10	EPA 524.2	Flowers # E83018	32.1

HALOACETIC ACIDS 5 (HAA5) ANALYSIS RESULTS FOR REPORTING PERIOD								
Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
411 Fox Valley Dr.	MRT	8/12/10	2.2	Tom Keys	8/18/10	EPA 552.2	Flowers # E83018	25.5
1532 Sunshine Tree	MRT	8/12/10	1.9	Tom Keys	8/18/10	EPA 552.2	Flowers # E83018	31.3
247 Timberland	MRT	8/12/10	1.4	Tom Keys	8/18/10	EPA 552.2	Flowers # E83018	33.4

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or pring legibly)

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 148271DW1 Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____ Location Code: 411 Fox Valley

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

Sample Type (Check Only One)

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

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites **
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Sampling Procedure Used or Other Comments:

_____

* See 62-550.500(6) for requirements and restrictions And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, _____ (Print Name), _____ (Print Title), do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: _____ Date: _____

Certified Operator #: _____ Phone #: _____ Sampler's Fax: _____

Sampler's E-Mail: _____

Wilkins

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)

Lab Name: Flowers Chemical Laboratories, Inc.

Florida DOH Certification #: E83018

Certification Expiration Date: 6/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: P. O. Box 150597, Altamonte Springs, FL 32715-0597

Phone #: 407-339-5984

Were any analyses subcontracted? ☑ Yes ☐ No If yes, please provide DOH certification number(s): RADS - 84025 Asbestos - 87804

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION(to be completed by lab)

Date Sample(s) Received: 04/20/11

PWS ID (From Page 1): _____

Sample Number (From Page 1): 148271DW1

Lab Assigned Report # or Job ID: 148271

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts	Radionuclides	Secondaries
☑ All Except Asbestos	☑ All 30	☑ All 21	☐ Trihalomethanes	☑ Single Sample	☑ All 14
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids	☐ Qtrly Composite**	☐ Partial
☐ Nitrate	☐ Partial		☐ Chlorite		
☐ Nitrite	☐ Dioxin Only		☐ Bromate		
☑ Asbestos					

LAB CERTIFICATION

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

Signature:

Date: 05/16/11

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

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

CONFIRMATION AND NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

Compliance Determination (to be completed by DEP or DOH - attach notes as necessary)

Sample Collection & Analysis Satisfactory ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 148271DW1
PWS ID (From Page 1): 3591121-3

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	04/21/11	11:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	04/21/11	11:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1010	Barium	2	mg/L	0.0117		EPA200.8	0.00200	04/20/11		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1020	Chromium	0.1	mg/L	0.00681		EPA200.8	0.00100	04/20/11		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	04/28/11		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	04/21/11		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	04/27/11		E83018
1036	Nickel	0.1	mg/L	0.00149		EPA200.8	0.00100	04/20/11		E83018
1045	Selenium	0.05	mg/L	0.00215		EPA200.8	0.00200	04/20/11		E83018
1052	Sodium	160	mg/L	5.35		EPA200.7	0.500	04/21/11		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	04/20/11		E83018
1094	Asbestos	7	MF/L	1.00		TEM	1.00	04/20/11		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 148271DW1
PWS ID (From Page 1): 3591121-3

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	04/20/11		E83018
1017	Chloride	250	mg/L	12.3		EPA300.0	0.400	04/21/11		E83018
1022	Copper	1	mg/L	0.0105		EPA200.8	0.00100	04/20/11		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	04/21/11		E83018
1028	Iron	0.3	mg/L	0.0100	U	EPA200.7	0.0100	04/21/11		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	04/21/11		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	04/20/11		E83018
1055	Sulfate	250	mg/L	46.6		EPA300.0	1.00	04/21/11		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	04/20/11		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	04/22/11	09:00 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	04/21/11	07:30 AM	E83018
1925	pH	6.5 -8.5	pH	7.96		SM4500-H B	0.0100	04/20/11	02:58 PM	E83018
1930	Total Dissolved Solids	500	mg/L	212		SM2540 C	2.50	04/22/11		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	04/21/11	02:00 PM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

VOLATILE ORGANICS
62-550.310(2)(b)

Report Number / Job ID: 148271DW1
PWS ID (From Page 1): 3591121-3

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	04/22/11		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/22/11		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS
62-550.310(2)(c)

Report Number / Job ID: 148271DW1
PWS ID (From Page 1): 3591121-3

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	04/25/11	04/26/11		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	04/25/11	04/26/11		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	04/25/11	04/26/11		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	04/25/11	04/26/11		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	04/21/11	04/25/11		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	04/25/11	04/29/11		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	04/25/11	04/20/11		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		04/21/11		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	04/26/11	05/02/11		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		04/26/11		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	05/03/11	04/27/11		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	04/26/11	05/02/11		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	04/21/11	04/25/11		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	04/21/11	04/25/11		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		04/26/11		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	05/03/11	04/27/11		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	05/03/11	04/27/11		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	04/25/11	04/26/11		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	04/25/11	04/26/11		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	04/21/11	04/25/11		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	04/21/11	04/25/11		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	04/26/11	05/02/11		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	04/21/11	04/25/11		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	04/25/11	04/27/11		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	04/25/11	04/27/11		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	04/25/11	04/26/11		E83018

Sanlando Utilities Corporation

Docket No. 110257-WS

Seminole County

25.30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2010

DES PINAR

2009

DMRs

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, Fl 32714

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1 2009 To January 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.237		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.286		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4	1.8		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator	James A Swegheimer	407-869-1919	09/02/16

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): eff 1 flow est.from the 21st to 31st

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1 2009 To January 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.15			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				188.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				108			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.316		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.276	0.294	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, Fl

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1 2009 To January 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.010		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4	1.8		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/02/16

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):eff I flow est.from the 21st to 31st

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: January 1 2009 To January 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon Site No. EFA-1	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.6			MGL	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: January 1 2009 To: January 31 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.293	0.293	0.000		
2				7.3		2.2	0.268	0.268	0.000		
3				7.4		2.2	0.300	0.365	0.066		
4				7.5		2.2	0.315	0.315	0.000		
5				7.4		2.2	0.238	0.238	0.000		
6				7.6		2.2	0.288	0.327	0.039		
7	8.0	<1.0	<0.10	7.3	1.8	2.2	0.260	0.260	0.000	114.0	199.0
8				7.5		2.2	0.267	0.306	0.039		
9				7.4		2.2	0.266	0.266	0.000		
10				7.2		2.1	0.370	0.411	0.041		
11				7.6		1.6	0.322	0.322	0.000		
12				7.5		2.2	0.249	0.249	0.000		
13				7.5		2.2	0.247	0.286	0.038		
14				7.4		2.2	0.270	0.270	0.000		
15				7.6		2.2	0.250	0.250	0.000		
16				7.5		2.2	0.266	0.266	0.000		
17				7.3		2.2	0.305	0.391	0.086		
18				7.6		2.2	0.200	0.200	0.000		
19				7.5		2.2	0.221	0.221	0.000		
20				7.6		2.2	0.269	0.269	0.000		
21	9.0	<1.0	1.15	7.4	<1.0	2.2	0.280	0.280	0.000	102	178
22				7.2		2.2	0.280	0.280	0.000		
23				7.5		2.2	0.280	0.280	0.000		
24				7.3		2.0	0.280	0.280	0.000		
25				7.5		2.2	0.280	0.280	0.000		
26				7.5		2.2	0.280	0.280	0.000		
27				7.5		2.2	0.280	0.280	0.000		
28				7.5		2.2	0.280	0.280	0.000		
29				7.5		2.2	0.280	0.280	0.000		
30				7.5		2.2	0.280	0.280	0.000		
31				7.5		2.2	0.280	0.280	0.000		
Total							8.544	8.854	0.310		
Mo. Avg.							0.276	0.286	0.010		

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 16946	Name:	Paul Tzareff	
Shift Operator	Class: A	Certificate No: 12274	Name:	Corey Sudol	
Shift Operator	Class: B	Certificate No: 14141	Name:	Paul Woodard	
Lead Operator	Class: B	Certificate No: 7873	Name:	James Sweigheimer	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTP
LOCATION: 125 Western Fork Avenue
Longwood, Fl

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1 2009 To February 28 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.237		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.262		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5	8.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.8			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.8	14.8		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/Lead Operator	James A Swegheimer	407-869-1919	09/03/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: February 1 2009 To February 28 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.19			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				201			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				172			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.315		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.262	0.275	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTP
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1 2009 To February 28 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5	8.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.8			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.8	14.8		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/Lead Operator	James A Swegheimer	407-869-1919	09/03/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: February 1 2009 To February 28 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 X Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: February 1 2009 To February 28 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc.Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.6		2.2	0.208	0.208	0.000		
2				7.4		2.2	0.220	0.220	0.000		
3				7.3		2.2	0.278	0.278	0.000		
4	7.0		2.19	7.4	14.8	2.2	0.326	0.326	0.000	130.0	200
5		<1.0		7.2		2.2	0.241	0.241	0.000		
6				7.3		2.2	0.219	0.219	0.000		
7				7.2		2.1	0.310	0.310	0.000		
8				7.4		2.2	0.258	0.258	0.000		
9				7.5		2.2	0.240	0.240	0.000		
10				7.5		2.2	0.272	0.272	0.000		
11				7.4		2.2	0.274	0.274	0.000		
12				7.9		2.2	0.269	0.269	0.000		
13				7.4		2.2	0.259	0.259	0.000		
14				7.2		2.1	0.272	0.272	0.000		
15				7.4		2.2	0.278	0.278	0.000		
16				7.7		2.2	0.240	0.240	0.000		
17				7.7		2.2	0.305	0.305	0.000		
18	8.0		1.56	7.4	4.8	2.2	0.234	0.234	0.000	214.0	202.0
19		<1.0		7.5		2.2	0.268	0.268	0.000		
20				7.5		2.2	0.250	0.250	0.000		
21				7.3		2.2	0.283	0.283	0.000		
22				7.5		2.2	0.229	0.229	0.000		
23				7.4		2.2	0.288	0.288	0.000		
24				7.6		2.2	0.256	0.256	0.000		
25				7.4		2.2	0.245	0.245	0.000		
26				7.5		2.2	0.258	0.258	0.000		
27				7.5		2.2	0.270	0.270	0.000		
28				7.6		2.2	0.302	0.302	0.000		
29											
30											
31											
Total	15.0	2	3.75		19.6		7.399	7.399	0	344	402
No. Avg	7.5	<1.0	1.9		9.8		0.262	0.262	0	172	201

PLANT STAFFING

Shift Operator	Class: C	Certificate No: 13756	Name:	Alex Lorenzo	
Shift Operator	Class: A	Certificate No: 7064	Name:	Terry Sillitoe	
Day Shift Operator	Class: C	Certificate No: 16630	Name:	Allan Finch	
Lead Operator	Class: B	Certificate No: 7873	Name:	James Swegheimer	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

C-D

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

RECEIVED
APR 29 2009
WW C/E

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1 2009 To March 31 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.234		MGD						0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.4 (An.Avg.)		MGD							5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.239		MGD						0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo.Avg.)		MGD							5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				9.0			MG/L	0	Every Two Weeks	8-hour FPC	
	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC	
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC	
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				9.9			MG/L	0	Every Two Weeks	8-hour FPC	
	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC	
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				6.6	9.6		MG/L	0	Every Two Weeks	8-hour FPC	
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James a Swegheimer/ Lead Operator	James a Swegheimer	407-869-1919	09/04/20

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

RECEIVED
JUN 26 2009
WASTEWATER COMPLIANCE EVALUATION SECTION

WS

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011080
MONITORING PERIOD From: March 1 2009 To March 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.49			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				203.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				144.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.312		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.239	0.259	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

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WASTEWATER COMPLIANCE EVALUATION SECTION

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1 2009 To March 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.9			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.6	9.6		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James a Swegheimer/ Lead Operator	James a Swegheimer	407-869-1919	09/04/20

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

RECEIVED
JUN 26 2009
WASTEWATER COMPLIANCE EVALUATION SECTION

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: March 1 2009 To March 31 2009

PERMIT NUMBER: FLA011080

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Measurement				7.3	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400	A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement				<1.0			#/100Mt.	0	Every Two Weeks	Grab
PARM Code 74055	Y	Permit Requirement				200 (An.Avg.)			#/100Mt.		Every Two Weeks	Grab
Coliform, Fecal		Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055	A	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement				2.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060	A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
		Sample Measurement										
		Permit Requirement										
		Sample Measurement										
		Permit Requirement										
		Sample Measurement										
		Permit Requirement										
		Sample Measurement										
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		Sample Measurement										
		Permit Requirement										
		Sample Measurement										
		Permit Requirement										

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JUN 26 2009

WASTEWATER COMPLIANCE EVALUATION SECTION

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: March 1 2009 To: March 31 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.1	0.266	0.266	0.000		
2				7.4		2.2	0.250	0.250	0.000		
3				7.5		2.2	0.260	0.260	0.000		
4				7.4		2.2	0.223	0.223	0.000		
5	8.0	<1.0	1.49	7.5	3.6	2.2	0.178	0.178	0.000	108.0	208.0
6				7.4		2.2	0.238	0.238	0.000		
7				7.3		2.1	0.272	0.272	0.000		
8				7.4		2.2	0.272	0.272	0.000		
9				7.5		2.2	0.244	0.244	0.000		
10				7.4		2.2	0.258	0.258	0.000		
11				7.5		2.2	0.248	0.248	0.000		
12				7.5		2.2	0.237	0.237	0.000		
13				7.5		2.2	0.259	0.259	0.000		
14				7.4		2.2	0.295	0.295	0.000		
15				7.3		2.2	0.268	0.268	0.000		
16				7.4		2.2	0.214	0.214	0.000		
17				7.5		2.2	0.266	0.266	0.000		
18				7.5		2.2	0.287	0.287	0.000		
19	9.0	<1.0	0.32	7.5	9.6	2.2	0.242	0.242	0.000	180.0	197.0
20				7.5		2.2	0.223	0.223	0.000		
21				7.4		2.1	0.226	0.226	0.000		
22				7.5		2.0	0.222	0.222	0.000		
23				7.5		2.2	0.223	0.223	0.000		
24				7.5		2.2	0.179	0.179	0.000		
25				7.4		2.2	0.205	0.205	0.000		
26				7.5		2.2	0.270	0.270	0.000		
27				7.8		2.2	0.225	0.225	0.000		
28				7.6		2.2	0.242	0.242	0.000		
29				7.5		2.2	0.274	0.274	0.000		
30				7.5		2.2	0.225	0.225	0.000		
31				7.5		2.2	0.118	0.118	0.000		
Total	17.0	2.0	1.81		13.2		7.408	7.408	0	288	405
Mo. Avg.	8.5	<1.0	0.9		6.6		0.239	0.239	0	144	202.5

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JUN 26 2009
WASTEWATER COMPLIANCE EVALUATION SECTION

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzaneff
Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swepheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: E-001
MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1 2009 To April 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.230		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.235		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.93			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.75			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.8	12.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer		407-869-1919	09/05/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1 2009 To April 1 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.18			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				174.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				177.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.309		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.235	0.245	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				49%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER FLA011050

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1 2009 To April 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.93			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.75			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.8	12.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/05/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: April 1 2009 To April 30 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011050 Facility: Woodlands (Des Pinar) WWTP
Monitoring Period From: April 1 2009 To: April 30 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Pere Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1	8.0		0.14	7.4	12.4	2.2	0.384	0.384	0.000	230.0	172.0
2		<1.0		7.6		2.2	0.263	0.263	0.000		
3				7.5		2.2	0.250	0.250	0.000		
4				7.5		2.2	0.297	0.297	0.000		
5				7.4		2.2	0.239	0.239	0.000		
6				7.4		2.2	0.224	0.224	0.000		
7				7.5		2.2	0.240	0.240	0.000		
8				7.5		2.2	0.232	0.232	0.000		
9				7.5		2.2	0.206	0.206	0.000		
10				7.5		2.2	0.223	0.223	0.000		
11				7.5		2.2	0.326	0.326	0.000		
12				7.4		2.1	0.190	0.190	0.000		
13				7.5		2.2	0.233	0.233	0.000		
14				7.5		2.2	0.255	0.255	0.000		
15	9.0		<0.10	7.4	5.4	2.2	0.261	0.261	0.000	184.0	143.0
16		<1.0		7.4		2.2	0.232	0.232	0.000		
17				7.5		2.2	0.215	0.215	0.000		
18				7.4		2.2	0.275	0.275	0.000		
19				7.4		2.2	0.158	0.158	0.000		
20				7.4		2.2	0.208	0.208	0.000		
21				7.4		2.2	0.253	0.253	0.000		
22				7.5		2.2	0.159	0.159	0.000		
23				7.4		2.2	0.245	0.245	0.000		
24				7.4		2.2	0.193	0.193	0.000		
25				7.5		2.2	0.332	0.332	0.000		
26				7.5		2.2	0.215	0.215	0.000		
27				7.4		2.2	0.182	0.182	0.000		
28				7.6		2.2	0.238	0.238	0.000		
29	10.0		0.18	7.4	5.6	2.2	0.193	0.193	0.000	108.0	208.0
30		<1.0		7.6		2.2	0.130	0.130	0.000		
31											
Total	27.0	3.0	0.42		23.4		7.019	7.019	0	532.0	523.0
Mo. Avg.	9.0	<1.0	0.14		7.8		0.235	0.235	0	177.3	174.3

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 16640	Name:	Alan Lynch	
Shift Operator	Class: C	Certificate No: 16446	Name:	Paul Fraser	
Shift Operator	Class: A	Certificate No: 8515	Name:	Noel Lee-Gee	
Lead Operator	Class: B	Certificate No: 2815	Name:	Lukas Nesladek	

REVISED 7/9/09

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard, Suite 232, Orlando, FL 32803-3767

FACILITY:	Northeast Utilities Corporation	PERMIT NUMBER	FLA011080		
LOCATION:	301 Weatherfield Avenue, Altamonte Springs, FL 32714	LIMIT	Final	REPORT	Monthly
		CLASS/SIZE:	N/A	GROUP	Domestic
FACILITY:	Wastewater Dkt. Plant WWTF	MONITORING GROUP NUMBER	R-001		
LOCATION:	175 Wekiva Trail, Wekiva Park, Sanford FL	MONITORING GROUP DESC	Percolation Ponds, including Influent		
CONTACT:	Norman Jr.	NO DISCHARGE FROM SITE	☐		
		MONITORING PERIOD	From: May 1 2009 To May 31 2009		

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.251			MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 S (Key Site No. FLW-2)	Permit Requirement	0.4 (An Avg.)			MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.302			MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Main Site No. FLW-2	Permit Requirement	Report (Mo Avg.)			MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20 deg. C	Sample Measurement					8.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Main Site No. EFA-1	Permit Requirement					20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20 deg. C	Sample Measurement					9.5	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I Main Site No. EFA-1	Permit Requirement					30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement					9.90			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Main Site No. EFA-1	Permit Requirement					20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement					11.3	13.6		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 I Main Site No. EFA-1	Permit Requirement					30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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 AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A Sweetenham/Lead Operator		407-869-1919	09/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

[illegible] Wet Ranch Dev Phase 2 WTF — MONITORING GROUP NUMBER R-001 — PERMIT NUMBER TLA011050
MONITORING PERIOD From May 1 2009 To May 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
[illegible] (Outfall No 001) Mon Site No 11 W-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100Ml	0	Every Two Weeks	Grab
[illegible] Mon Site No 11 W-1	Permit Requirement				200 (An.Avg.)			#/100Ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100Ml	0	Every Two Weeks	Grab
[illegible] Mon Site No 11 W-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.8			MG/L	0	5 Days/Week	Grab
[illegible] Mon Site No 11 W-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.3			MG/L	0	Every Two Weeks	8-hour FPC
[illegible] Mon Site No 11 W-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
[illegible] Carbonaceous 5 day, 20C	Sample Measurement				167.5			MG/L	0	Every Two Weeks	8-hour FPC
[illegible] Mon Site No INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				560.0			MG/L	0	Every Two Weeks	8-hour FPC
[illegible] Mon Site No INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow, Total Through plant	Sample Measurement	0.312		MGD					0	5 Days/Week	Flow meters and totalizers
[illegible] Mon Site No 11 W-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, Total through plant	Sample Measurement	0.302	0.289	MGD					0	5 Days/Week	Flow meters and totalizers
[illegible] Mon Site No 11 W-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, [illegible] Permitted Capacity (Outfall No 001)	Sample Measurement				51%				0	Monthly	Calculated
[illegible] Mon Site No 11 W-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Where Completed and Mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FACILITY	Seminole Utilities Corporation	PERMIT NUMBER	FLA011080
MAILING ADDRESS	500 Wekiva Springs Rd Altamonte Springs, Fl 32714	LINE	Final
		CLASS SIZE	N/A
		REPORT	Monthly
		GROUP	Domestic
FACILITY	Woodlands Utilities WWTF	MONITORING GROUP NUMBER	R-002
LOCATION	175 Wekiva Park Avenue Longwood, FL	MONITORING GROUP DESC	Sprayfield
COUNTY	Seminole	NO DISCHARGE FROM SITE	☐
		MONITORING PERIOD	From: May 1 2009 To May 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	0.1 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No FLA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No FLA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.90			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No FLA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.3	13.6		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No FLA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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 AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A Swegheimer/Lead Operator		407-869-1919	09/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD: From May 1 2009 To May 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
[illegible] X	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
[illegible] X	Permit Requirement				200 (An Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
[illegible] X	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Discharge)	Sample Measurement				1.8			MG/L	0	5 Days/Week	Grab
[illegible] X	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL A011080 Facility: Woodlands (Lkes Pinar) WWTF
Monitoring Period: From: May 1 2009 To: May 31 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.257	0.257	0.000		
2				7.3		2.2	0.281	0.281	0.000		
3				7.4		2.2	0.201	0.201	0.000		
4				7.6		2.2	0.226	0.226	0.000		
5				7.6		2.2	0.224	0.224	0.000		
6				7.5		2.2	0.243	0.243	0.000		
7				7.6		2.2	0.233	0.233	0.000		
8				7.5		2.2	0.253	0.253	0.000		
9				7.8		2.2	0.253	0.253	0.000		
10				7.4		2.2	0.276	0.276	0.000		
11				7.7		2.2	0.226	0.226	0.000		
12				7.7		2.2	0.245	0.245	0.000		
13	9.0		1.0	7.4	13.0	2.2	0.232	0.232	0.000	260.0	168.0
14		<1.0		7.7		2.2	0.237	0.237	0.000		
15				7.5		2.2	0.260	0.260	0.000		
16				7.4		2.2	0.358	0.358	0.000		
17				7.4		2.0	0.132	0.132	0.000		
18				7.5		2.2	0.236	0.236	0.000		
19				7.8		2.2	0.264	0.264	0.000		
20				7.5		2.2	0.312	0.312	0.000		
21				7.4		2.2	0.351	0.351	0.000		
22				7.5		2.2	0.379	0.379	0.000		
23				7.4		2.2	0.461	0.461	0.000		
24				7.4		2.2	0.461	0.461	0.000		
25				7.4		2.2	0.350	0.350	0.000		
26				7.4		2.2	0.424	0.424	0.000		
27	10.0		1.3	7.5	9.0	2.2	0.421	0.421	0.000	860.0	167.0
28		1.0		7.4		2.2	0.354	0.354	0.000		
29				7.5		2.2	0.439	0.439	0.000		
30				7.4		2.2	0.423	0.423	0.000		
31				7.4		1.8	0.441	0.441	0.000		
Total	19.0	2.0	2.3		22.0		9.978	9.978	0.000	1120	335
Mon. Avg	9.5	1.0	1.15		11.0		0.322	0.322	0.000	560	167.5

OPERATOR(S)

Day Shift Operator	Class: A	Certificate No: 19960	State:	Allan Leach	
Shift Operator	Class: A	Certificate No: 8241	State:	Ray Dodge	
Shift Operator	Class: A	Certificate No: [illegible]	State:	Brad Bechtel	
Lead Operator	Class: B	Certificate No: 7873	State:	Joshua Stephenson	

*

* [illegible] Certificate No: [illegible]

* Revised 5/2009

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

C-D

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Det Pmar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

RECEIVED
JUL 30 2009
WW C/E

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1 2009 To June 30 2009

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.241		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050	Y	Permit Requirement	0.4 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-2												
Flow		Sample Measurement	0.354		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050	I	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-2												
BOD, Carbonaceous 5 day, 20C		Sample Measurement				8.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082	Y	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1												
BOD, Carbonaceous 5 day, 20C		Sample Measurement				9.0	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082	A	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1												
Solids, Total Suspended		Sample Measurement				8.9			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530	Y	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1												
Solids, Total Suspended		Sample Measurement				9.7	14.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530	A	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1												

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator	James A Swegheimer	407-869-1919	09/07/20

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

RECEIVED
AUG 12 2009
WASTEWATER COMPLIANCE EVALUATION SECTION

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

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

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.7	1.0	3.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.52			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				186.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				153.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.318		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.354	0.297	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59%				0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

RECEIVED
AUG 12 2009
WASTEWATER COMPLIANCE EVALUATION SECTION

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1 2009 To June 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				8.9			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.7	14.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/07/20

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

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WASTEWATER COMPLIANCE EVALUATION SECTION

W-3

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: June 1 2009 To June 30 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.7	1.0	3.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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WASTEWATER COMPLIANCE EVALUATION SECTION

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080
Monitoring Period From: June 1 2009 To: June 30 2009
Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INFsh	INF-1
1				7.4		2.2	0.326	0.326	0.000		
2				7.4		2.2	0.374	0.374	0.000		
3				7.4		2.2	0.366	0.366	0.000		
4				7.5		2.2	0.352	0.352	0.000		
5				7.5		2.2	0.353	0.353	0.000		
6				7.3		2.2	0.508	0.508	0.000		
7				7.4		2.2	0.330	0.330	0.000		
8				7.4		2.2	0.331	0.331	0.000		
9				7.5		2.2	0.387	0.387	0.000		
10	8.0		0.56	7.4	14.4	2.2	0.377	0.377	0.000	216.0	186.0
11		1.0		7.4		2.2	0.361	0.361	0.000		
12				7.4		2.2	0.345	0.345	0.000		
13				7.4		2.2	0.492	0.492	0.000		
14				7.4		2.2	0.284	0.284	0.000		
15				7.4		2.2	0.330	0.330	0.000		
16				7.6		2.2	0.372	0.372	0.000		
17				7.4		2.2	0.345	0.345	0.000		
18				7.5		2.2	0.323	0.323	0.000		
19				7.5		2.2	0.381	0.381	0.000		
20				7.5		2.2	0.381	0.381	0.000		
21				7.4		2.2	0.300	0.300	0.000		
22				7.4		2.2	0.323	0.323	0.000		
23				7.6		2.2	0.332	0.332	0.000		
24	10.0		2.52	7.5	5.0	2.2	0.372	0.372	0.000	90.0	187.0
25		3.0		7.6		2.2	0.340	0.340	0.000		
26				7.6		2.2	0.335	0.335	0.000		
27				7.5		2.2	0.331	0.331	0.000		
28				7.5		2.2	0.330	0.330	0.000		
29				7.5		2.2	0.322	0.322	0.000		
30				7.5		2.2	0.334	0.334	0.000		
31											
Total	18.0	4.0	3.08		19.4		10.637	10.637	0	306.0	373
Mo. Avg.	9.0	2.0	1.54		9.7		0.354	0.354	0	153.0	186.5

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WASTEWATER/BIOSOLIDS
EVALUATION SECTION

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080
LIMIT: Final
CLASS SIZE: N/A
REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Oes Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2009 To July 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.250		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-2	Sample Measurement	0.304		MGD					0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement				8.6			MG/L	0	Every Two Weeks	8-hour FPC
Mon.Site No. FLW-2	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
PARM Code 80082 A	Sample Measurement				3.3	4.0		MG/L	0	Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement				3.3	4.0		MG/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
PARM Code 00530 A											
Mon.Site No. EFA-1											

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/08/18

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

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WASTEWATER COMPLIANCE EVALUATION SECTION

VB 11/13/09

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1 2009 To July 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.93			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				175.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				266.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.322		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.304	0.320	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

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WASTEWATER COMPLIANCE EVALUATION SECTION

DEP Form 62-620.910(10), Effective November 29, 1994
Revised 3/2008

Vk 11/3/09

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A
REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2009 To July 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.84		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.3	4.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator	James A Swegheimer	407-869-1919	09/08/18

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

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WASTEWATER COMPLIANCE EVALUATION SECTION

VR 11/16/09

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: July 1 2009 To July 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (Art.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
( ) Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
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WASTEWATER COMPLIANCE EVALUATION SECTION

DEP Form 62-620.910(10), Effective November 29, 1994
Revised 3/2008

VB 11/3/09

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080
Monitoring Period From: July 1 2009 To: July 31 2009
Facility: Woodlands (Des Pinar) WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.362	0.362	0.000		
2				7.5		2.2	0.357	0.357	0.000		
3				7.5		2.2	0.348	0.348	0.000		
4				7.4		2.2	0.478	0.478	0.000		
5				7.5		2.2	0.293	0.293	0.000		
6				7.4		2.2	0.285	0.285	0.000		
7				7.6		2.2	0.346	0.346	0.000		
8	9.0		2.93	7.4	4.0	2.2	0.351	0.351	0.000	150.0	153.0
9		<1.0		7.4		2.2	0.322	0.322	0.000		
10				7.5		2.2	0.334	0.334	0.000		
11				7.3		2.2	0.408	0.408	0.000		
12				7.4		2.2	0.251	0.251	0.000		
13				7.4		2.2	0.294	0.294	0.000		
14				7.5		2.2	0.310	0.310	0.000		
15				7.3		2.2	0.314	0.314	0.000		
16				7.8		2.2	0.267	0.267	0.000		
17				7.4		2.2	0.282	0.282	0.000		
18				7.3		2.2	0.299	0.299	0.000		
19				7.3		2.2	0.299	0.299	0.000		
20				7.5		2.2	0.243	0.243	0.000		
21				7.5		2.2	0.291	0.291	0.000		
22	8.0		1.93	7.4	2.6	2.2	0.298	0.298	0.000	382.0	198.0
23		<1.0		7.7		2.2	0.254	0.254	0.000		
24				7.4		2.2	0.252	0.252	0.000		
25				7.6		2.2	0.269	0.269	0.000		
26				7.6		2.2	0.269	0.269	0.000		
27				7.7		2.2	0.269	0.269	0.000		
28				7.4		2.2	0.260	0.260	0.000		
29				7.4		2.2	0.266	0.266	0.000		
30				7.4		2.2	0.272	0.272	0.000		
31				7.5		2.2	0.289	0.289	0.000		
Total	17.0	2.0	4.86		6.6		9.432	9.432	0	532.0	351.0
No. Avg.	8.5	<1.0	2.43		3.3		0.304	0.304	0	266.0	175.5

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No.	16639	Name:	Allan Finch
Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER FLA011091

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1 2009 To August 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.253		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.284		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.3	8.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: August 1 2009 To August 31 2009

PERMIT NUMBER FLA010850

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A ation Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y ation Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A ation Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A ation Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.46			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A ation Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				183.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G ation Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				173.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G ation Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.312		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P ation Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.284	0.314	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q ation Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			62%					0	Monthly	Calculated
PARM Code 00180 I ation Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1 2009 To August 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low	Sample Measurement	0.071		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Y tion,Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
low	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 1 tion,Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				8.5			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Y tion,Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 A tion,Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Y tion,Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				7.3	8.0		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 A tion,Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator		407-869-1919	09/09/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FL A01 0080

MONITORING PERIOD: From August 1 2009 To August 31 209

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 — Facility: Woodlands (Des Pinar) WWTF
Monitoring Period: From August 1 2009 to August 31 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.6		2.2	0.291	0.291	0.000		
2				7.5		2.2	0.328	0.328	0.000		
3				7.5		2.2	0.233	0.233	0.000		
4				7.6		2.2	0.279	0.279	0.000		
5	8.0		<0.10	7.5	6.6	2.2	0.272	0.272	0.000	140.0	191.0
6		<1.0		7.4		2.2	0.263	0.263	0.000		
7				7.5		2.2	0.296	0.296	0.000		
8				7.4		2.2	0.385	0.385	0.000		
9				7.4		2.2	0.236	0.236	0.000		
10				7.5		2.2	0.250	0.250	0.000		
11				7.5		2.2	0.277	0.277	0.000		
12				7.5		2.2	0.336	0.336	0.000		
13				7.5		2.2	0.240	0.240	0.000		
14				7.4		2.2	0.276	0.276	0.000		
15				7.4		2.2	0.309	0.309	0.000		
16				7.4		2.2	0.309	0.309	0.000		
17				7.5		2.2	0.267	0.267	0.000		
18				7.4		2.2	0.282	0.282	0.000		
19	8.0		3.46	7.5	8.0	2.2	0.313	0.313	0.000	206.0	175.0
20		<1.0		7.5		2.2	0.281	0.281	0.000		
21				7.5		2.2	0.255	0.255	0.000		
22				7.4		2.2	0.289	0.289	0.000		
23				7.5		2.2	0.289	0.289	0.000		
24				7.4		2.2	0.289	0.289	0.000		
25				7.6		2.2	0.271	0.271	0.000		
26				7.5		2.2	0.304	0.304	0.000		
27				7.4		2.2	0.265	0.265	0.000		
28				7.5		2.2	0.294	0.294	0.000		
29				7.4		2.2	0.284	0.284	0.000		
30				7.5		2.2	0.284	0.284	0.000		
31				7.4		2.2	0.274	0.274	0.000		
Total	16.0	2.0	3.56		14.6		8.821	8.821	0	346.0	366.0
Mo. Avg.	8.0	<1.0	1.78		7.3		0.284	0.284	0	173.0	183.0

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	7057	Name:	Eddie Roberts
Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Shift Operator	Class:	B	Certificate No:	7676	Name:	Nathan Van Meter
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1 2009 To September 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.262		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.286		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day 20C	Sample Measurement				8.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EEA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.1	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EEA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EEA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.7	16.2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EEA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator	James A Swegheimer	407-869-1919	09/10/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (Des Pinos) WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011080

MONITORING PERIOD From: September 1 2009 To September 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.55			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous, 5 day, 20C	Sample Measurement				187.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				127			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.295		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.286	0.291	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY LOCATION: Woodlands (Des Pinar) WWTF
125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1 2009 To September 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.045		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0 0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.1	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.7	16.2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer/ Lead Operator	James A Swegheimer	407-869-1919	09/10/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (Des Pinar) WWTP

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: September 1 2009 To September 30 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. LEA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. LEA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. LEA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. LEA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: September 1 2009 To: September 30 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.289	0.289	0.000		
2	9.0		4.55	7.4	16.2	2.2	0 305	0.305	0.000	106.0	208.0
3		<1.0		7.4		2.2	0.273	0.273	0.000		
4				7.5		2.2	0.318	0.318	0.000		
5				7.4		2.2	0 312	0.312	0.000		
6				7.4		2.2	0.312	0.312	0.000		
7				7.5		2.2	0.239	0.239	0.000		
8				7.5		2.2	0.311	0.311	0.000		
9				7.5		2.2	0.293	0.293	0.000		
10				7.5		2.2	0.292	0.292	0.000		
11				7.4		2.2	0.287	0.287	0.000		
12				7.4		2.2	0.356	0.356	0.000		
13				7.4		2.2	0.239	0.239	0.000		
14				7.5		2.2	0.288	0.288	0.000		
15				7.4		2.2	0.277	0.277	0.000		
16	3.2		6.55	7.5	3.2	2.2	0.291	0.291	0.000	148.0	167.0
17		<1.0		7.5		2.2	0.281	0.281	0.000		
18				7.5		2.2	0.325	0.325	0.000		
19				7.5		2.2	0.325	0.325	0.000		
20				7.4		2.2	0.234	0.234	0.000		
21				7.4		2.2	0.251	0.251	0.000		
22				7.5		2.2	0.261	0.261	0.000		
23				7.5		2.2	0.280	0.280	0.000		
24				7.4		2.2	0.257	0.257	0.000		
25				7.4		2.2	0 273	0.273	0.000		
26				7.4		2.2	0.348	0.348	0.000		
27				7.4		2.2	0.244	0.244	0.000		
28				7.4		2.2	0 250	0.250	0.000		
29				7.4		2.2	0.280	0.280	0.000		
30				7.4		2.2	0.298	0.298	0.000		
31											
Total	12.2	2.0	11.1		19.4		8.589	8.589	0	254.0	375
Mo. Avg.	6.1	<1.0	5.55		9.7		0.286	0.286	0	127.0	187.5

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Shift Operator	Class:	C	Certificate No.	1412	Name:	Ray Houge
Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tazereff
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1 2009 To October 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.266		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.265		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5	10.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.1	3.2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer / Lead Operator		407-869-1919	09/11/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1 2009 To October 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.14			#/100ML	0	Every Two Week	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Week	Grab
Coliform, Fecal	Sample Measurement				2.0	1.0	4.0	#/100ML	0	Every Two Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.59			MG/L	0	Every Two Week	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Week	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				179.5			MG/L	0	Every Two Week	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Week	8-hour FPC
Solids, Total Suspended	Sample Measurement				131			MG/L	0	Every Two Week	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Week	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.284		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.265	0.278	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53%				0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1 2009 To October 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-3	Sample Measurement	0.029		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 1 Mon.Site No. FLW-3	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				8.4			MG/L	0	Every Two Week	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Week	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				9.5	10.0		MG/L	0	Every Two Week	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Week	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.3			MG/L	0	Every Two Week	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Week	8-hour FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				2.1	3.2		MG/L	0	Every Two Week	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Week	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer / Lead Operator	James A Swegheimer	407-869-1919	09/11/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands (Dos Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: October 1 2009 To October 31 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.14			#/100ML	0	Every Two Week	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Week	Grab
Coliform, Fecal	Sample Measurement				2.0	1.0	4.0	#/100ML	0	Every Two Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: October 1 2009 To: October 31 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.4		2.2	0.266	0.266	0.000		
2				7.5		2.2	0.288	0.288	0.000		
3				7.4		2.2	0.341	0.341	0.000		
4				7.4		2.2	0.215	0.215	0.000		
5				7.5		2.2	0.250	0.250	0.000		
6				7.4		2.2	0.251	0.251	0.000		
7				7.5		2.2	0.273	0.273	0.000		
8				7.5		2.2	0.236	0.236	0.000		
9				7.4		2.2	0.260	0.260	0.000		
10				7.4		2.2	0.338	0.338	0.000		
11				7.4		2.2	0.240	0.240	0.000		
12				7.5		2.2	0.237	0.237	0.000		
13			4.59	7.6		2.2	0.254	0.254	0.000		
14	10.0			7.5	1.0u	2.2	0.293	0.293	0.000	102.0	135.0
15		1.0		7.5		2.2	0.239	0.239	0.000		
16				7.5		2.2	0.282	0.282	0.000		
17				7.4		2.2	0.325	0.325	0.000		
18				7.5		2.2	0.186	0.186	0.000		
19				7.5		2.2	0.308	0.308	0.000		
20				7.5		2.2	0.222	0.222	0.000		
21				7.5		2.2	0.274	0.274	0.000		
22				7.5		2.2	0.236	0.236	0.000		
23				7.5		2.2	0.249	0.249	0.000		
24				7.4		2.2	0.355	0.355	0.000		
25				7.4		2.2	0.224	0.224	0.000		
26				7.5		2.2	0.231	0.231	0.000		
27				7.5		2.2	0.229	0.229	0.000		
28	9.0		0.92	7.5	3.2	2.2	0.278	0.278	0.000	160.0	224.0
29		4.0		7.6		2.2	0.242	0.242	0.000		
30				7.5		2.2	0.246	0.246	0.000		
31				7.3		2.2	0.353	0.353	0.000		
Total	19.0	5.0			4.2		8.221	8.221	0	262.0	359.0
Mo. Avg.	9.5	2.5			2.1		0.265	0.265	0	131.0	179.5

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzanff
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

REVISED 2/4/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

COUNTY: Seminole

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1 2009 To November 30 2009

FILE COPY

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low		Sample Measurement	0.268		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Mon.Site No. FLW-2	Y	Permit Requirement	0.4 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
low		Sample Measurement	0.253		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Mon.Site No. FLW-2	1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C		Sample Measurement				8.3			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Mon.Site No. EFA-1	Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
OD, Carbonaceous 5 day, 20C		Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Mon.Site No. EFA-1	A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended		Sample Measurement				6.5			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Mon.Site No. EFA-1	Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended		Sample Measurement				6.7	8.4		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Mon.Site No. EFA-1	A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
James A. Swegheimer / Lead Operator	James A Swegheimer	407-869-1919	09/12/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November 1 2009 To November 30 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				207.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				150			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow (Total through plant)	Sample Measurement	0.279		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (Total through plant)	Sample Measurement	0.253	0.268	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53%				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated

REVISED 1/6/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011080

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Woodlands (Des Pinar) WWTF
LOCATION: 125 Western Fork Avenue
Longwood, FL

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Sprayfield

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1 2009 To November 30 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.1 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.7	8.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James A Swegheimer / Lead Operator		407-869-1919	09/12/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands (Des Pinar) WWTF

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: November 1 2009 To November 30 2009

PERMIT NUMBER: FLA011080

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080 Facility: Woodlands (Des Pinar) WWTF
Monitoring Period From: November 1 2009 To: November 30 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow, total through plant (MGD)	Flow, to Perc Ponds (MGD)	Flow, to Sprayfield (MGD)	TSS (MG/L)	CBOD5 (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	50050	50050	00530	80082
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	FLW-3	INF-1	INF-1
1				7.5		2.2	0.267	0.267	0.0		
2				7.4		2.2	0.190	0.190	0.0		
3				7.5		2.2	0.241	0.241	0.0		
4				7.4		2.2	0.280	0.280	0.0		
5				7.5		2.2	0.306	0.306	0.0		
6				7.5		2.2	0.162	0.162	0.0		
7				7.5		2.2	0.279	0.279	0.0		
8				7.5		2.2	0.327	0.327	0.0		
9				7.5		2.2	0.185	0.185	0.0		
10				7.5		2.2	0.263	0.263	0.0		
11	9.0		0.50	7.5	5.0	2.2	0.242	0.242	0.0	170.0	216.0
12		<1.0		7.4		2.2	0.264	0.264	0.0		
13				7.5		2.2	0.231	0.231	0.0		
14				7.5		2.2	0.272	0.272	0.0		
15				7.5		2.2	0.310	0.310	0.0		
16				7.5		2.2	0.187	0.187	0.0		
17				7.5		2.2	0.240	0.240	0.0		
18				7.5		2.2	0.268	0.268	0.0		
19				7.5		2.2	0.222	0.222	0.0		
20				7.5		2.2	0.275	0.275	0.0		
21				7.5		2.2	0.352	0.352	0.0		
22				7.5		2.2	0.221	0.221	0.0		
23	8.0		6.5	7.5	8.4	2.2	0.185	0.185	0.0	130.0	199.0
24		<1.0		7.5		2.2	0.251	0.251	0.0		
25				7.9		2.2	0.252	0.252	0.0		
26				7.5		2.2	0.248	0.248	0.0		
27				7.8		2.2	0.263	0.263	0.0		
28				7.4		2.2	0.297	0.297	0.0		
29				7.5		2.2	0.296	0.296	0.0		
30				7.8		2.2	0.205	0.205	0.0		
31									0.0		
Total	17.0	2.0	7.0		13.4		7.581	7.581	0.0	300.0	415.0
Mo. Avg.	8.5	<1.0	3.5		6.7		0.252	0.252	0.0	150.0	207.5

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Shift Operator	Class:	C	Certificate No:	16620	Name:	Allan Finch
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

REVISED 2/10/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	December 1 2009	To:	December 31 2009
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.268	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.142	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.34		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.64		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				11.0	11.0	9.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/01/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Phosphorus analysis not conducted due to new permit being received at the end of the month.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTP | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: December 1 2009 To: December 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.65	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						7.35	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						ANC	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.276	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.257	0.258	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						52%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: December 1 2009 To: December 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						204.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						262.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim
		CLASS SIZE:	N/A
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Sprayfield
		RE-SUBMITTED DMR:	☐
		NO DISCHARGE FROM SITE:	☐
COUNTY:	Seminole	MONITORING PERIOD From:	December 1 2009 To: December 31 2009
OFFICE:	Central District		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.016	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.184	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.34		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.64		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				11.0	11.0	9.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/01/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Phosphorus analysis not conducted due to new permit being received at the end of the month.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: December 1 2009 To: December 31 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement				7.3		7.6	s.u.	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-1	Sample Measurement						7.35	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-1	Sample Measurement						ANC	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Monitoring Period From: December 1 2009 To: December 31 2009
Facility: Woodlands Des Pinar WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml.	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.5	0.272	0.272
2		2.2						7.4	0.266	0.266
3		2.2						7.4	0.235	0.000
4		2.2						7.5	0.242	0.242
5		2.2						7.4	0.346	0.000
6		2.2						7.4	0.233	0.000
7		2.2						7.5	0.233	0.000
8		2.2			5.56			7.4	0.249	0.249
9	10.0	2.2		0.46			11.0	7.5	0.305	0.305
10		2.2	<1.0					7.5	0.248	0.000
11		2.2						7.4	0.270	0.270
12		2.2						7.4	0.324	0.324
13		2.2						7.4	0.258	0.258
14		2.2						7.5	0.183	0.183
15		2.2						7.5	0.241	0.000
16		2.2						7.5	0.248	0.248
17		2.2						7.4	0.245	0.245
18		2.2						7.4	0.266	0.000
19		2.2						7.3	0.235	0.000
20		2.2						7.3	0.345	0.345
21	5.0	2.2		3.65	7.35		8.8	7.4	0.194	0.194
22		2.2	<1.0					7.5	0.245	0.000
23		2.2						7.4	0.228	0.228
24		2.2						7.4	0.255	0.000
25		2.2						7.5	0.288	0.288
26		2.2						7.6	0.259	0.000
27		2.2						7.6	0.335	0.000
28		2.2						7.5	0.194	0.000
29		2.2						7.5	0.234	0.234
30		2.2						7.4	0.246	0.246
31		2.2						7.5	0.254	0.000
Total	15.0		2.0	4.11	12.91		19.0		7.976	4.397
Mo. Avg.	7.5		<1.0	2.0	6.45		9.5		0.257	0.142

PLANT STAFFING:

Day Shift Operator	Class:	Certificate No:	16630	Name:	Allen Finch
Weekend Shift Operator	Class:	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	Certificate No:	8241	Name:	Ray Bouge
Lead Operator	Class:	Certificate No:	7873	Name:	James Swegheimer

REVI 1/4/10

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P
Monitoring Period From: December 1 2009 To: December 31 2009
Facility: Woodlands Des Pinar WWTP

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.406									
4	0.000									
5	0.490									
6	0.491									
7	0.490									
8	0.000									
9	0.000	204.0	116.0							
10	0.378									
11	0.000									
12	0.000									
13	0.000									
14	0.000									
15	0.342									
16	0.000									
17	0.000									
18	0.389									
19	0.287									
20	0.000									
21	0.000									
22	0.336	176.0	262.0							
23	0.000									
24	0.362									
25	0.000									
26	0.421									
27	0.479									
28	0.479									
29	0.000									
30	0.000									
31	0.348									
Total	5.698	380.0	378.0							
Mo. Avg.	0.184	190.0	189.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hauge
Lead Operator	Class:	B	Certificate No:	7873	Name:	James Swegheimer

REVISED 2/4/10

DES PINAR

2010

DMRs

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

PERMIT NUMBER: FLA011080-015-DW1P
Expiration Date: December 13, 2011

LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid Infiltration Basin System, with Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
REPORT: Monthly
PROGRAM: Domestic

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.256	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.149	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.0		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0	6.0	5.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				8.0	8.0	4.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer/Lead Operator		407/869/1919	10/02/24

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Sample Measurement				7.1		7.5	s.u.	0	5 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement						9.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
Chlorine, Total Residual(For Disinfection)	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 50060 A	Sample Measurement						16.93	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1	Sample Measurement								0	5 Days/Week	Flow Totalizer
Nitrogen, Total	Permit Requirement									5 Days/Week	Flow Totalizer
PARM Code 00600 A	Sample Measurement								0	5 Days/Week	Flow Totalizer
Mon. Site No. EFA-1	Permit Requirement									5 Days/Week	Flow Totalizer
Phosphorus, Total (as P)	Sample Measurement						0.254	50%	0	Monthly	Calculated
PARM Code 00665 A	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
Mon. Site No. EFA-1											
Flow	Sample Measurement		0.275	MGD							
PARM Code 50050 P	Permit Requirement		0.499 (An.Avg.)	MGD							
Mon. Site No. FLW-1	Sample Measurement	0.254	0.255	MGD							
Flow	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD							
PARM Code 50050 Q											
Mon. Site No. FLW-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1	Permit Requirement										
Mon. Site No. FLW-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent) PARM Code 80082 P Mon. Site No. INF-1	Sample Measurement						194.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent) PARM Code 00530 P Mon. Site No. INF-1	Sample Measurement						194.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

PERMIT NUMBER: FLA011080-015-DW1P

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESCRIPTION: Sprayfield
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

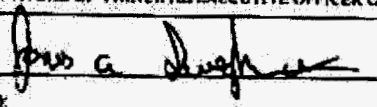
REPORT: Monthly
PROGRAM: Domestic

COUNTY: Seminole
OFFICE: Central District

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.028	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.149	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.0		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0	6.0	5.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				8.0	8.0	4.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer/Lead Operator		407/869/1919	10/02/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DWIP

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.1		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						9.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: January 1 2010 To: January 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.5	0.267	0.267
2		2.2						7.3	0.361	0.000
3		2.2						7.3	0.237	0.000
4		2.2						7.4	0.196	0.000
5		2.2						7.4	0.245	0.072
6	6.0	2.2					<1.0	7.4	0.281	0.281
7		2.2	<1.0					7.4	0.224	0.224
8		2.2						7.4	0.236	0.064
9		2.2						7.4	0.291	0.291
10		2.2						7.3	0.273	0.273
11		2.2						7.5	0.216	0.216
12		2.2		9.78	15.18	n/a		7.5	0.234	0.000
13		2.2						7.3	0.267	0.267
14		2.2						7.2	0.214	0.000
15		2.2						7.5	0.257	0.000
16		2.2						7.5	0.349	0.349
17		2.2						7.5	0.248	0.248
18		2.2		7.03	16.93			7.3	0.192	0.192
19		2.2						7.4	0.239	0.000
20	5.0	2.2				2.9	8.0	7.4	0.258	0.258
21		2.2	<1.0					7.4	0.240	0.000
22		2.2						7.4	0.222	0.000
23		2.2						7.3	0.320	0.320
24		2.2						7.1	0.236	0.236
25		2.2						7.2	0.218	0.218
26		2.2						7.5	0.217	0.000
27		2.2						7.5	0.271	0.271
28		2.2						7.5	0.250	0.000
29		2.2						7.5	0.225	0.000
30		2.2						7.5	0.290	0.290
31		2.2						7.2	0.290	0.290
Total	11.0	68.2	2.0	16.81	32.11	2.9	9.0	229.0	7.864	4.627
Mo. Avg.	5.5	2.2	<1.0	8.40	16.05	2.9	4.5	7.4	0.254	0.149

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P
Monitoring Period From: January 1 2010 To: January 31 2010
Facility: Woodlands Del Pinar WWTF

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.402									
3	0.438									
4	0.420									
5	0.172									
6	0.000	194.0	120.0							
7	0.000									
8	0.172									
9	0.000									
10	0.000									
11	0.000									
12	0.344									
13	0.000									
14	0.335									
15	0.354									
16	0.000									
17	0.000									
18	0.000									
19	0.346									
20	0.000	152.0	194.0							
21	0.356									
22	0.334									
23	0.000									
24	0.000									
25	0.000									
26	0.252									
27	0.000									
28	0.361									
29	0.347									
30	0.000									
31	0.000									
Total	4.633	346.0	314.0							
Mo. Avg.	0.149	173.0	157.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Santaluces Utilities Corp	PERMIT NUMBER:	FLA011080-015-DWTP	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	February 1 2010	To:	February 28 2010
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.265	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.242	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.13		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.23		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.4	2.4	1.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mo/dd)
James A Swegheimer / Lead Operator		(407) 869-1919	10/03/22

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: _February 1 2010 To: _February 28 2010____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.2		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						9.27	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						5.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr - FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.274	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.250	0.254	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						50%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: February 1 2010 To: February 28 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent) PARM Code 80082 , P Mon. Site No. INF-1	Sample Measurement						186.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent) PARM Code 00530 P Mon. Site No. INF-1	Sample Measurement						124.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DWIP
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim
		CLASS SIZE:	N/A
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Sprayfield
		RE-SUBMITTED DMR:	☐
		NO DISCHARGE FROM SITE:	☐
COUNTY:	Seminole	MONITORING PERIOD From:	February 1 2010 To: February 28 2010
OFFICE:	Central District		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.029	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.013	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.13		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.23		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.4	2.4	1.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		(407) 869-1919	10/03/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: February 1 2010 To: February 28 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.2		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						9.27	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						5.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP Facility: Woodlands Des Pinar WWTF
Monitoring Period From: February 1 2010 To: February 28 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.0						7.4	0.199	0.199
2		2.2		3.47	9.27	2.4		7.4	0.240	0.000
3	8.0	2.2					2.4	7.4	0.239	0.239
4		2.2	<1.0					7.5	0.267	0.267
5		2.2						7.4	0.236	0.236
6		2.2						7.3	0.324	0.324
7		2.2						7.4	0.229	0.229
8		2.2						7.4	0.222	0.222
9		2.2						7.4	0.222	0.222
10		2.2						7.5	0.233	0.233
11		2.2						7.4	0.301	0.301
12		2.2						7.4	0.276	0.276
13		2.2						7.1	0.276	0.276
14		2.2						7.1	0.232	0.232
15		2.2						7.5	0.218	0.218
16		2.2		4.10	8.20	5.3		7.5	0.250	0.250
17	8.0	2.2					1.2	7.5	0.244	0.244
18		2.2	<1.0					7.5	0.257	0.257
19		2.2						7.5	0.220	0.220
20		2.2						8.9	0.339	0.339
21		2.2						7.4	0.233	0.233
22		2.2						7.4	0.207	0.207
23		2.2						7.4	0.253	0.253
24		2.2						7.4	0.250	0.250
25		2.2						7.4	0.247	0.247
26		2.2						7.4	0.247	0.247
27		2.2						7.5	0.336	0.336
28		2.2						7.4	0.223	0.223
29										
30										
31										
Total	16.0	61.4	2.0		17.47	7.7	3.6	206.8	7.020	6.780
Mo. Avg.	8.0	2.2	<1.0		8.73	3.85	1.8	7.4	0.250	0.242

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Monitoring Period From: February 1, 2010 To: February 28, 2010

Facility: Woodlands Des Pinar WWTF

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.359									
3	0.000	186.0	124.0							
4	0.000									
5	0.000									
6	0.000									
7	0.000									
8	0.000									
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000									
14	0.000									
15	0.000									
16	0.000									
17	0.000	160.0	48.0							
18	0.000									
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000									
29										
30										
31										
Total	0.359	346.0	172.0							
Mo. Avg.	0.013	173.0	86.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P	**Expiration Date:**	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	**Interim**	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	March 1 2010	To:	March 31 2010
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.263	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.218	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0	7.0	6.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				4.6	4.6	2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator	James A Swegheimer	407-869-1919	10/04/20

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands Des Pinar WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: March 1 2010 To: March 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.1		8.2	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.68	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						13.68	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						**Report** (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						3.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.272	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.218	0.241	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						48%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DWTP

MONITORING PERIOD From: March 1 2010 To: March 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (influent)	Sample Measurement						205.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						134.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection. 3319 Maguire Blvd. Suite 232. Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P		
MAILING ADDRESS:	200 Weathersfield Ave				
	Altamonte Springs, Florida 32714-4027	LIMIT:	**Interim**	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002		
LOCATION:	125 Western Fork Ave	MONITORING GROUP DESCRIPTION:	Sprayfield		
	Longwood, FL 32791-	RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	March 1 2010	To:	March 31 2010
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.029	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.0	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0	7.0	6.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				4.6	4.6	2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator	James A Swegheimer	407-869-1919	10/04/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: March 1 2010 To: March 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement					200, (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement				7.1		8.2	s.u.	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-1	Sample Measurement						13.68	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						**Report** (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-1	Sample Measurement						3.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Monitoring Period From: March 1 2010 To: March 31 2010
Facility: Woodlands Des Pinar WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.5	0.211	0.211
2		2.2		0.93	7.73	3.4		7.5	0.202	0.202
3	7.0	2.2	<1.0				4.6	7.5	0.258	0.258
4		2.2						7.5	0.163	0.163
5		2.2						7.5	0.213	0.213
6		2.2						7.3	0.305	0.305
7		2.2						7.1	0.098	0.098
8		2.2						7.5	0.139	0.139
9		2.2						7.4	0.222	0.222
10		2.2						7.5	0.207	0.207
11		2.2						7.9	0.248	0.248
12		2.2						7.5	0.335	0.335
13		2.2						8.2	0.375	0.375
14		2.2						7.4	0.255	0.255
15		2.2						7.9	0.230	0.230
16		2.2		1.68	13.68	3.5		7.9	0.181	0.181
17	6.0	2.2	<1.0				2.6	7.9	0.221	0.221
18		2.2						7.7	0.192	0.192
19		2.2						7.9	0.218	0.218
20		2.2						8.1	0.245	0.245
21		2.2						8.2	0.175	0.175
22		2.2						7.9	0.081	0.081
23		2.2						7.7	0.224	0.224
24		2.2						7.8	0.172	0.172
25		2.2						7.6	0.176	0.176
26		2.2						7.7	0.229	0.229
27		2.2						7.8	0.219	0.219
28		2.2						7.8	0.267	0.267
29		2.2						7.4	0.322	0.322
30		2.2		0.11	6.21	1.8		7.4	0.218	0.218
31	6.0	2.2	<1.0				1.6	7.9	0.170	0.170
Total	19.0	68.2	3.0	2.72	27.62	8.7	8.8	237.9	6.771	6.771
Mo. Avg.	6.3	2.2	<1.0	0.90	9.2	2.9	2.9	7.7	0.218	0.218

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: March 1 2010 To: March 31 2010

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.000	199.0	118.0							
4	0.000									
5	0.000									
6	0.000									
7	0.000									
8	0.000									
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000									
14	0.000									
15	0.000									
16	0.000									
17	0.000	205.0	96.0							
18	0.000									
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000									
29	0.000									
30	0.000									
31	0.000	142.0	134.0							
Total	0.0	546.0	348.0							
Mo. Avg.	0.0	182.0	116.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Allen Bailey
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Head Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DW1P
LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid Infiltration Basin System, with Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1 2010 To: April 30 2010

Expiration Date: December 13, 2014
REPORT: Monthly
PROGRAM: Domestic

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.261	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.216	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.7		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0	7.0	6.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.4		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				3.4	3.4	2.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Allan Finch / Operator		407-869-1919	10/05/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: April 1 2010 To: April 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.95	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						10.65	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.270	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.216	0.228	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						45%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: April 1 2010 To: April 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						186.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						134	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sunlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DWIP

LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESCRIPTION: Sprayfield
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1 2010 To: April 30 2010

REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. FLW-3	Sample Measurement		0.058	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW-3	Sample Measurement		0.0	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement					7.7		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				7.0	7.0	6.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement					5.4		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement				3.4	3.4	2.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Allan Finch / Operator	Allan Finch	407-869-1919	10/05/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: April 1 2010 To: April 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						0.95 0.65	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: April 1 2010 To: April 30 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml.	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.4	0.168	0.168
2		2.2						7.4	0.188	0.188
3		2.2						7.5	0.178	0.178
4		2.2						7.4	0.287	0.287
5		2.2						7.9	0.094	0.094
6		2.2						7.5	0.178	0.178
7		2.2						7.7	0.205	0.205
8		2.2						7.5	0.186	0.186
9		2.2						7.5	0.210	0.210
10		2.2						7.4	0.122	0.122
11		2.2						7.6	0.173	0.173
12		2.2						7.5	0.144	0.144
13		2.2		0.52	7.7	3.0		7.5	0.208	0.208
14	6.0	2.2					1.6	7.5	0.238	0.238
15		2.2	<1.0					7.4	0.205	0.205
16		2.2						7.4	0.218	0.218
17		2.2						7.6	0.198	0.198
18		2.2						7.8	0.215	0.215
19		2.2						7.4	0.191	0.191
20		2.2						7.5	0.256	0.256
21		2.2						7.9	0.275	0.275
22		2.2						7.5	0.269	0.269
23		2.2						7.4	0.253	0.253
24		2.2						7.4	0.239	0.239
25		2.2						7.3	0.253	0.253
26		2.2						7.4	0.294	0.294
27		2.2		0.95	10.65	4.2		7.4	0.294	0.294
28	7.0	2.2	<1.0				3.4	7.4	0.283	0.283
29		2.2						7.5	0.257	0.257
30		2.2						7.5	0.205	0.205
31										
Total	13.0	66.0	2.0	1.47	18.35	7.2	5.0	225.1	6.484	6.484
Mo. Avg.	6.5	2.2	<1.0	0.73	9.17	3.6	2.5	7.5	0.216	0.216

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP Facility: Woodlands Des Pinar WWTF
Monitoring Period From: April 1 2010 To: April 30 2010

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.000									
4	0.000									
5	0.000									
6	0.000									
7	0.000									
8	0.000									
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000									
14	0.000	142.0	134.0							
15	0.000									
16	0.000									
17	0.000									
18	0.000									
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000	186.0	70.0							
29	0.000									
30	0.000									
31										
Total	0	328.0	204.0							
Mo. Avg.	0	164	102.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DWIP	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	May 1 2010	To:	May 31 2010
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.249	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.149	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					4.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.0	7.0	4.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/06/18

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

FILE COPY

FACILITY: Woodlands Des Pinar WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: May 1 2010 To: May 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1											
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1											
pH	Sample Measurement				7.3		7.8	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Mon. Site No. EFA-1											
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Mon. Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement						7.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1											
Nitrogen, Total	Sample Measurement						7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1											
Phosphorus, Total (as P)	Sample Measurement						1.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1											
Flow	Sample Measurement		0.266	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1											
Flow	Sample Measurement	0.255	0.230	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						46%	percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
Mon. Site No. FLW-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: May 1 2010 To: May 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						176.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						112.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim
		CLASS SIZE:	N/A
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Sprayfield
		RE-SUBMITTED DMR:	☐
		NO DISCHARGE FROM SITE:	☐
COUNTY:	Seminole	MONITORING PERIOD From:	May 1 2010 To: May 31 2010
OFFICE:	Central District	REPORT:	Monthly
		PROGRAM:	Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. FLW-3	Sample Measurement		0.042	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 1 Mon. Site No. FLW-3	Sample Measurement		0.149	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement					7.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement					4.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement				7.0	7.0	4.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A. Swegheimer / Lead Operator		407-869-1919	10/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DWTP

MONITORING PERIOD From: May 1 2010 To: May 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.8	s u	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s u		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						1.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: May 1 2010 To: May 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L.	Chlorine, Total Residual mg/L.	Coliform, Fecal #/100mL.	Nitrogen, Nitrate, Total (as N) mg/L.	Nitrogen, Total mg/L.	Phosphorus, Total (as P) mg/L.	Solids, Total Suspended mg/L.	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.4	0.247	0.000
2		2.2						7.3	0.378	0.378
3		2.2						7.4	0.175	0.175
4		2.2						7.4	0.269	0.183
5		2.2						7.4	0.268	0.000
6		2.2						7.5	0.243	0.243
7		2.2						7.4	0.257	0.257
8		2.2						7.8	0.284	0.000
9		2.2						7.8	0.251	0.251
10		2.2						7.5	0.282	0.282
11		2.2		0.67	6.87	1.7		7.4	0.238	0.000
12	7.0	2.2					2.0	7.4	0.290	0.290
13		2.2	<1.0					7.5	0.256	0.000
14		2.2						7.4	0.245	0.245
15		2.2						7.5	0.240	0.000
16		2.2						7.7	0.258	0.258
17		2.2						7.5	0.268	0.268
18		2.2						7.5	0.255	0.000
19		2.2						7.5	0.284	0.284
20		2.2						7.4	0.242	0.000
21		2.2						7.5	0.238	0.238
22		2.2						7.5	0.292	0.000
23		2.2						7.7	0.211	0.211
24		2.2						7.5	0.260	0.260
25		2.2		<0.010	7.5	1.8		7.4	0.248	0.000
26	8.0	2.2					7.0	7.5	0.248	0.248
27		2.2	<1.0					7.3	0.242	0.000
28		2.2						7.5	0.270	0.270
29		2.2						7.5	0.214	0.000
30		2.2						7.5	0.243	0.243
31		2.2						7.5	0.239	0.239
Total	15.0	68.2	2.0	0.68	14.3	3.5	9.0	232.1	7.933	4.823
Mo. Avg.	7.5	2.2	<1.0	0.34	7.1	1.7	4.5	7.5	0.255	0.155

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Facility: Woodlands Des Pinar WWTF
Monitoring Period From: May 1 2010 To: May 31 2010

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.353									
2	0.000									
3	0.000									
4	0.087									
5	0.402									
6	0.000									
7	0.000									
8	0.424									
9	0.000									
10	0.000									
11	0.390									
12	0.000	158.0	112.0							
13	0.397									
14	0.000									
15	0.404									
16	0.000									
17	0.000									
18	0.280									
19	0.000									
20	0.354									
21	0.000									
22	0.424									
23	0.000									
24	0.000									
25	0.389									
26	0.000	176.0	104.0							
27	0.373									
28	0.000									
29	0.359									
30	0.000									
31	0.000									
Total	4.636	334.0	216.0							
Mo. Avg.	0.149	167.0	108.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16630	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR:	☐		
		NO DISCHARGE FROM SITE:	☐		
COUNTY:	Seminole	MONITORING PERIOD From:	June 1 2010	To:	June 30 2010
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.212	MGD					0	5 Days Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days Week	Flow Totalizer
Flow	Sample Measurement		0.166	MGD					0	5 Days Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.6		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.3		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				19.6	19.6	15.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yr mn dy)
James A Swegheimer / Lead Operator		407-869-1919	10 08 09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FL 0041030-015-DWTP

MONITORING PERIOD From: June 1 2010 To: June 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		# /100ml	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		# /100ml		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					< 1.0	1.0	#/100ml	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100ml		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.6	s.u.	0	5 Days Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.6	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						14.60	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						2.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.252	MGD					0	5 Days Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.251	0.240	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						48%		0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FL A01 0301-015-DW1P

MONITORING PERIOD From: June 1 2010 To: June 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						213.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						94.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011089-015-DWIP

LIMIT: Interim
CLASS SIZE: N A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESCRIPTION: Sprayfield
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1 2010 To: June 30 2010

REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.051	MGD					0	5 Days Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days Week	Flow Totalizer
Flow	Sample Measurement		0.127	MGD					0	5 Days Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.6		mg/l	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	40.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.3		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				19.6	19.6	15.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (yr/mo/da)
James A Swegheimer / Lead Operator		407-869-1919	10 08 09

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY Woodlands Des Pinar WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: June 1 2010 To: June 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100ml		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.6	s.u.	0	5 Days Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.7			mg/L	0	5 Days Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days Week	Grab
Nitrogen, Total	Sample Measurement						14.60	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						2.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: TX 0111089-015-DWTP Facility: Woodlands Dev Pinar WWTP
Monitoring Period From: June 1 2010 To: June 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal # /100ml	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.4	0.283	0.000
2		2.2						7.4	0.267	0.267
3		2.2						7.6	0.245	0.000
4		2.2						7.5	0.268	0.268
5		2.2						7.4	0.233	0.000
6		2.2						7.4	0.353	0.353
7		2.2						7.5	0.199	0.199
8		2.2		0.10u	1.70	2.20		7.5	0.238	0.000
9	7.0	2.2					19.6	7.5	0.251	0.251
10		2.2	<1.0					7.4	0.269	0.000
11		2.2						7.4	0.234	0.234
12		2.2						7.3	0.220	0.173
13		2.2						7.4	0.374	0.374
14		2.2						7.4	0.133	0.133
15		2.2						7.4	0.240	0.196
16		2.2						7.5	0.242	0.242
17		2.2						7.4	0.256	0.075
18		2.2						7.4	0.232	0.232
19		2.2						7.4	0.230	0.000
20		2.2						7.4	0.345	0.345
21		2.2						7.4	0.168	0.168
22		2.2		1.60	14.60	2.20		7.4	0.251	0.000
23	8.0	2.2					11.0	7.5	0.276	0.276
24		2.2	<1.0					7.4	0.229	0.000
25		2.2						7.4	0.243	0.243
26		2.2						7.3	0.255	0.215
27		1.7						7.4	0.349	0.349
28		2.2						7.4	0.155	0.155
29		2.2						7.5	0.252	0.000
30		1.7						7.5	0.244	0.244
31										
Total	15.0	65.0	2.0	1.7	16.3	4.40	30.6	229.0	7.534	4.992
Mo. Avg.	7.5	2.16	<1.0	0.85	8.15	2.2	15.3	7.4	0.251	0.166

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Sweghelmer

DAILY SAMPLE RESULTS - PART B

Permit Number: FL A011088-015-DWIP Facility: Woodlands Des Pinar WWTF
Monitoring Period: From: June 1 2010 To: June 30 2010

	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.453									
2	0.000									
3	0.361									
4	0.000									
5	0.340									
6	0.000									
7	0.000									
8	0.350									
9	0.000	136.0	94.0							
10	0.355									
11	0.000									
12	0.048									
13	0.000									
14	0.000									
15	0.044									
16	0.000									
17	0.181									
18	0.000									
19	0.490									
20	0.000									
21	0.000									
22	0.380									
23	0.000	213.0	86.0							
24	0.388									
25	0.000									
26	0.041									
27	0.000									
28	0.000									
29	0.377									
30	0.000									
31										
Total	3.808	349.0	180							
Mo. Avg.	0.127	174.5	90.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7064	Name:	Terry Sillitoe
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DW1P
LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: B-001
MONITORING GROUP DESCRIPTION: Rapid Infiltration Basin System, with Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2010 To: July 31 2010

Expiration Date: December 13, 2014
REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.190	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.163	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.19		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.2	2.2	1.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/08/24

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: July 1 2010 To: July 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	6.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrite, Total (as N)	Sample Measurement						8.48	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						57.48	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						11.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.249	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.248	0.251	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						50%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: July 1 2010 To: July 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						202.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						164.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DWIP

LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESCRIPTION: Sprayfield
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1 2010 To: July 31 2010

REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.062	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.127	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.19		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.2	2.2	1.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/08/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: July 1 2010 To: July 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	6.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						57.48	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						11.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: TLA0118804015-DWTP Facility: Woodlands Des Pinar WWTF
Monitoring Period: From: July 1 2010 To: July 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.4	0.215	0.215
2		2.2						7.4	0.255	0.255
3		2.2						7.4	0.229	0.000
4		2.2						7.3	0.355	0.355
5		2.2						7.5	0.163	0.163
6		2.2		8.38	57.38	11.0		7.5	0.291	0.000
7		2.2						7.4	0.261	0.261
8	8.0	2.2					<1.0	7.5	0.242	0.000
9		2.2	6.0					7.4	0.251	0.251
10		2.2						7.4	0.344	0.300
11		2.2						7.4	0.258	0.258
12		2.2						7.3	0.178	0.178
13		2.2						7.5	0.256	0.000
14		2.2						7.5	0.262	0.262
15		2.2						7.3	0.247	0.000
16		2.2						7.5	0.258	0.258
17		2.2						7.5	0.333	0.000
18		2.2						7.3	0.235	0.235
19		2.2						7.5	0.167	0.167
20		2.2						7.4	0.248	0.207
21	7.0	2.2	<1.0	1.63	10.43		2.2	7.5	0.245	0.245
22		2.2						7.4	0.233	0.000
23		2.2						7.5	0.237	0.237
24		2.2						7.4	0.233	0.000
25		2.2						7.3	0.341	0.341
26		2.2						7.4	0.191	0.191
27		2.2						7.5	0.221	0.000
28		2.2						7.4	0.234	0.234
29		2.2						7.4	0.218	0.000
30		2.2						7.5	0.264	0.264
31		2.2						7.5	0.210	0.176
Total	15.0	68.2	7.0	10.11	67.91	11.0	3.0	230.2	7.675	5.053
Mo. Avg.	7.5	2.2	3.5	5.0	33.95	11.0	1.6	7.4	0.248	0.163

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hooge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swoghelmer

DAILY SAMPLE RESULTS - PART B

Permit Number FLA011080-015-DWIP Facility Woodlands Des Pinar WWTF
Monitoring Period From: July 1 2010 To: July 31 2010

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/l	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.368									
4	0.000									
5	0.000									
6	0.446									
7	0.000	149.0	142.0							
8	0.337									
9	0.000									
10	0.044									
11	0.000									
12	0.000									
13	0.356									
14	0.000									
15	0.336									
16	0.000									
17	0.437									
18	0.000									
19	0.000									
20	0.041									
21	0.000	202.0	164.0							
22	0.529									
23	0.000									
24	0.338									
25	0.000									
26	0.000									
27	0.337									
28	0.000									
29	0.348									
30	0.000									
31	0.034									
Total	3.951	351	306							
Mo. Avg.	0.127	175.5	153.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From: August 1	2010 To: August 31 2010		
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.181	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.171	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.4		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.7		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.4	7.4	4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: August 1 2010 To: August 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.2		7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						<0.10	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						11.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						3.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.246	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.249	0.249	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						49%	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWTP

MONITORING PERIOD From: August 1 2010 To: August 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent) PARM Code 80082 P Mon. Site No. INF-1	Sample Measurement						212.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent) PARM Code 00530 P Mon. Site No. INF-1	Sample Measurement						166.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim
		CLASS SIZE:	N/A
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Sprayfield
		RE-SUBMITTED DMR: ☐	
		NO DISCHARGE FROM SITE: ☐	
COUNTY:	Seminole	MONITORING PERIOD	From: August 1 2010 To: August 31 2010
OFFICE:	Central District		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.072	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.124	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.4		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.7		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.4	7.4	4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy-mm-dd)
James A Swegheimer / Lead Operator		407-869-1919	10/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: August 1 2010 To: August 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.2		7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						11.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						3.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P
Facility: Woodlands Des Pinar WWTF
Monitoring Period From : August 1 2010 To: August 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.1						7.3	0.350	0.349
2		2.2						7.4	0.145	0.145
3		2.2		<0.10	7.0	1.40		7.3	0.223	0.000
4	7.0	2.2					<1.0	7.4	0.222	0.222
5		2.2	<1.0					7.2	0.221	0.000
6		2.2						7.3	0.238	0.238
7		2.2						7.3	0.211	0.000
8		2.2						7.3	0.228	0.228
9		2.2						7.3	0.275	0.275
10		2.2						7.3	0.240	0.000
11		2.2						7.4	0.250	0.250
12		2.2						7.5	0.281	0.000
13		2.2						7.5	0.253	0.253
14		2.2						7.2	0.206	0.206
15		2.2						7.4	0.353	0.353
16		2.2						7.4	0.194	0.194
17		2.2						7.5	0.267	0.267
18		2.2		<0.10	11.0	3.00		7.4	0.253	0.253
19	8.0	2.2					7.4	7.5	0.242	0.000
20		2.2	<1.0					7.6	0.289	0.289
21		2.2						7.3	0.206	0.206
22		2.2						7.4	0.357	0.357
23		2.2						7.3	0.174	0.174
24		2.2						7.4	0.282	0.000
25		2.2						7.3	0.250	0.250
26		2.2						7.3	0.272	0.000
27		2.2						7.3	0.250	0.250
28		2.2						7.6	0.237	0.000
29		2.2						7.6	0.362	0.362
30		2.2						7.4	0.184	0.184
31		2.2						7.3	0.263	0.000
Total	15.0	68.1	2.0	<0.20	18.0	4.4	8.4	228.7	7.740	5.307
Mo. Avg.	7.5	2.2	<1.0	<0.10	9.0	2.2	4.2	7.4	0.249	0.171

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Stidol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Sweghelmer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Facility: Woodlands Des Pinar WWTF
Monitoring Period From: August 1 2010 To: August 31 2010

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.001									
2	0.000									
3	0.382									
4	0.000	212.0	166.0							
5	0.375									
6	0.000									
7	0.355									
8	0.000									
9	0.000									
10	0.395									
11	0.000									
12	0.393									
13	0.000									
14	0.000									
15	0.000									
16	0.000									
17	0.000									
18	0.000									
19	0.423	192.0	152.0							
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.392									
25	0.000									
26	0.393									
27	0.000									
28	0.366									
29	0.000									
30	0.000									
31	0.383									
Total	3.838	404.0	318.0							
Mo. Avg.	0.124	202.0	159.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DWIP	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD	From: September 1, 2010	To: September 30, 2010	
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.173	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.171	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.0		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.4	7.4	5.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/10/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: September 1 2010 To:September 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.25	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						16.25	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						3.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.245	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.261	0.253	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						52%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: September 1 2010 To: September 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						202.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						152.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P		
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT: CLASS SIZE:	Interim N/A	REPORT: PROGRAM:	Monthly Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-002		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR: ☐ NO DISCHARGE FROM SITE: ☐	Sprayfield		
COUNTY:	Seminole	MONITORING PERIOD	From: September 1 2010	To: September 30 2010	
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.083	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.129	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.0		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.4	7.4	5.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy-mm-dd)
James A Swegheimer / Lead Operator		407-869-1919	10/10/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: September 1 2010 To: September 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						0.25	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						16.25	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP Facility: Woodlands Des Pinar WWTF
Monitoring Period From : September 1 2010 To: September 30 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1	7.0	2.2	<1.0				7.4	7.3	0.275	0.275
2		2.2						7.3	0.262	0.000
3		2.2						7.3	0.258	0.258
4		2.2						7.3	0.248	0.000
5		2.2						7.3	0.356	0.356
6		2.2						7.3	0.145	0.145
7		2.2						7.4	0.307	0.000
8		2.2						7.4	0.265	0.265
9		2.2						7.5	0.243	0.243
10		2.2						7.5	0.287	0.287
11		2.2						7.3	0.217	0.217
12		0.7						7.5	0.337	0.337
13		1.2						7.4	0.176	0.176
14		2.2		0.15	14.15	2.5		7.4	0.249	0.000
15	6.0	2.2	<1.0				3.6	7.4	0.262	0.262
16		2.2						7.4	0.227	0.000
17		2.2						7.4	0.256	0.256
18		2.2						7.4	0.296	0.000
19		2.2						7.4	0.296	0.296
20		2.2						7.5	0.184	0.184
21		2.2						7.4	0.258	0.258
22		2.2						7.4	0.262	0.262
23		2.2						7.4	0.258	0.000
24		2.2						7.4	0.258	0.258
25		2.2						7.3	0.317	0.000
26		1.8						7.4	0.317	0.317
27		1.8						7.5	0.187	0.187
28		2.2		0.25	16.25	3.30		7.4	0.280	0.000
29	8.0	2.2	<1.0				5.0	7.4	0.291	0.291
30		2.2						7.4	0.249	0.000
31										
Total	21.0	62.7	3.0	0.40	30.4	5.8	8.6	221.7	7.823	5.130
Mo. Avg.	7.0	2.1	<1.0	0.20	15.2	2.9	4.3	7.4	0.261	0.171

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: September 1 2010 To: September 30 2010

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000	202.0	96.0							
2	0.368									
3	0.000									
4	0.382									
5	0.000									
6	0.000									
7	0.460									
8	0.000									
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000									
14	0.388									
15	0.000	195.0	112.0							
16	0.370									
17	0.000									
18	0.363									
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.382									
24	0.000									
25	0.381									
26	0.000									
27	0.000									
28	0.395									
29	0.000	188.0	152.0							
30	0.390									
31										
Total	3.859	585.0	360.0							
Mo. Avg.	0.129	195.0	120.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DW1P
Expiration Date: December 13, 2014
LIMIT: **Interim**
REPORT: Monthly
CLASS SIZE: N/A
PROGRAM: Domestic
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid Infiltration Basin System, with Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1 2010 To: October 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.166	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.220	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.8		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				3.2	3.2	2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator	James A Swegheimer	407-869-1919	10/11/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD: From: October 1 2010 To: October 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.2		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.18	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						7.24	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						**Report** (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.244	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.237	0.248	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						49%		0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTP | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: October 1 2010 To:October 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						198.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						90.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DW1P

LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESCRIPTION: Sprayfield
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: October 1 2010 To: October 31 2010

REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.089	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.025	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.8		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				3.2	3.2	2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/11/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From: October 1 2010 To: October 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.2		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						7.24	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number FLA011080-015-DW1P Facility Woodlands Des Pmar WWTP
Monitoring Period From: October 1 2010 To: October 31 2010

	BOD, Carbonaceous 5 day, 20C mg/l	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/l	Phosphorus, Total (as P) mg/l	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.4	0.249	0.249
2		2.2						7.4	0.264	0.000
3		1.1						7.4	0.367	0.367
4		2.2						7.4	0.163	0.163
5		2.2						7.4	0.260	0.000
6		2.2						7.3	0.260	0.260
7		2.2						7.4	0.265	0.265
8		2.2						7.4	0.259	0.259
9		2.2						7.3	0.257	0.257
10		2.2						7.3	0.364	0.364
11		2.2						7.3	0.158	0.158
12		2.2		0.14	7.24	2.60		7.5	0.273	0.273
13	8.0	2.2					3.2	7.5	0.260	0.260
14		2.2	<1.0					7.4	0.218	0.218
15		2.2						7.4	0.250	0.250
16		2.2						7.2	0.253	0.253
17		2.2						7.5	0.293	0.293
18		2.2						7.5	0.083	0.083
19		2.2						7.4	0.174	0.174
20		2.2						7.5	0.162	0.162
21		2.2						7.4	0.174	0.174
22		2.2						7.5	0.204	0.204
23		2.2						7.5	0.172	0.172
24		2.2						7.4	0.334	0.334
25		2.2						7.4	0.175	0.175
26		2.2		0.18	6.38	4.1		7.4	0.242	0.242
27	8.0	2.2						7.4	0.261	0.261
28		2.2	<1.0				2.6	7.4	0.226	0.226
29		2.2						7.4	0.255	0.255
30		2.2						7.3	0.245	0.245
31		2.2						7.4	0.250	0.250
Total	16.0	67.1	2.0	0.32	13.62	6.70	5.8	229.4	7.368	6.844
Mo. Avg.	8.0	2.2	<1.0	0.16	6.81	3.35	2.9	7.4	0.238	0.221

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: C	Name:	Allan Finch	
Weekend Shift Operator	Class: C	Certificate No: 8241	Name:	Ray Houge	
Weekend Shift Operator	Class: A	Certificate No: 12274	Name:	Corey Sudol	
Lead Operator	Class: B	Certificate No: 7873	Name:	Jim Swegheimer	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011085-015-DWIP Facility: Woodlands Des Pinar WWTP
Monitoring Period From: October 1 2016 To: October 31 2016

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/l	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.394									
3	0.000									
4	0.000									
5	0.382									
6	0.000									
7	0.000									
8	0.000									
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000	198.0	46.0							
14	0.000									
15	0.000									
16	0.000									
17	0.000									
18	0.000									
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000	196.0	90.0							
28	0.000									
29	0.000									
30	0.000									
31	0.000									
Total	0.777	394.0	136.0							
Mo. Avg.	0.025	197.0	68.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P	Expiration Date:	December 13, 2014
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP DESCRIPTION:	Rapid Infiltration Basin System, with Influent		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Seminole	MONITORING PERIOD From:	November 1 2010	To: November 30 2010	
OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.167	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.254	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.8		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				9.4	9.4	5.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	10/12/16

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: November 1 2010 To: November 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.83	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						8.13	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.244	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.254	0.250	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						50%	percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: November 1 2010 To: November 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						204	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						114	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P		
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT: CLASS SIZE:	Interim N/A	REPORT: PROGRAM:	Monthly Domestic
FACILITY: LOCATION:	Woodlands Del Pinar WWTF 125 Western Fork Ave Longwood, FL 32791-	MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR: ☐ NO DISCHARGE FROM SITE: ☒	R-002 Sprayfield		
COUNTY: OFFICE:	Seminole Central District	MONITORING PERIOD	From: November 1 2010	To: November 30 2010	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.089	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	7.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.8		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				9.4	9.4	5.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Sweghcimer / Lead Operator		407-869-1919	10/12/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pines WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From: November 1 2010 To: November 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						8.13	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P
Facility: Woodlands Des Pinar WWTF
Monitoring Period From : November 1 2010 To:November 30 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.3	0.268	0.268
2		2.2						7.5	0.259	0.259
3		2.2						7.5	0.289	0.289
4		2.2						7.4	0.246	0.246
5		2.2						7.4	0.260	0.260
6		2.2						7.4	0.250	0.250
7		2.2						7.4	0.227	0.227
8		2.2						7.3	0.272	0.272
9		2.2		4.83	8.13	4.2		7.4	0.252	0.252
10	7.0	2.2					2.0	7.4	0.244	0.244
11		2.2	<1.0					7.3	0.239	0.239
12		2.2						7.3	0.261	0.261
13		2.2						7.4	0.239	0.239
14		2.2						7.3	0.244	0.244
15		2.2						7.3	0.266	0.266
16		2.2						7.3	0.250	0.250
17		2.2						7.3	0.260	0.260
18		2.2						7.3	0.238	0.238
19		2.2						7.3	0.241	0.241
20		2.2						7.4	0.233	0.233
21		2.2						7.3	0.252	0.252
22		2.2						7.4	0.268	0.268
23	8.0	2.2	<1.0	1.39	4.99	3.2	9.4	7.3	0.256	0.256
24		2.2						7.3	0.251	0.251
25		2.2						7.3	0.266	0.266
26		2.2						7.3	0.274	0.274
27		2.1						7.3	0.240	0.240
28		2.0						7.3	0.242	0.242
29		2.2						7.3	0.266	0.266
30		2.2						7.3	0.257	0.257
31										
Total	15.0	65.7	2.0	6.22	13.12	7.4	11.4	220.3	7.610	7.610
Mo. Avg.	7.5	2.2	<1.0	3.11	6.56	3.7	5.7	7.3	0.254	0.254

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	7359	Name:	Don Hasty
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DW1P Facility: Woodlands Des Pinar WWTF
Monitoring Period From: November 1 2010 To: November 30 2010

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.000									
4	0.000									
5	0.000									
6	0.000									
7	0.000									
8	0.000									
9	0.000									
10	0.000	204.0	114.0							
11	0.000									
12	0.000									
13	0.000									
14	0.000									
15	0.000									
16	0.000									
17	0.000									
18	0.000									
19	0.000									
20	0.000									
21	0.000									
22	0.000	182.0	104.0							
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000									
29	0.000									
30	0.000									
31										
Total	0.0	386.0	218.0							
Mo. Avg.	0.0	193.0	109.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Houge
Weekend Shift Operator	Class:	A	Certificate No:	7359	Name:	Don Hasty
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Sanlando Utilities Corp
MAILING ADDRESS: 200 Weathersfield Ave
Altamonte Springs, Florida 32714-4027

FACILITY: Woodlands Des Pinar WWTF
LOCATION: 125 Western Fork Ave
Longwood, FL 32791-

COUNTY: Seminole
OFFICE: Central District

PERMIT NUMBER: FLA011080-015-DW1P
LIMIT: Interim
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid Infiltration Basin System, with Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1 2010 To: December 31 2010

Expiration Date: December 13, 2014
REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.245	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		0.4 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.260	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				6.8	6.8	6.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Swegheimer / Lead Operator		407-869-1919	11/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From December 1 2010 To: December 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.4	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						11.39	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Flow	Sample Measurement		0.245	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.260	0.250	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						50%	percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011080-015-DW1P

MONITORING PERIOD From December 1 2010 To: December 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						199.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended(Influent)	Sample Measurement						164.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART AWhen Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Sanlando Utilities Corp	PERMIT NUMBER:	FLA011080-015-DW1P
MAILING ADDRESS:	200 Weathersfield Ave Altamonte Springs, Florida 32714-4027	LIMIT:	Interim
		CLASS SIZE:	N/A
		MONITORING GROUP NUMBER:	R-002
FACILITY:	Woodlands Des Pinar WWTF	MONITORING GROUP DESCRIPTION:	Sprayfield
LOCATION:	125 Western Fork Ave Longwood, FL 32791-	RE-SUBMITTED DMR:	☐
		NO DISCHARGE FROM SITE:	☒
COUNTY:	Seminole	MONITORING PERIOD From	December 1 2010 To: December 31 2010
OFFICE:	Central District		

REPORT: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.073	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement		0.1 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.2		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0	8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					5.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				6.8	6.8	6.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
James A Sweghcimer / Lead Operator		407-869-1919	11/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Woodlands Des Pinar WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FLA011080-015-DWIP

MONITORING PERIOD From December 1 2010 To: December 31 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.3		7.4	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement						11.39	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP Facility: Woodlands Des Pinar WWTF
Monitoring Period From: December 1 2010 To: December 31 2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2
1		2.2						7.3	0.245	0.245
2		2.2						7.3	0.249	0.249
3		2.2						7.3	0.250	0.250
4		2.2						7.3	0.232	0.232
5		2.0						7.3	0.249	0.249
6		2.2						7.3	0.249	0.249
7		2.2		0.39	11.39	4.8		7.3	0.283	0.283
8	8.0	2.2	<1.0				6.6	7.3	0.246	0.246
9		2.2						7.3	0.247	0.247
10		2.2						7.3	0.266	0.266
11		2.2						7.3	0.253	0.253
12		2.2						7.3	0.255	0.255
13		2.2						7.3	0.270	0.270
14		2.2						7.3	0.267	0.267
15		2.2						7.3	0.238	0.238
16		2.2						7.3	0.294	0.294
17		2.2						7.3	0.240	0.240
18		2.2						7.3	0.281	0.281
19		2.2						7.3	0.275	0.275
20		2.2						7.3	0.283	0.283
21		2.2		1.9	5.4	1.7		7.3	0.251	0.251
22	8.0	2.2	<1.0				6.8	7.3	0.268	0.268
23		2.2						7.4	0.249	0.249
24		2.2						7.3	0.288	0.288
25		2.2						7.3	0.283	0.283
26		2.2						7.3	0.263	0.263
27		2.2						7.3	0.271	0.271
28		2.2						7.3	0.256	0.256
29		2.2						7.3	0.247	0.247
30		2.2						7.4	0.251	0.251
31		2.2						7.4	0.276	0.276
Total	16.0	68.0	2.0	2.29	16.79	6.5	13.4	226.6	8.052	8.052
Mo. Avg.	8.0	2.2	<1.0	1.14	8.39	3.25	6.7	7.3	0.260	0.260

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: C	Name: Allan Finch
Weekend Shift Operator	Class: A	Certificate No: 7359	Name: Don Hasty
Weekend Shift Operator	Class: A	Certificate No: 12274	Name: Corey Sudol
Lead Operator	Class: B	Certificate No: 7873	Name: Jim Swepheimer

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011080-015-DWIP
Monitoring Period From: December 1 2010 To: December 31 2010

Facility: Woodlands Des Pinar WWTF

	Flow MGD	BOD,Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L							
Code	50050	80082	00530							
Mon. Site	FLW-3	INF-1	INF-1							
1	0.000									
2	0.000									
3	0.000									
4	0.000									
5	0.000									
6	0.000									
7	0.000									
8	0.000	198.0	164.0							
9	0.000									
10	0.000									
11	0.000									
12	0.000									
13	0.000									
14	0.000									
15	0.000									
16	0.000									
17	0.000									
18	0.000									
19	0.000									
20	0.000									
21	0.000	199.0	142.0							
22	0.000									
23	0.000									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000									
29	0.000									
30	0.000									
31	0.000									
Total	0	397.0	306.0							
Mo. Avg.	0	198.5	153.0							

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	C	Name:	Allan Finch
Weekend Shift Operator	Class:	A	Certificate No:	7359	Name:	Don Hasty
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Corey Sudol
Lead Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sat. Compliance Check
	Allan Finch	C	7806	Tue.-Sat.0700-1530
	Corey Sudol	C	14271	Worked Plant 1-1,2-09

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	Printed or Typed Name	License Number
1-3-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	3,052,000										0.60	
2	X	24	2,452,000										0.40	
3	X	24	3,292,000										0.90	
4	X	24	3,598,000										1.50	
5	X	24	2,519,000										1.10	
6	X	24	2,349,000										1.50	Collected 10 Bactis
7	X	24	3,006,000										1.20	
8	X	24	2,761,000										1.40	
9	X	24	2,420,000										1.20	
10	X	24	2,946,000										1.50	
11	X	24	3,801,000										1.50	
12	X	24	2,681,000										1.10	H.S. PUMP MOTOR #1 PULLED
13	X	24	2,244,000										1.40	
14	X	24	2,586,000										1.00	
15	X	24	2,496,000										1.20	
16	X	24	2,223,000										1.20	
17	X	24	2,998,000										1.20	
18	X	24	3,283,000										1.60	
19	X	24	2,538,000										1.20	
20	X	24	1,635,000										1.60	
21	X	24	2,759,000										1.30	
22	X	24	2,598,000										1.40	
23	X	24	2,394,000										1.20	H.S. #1MOTOR BACK ONLINE
24	X	24	3,166,000										0.80	
25	X	24	4,093,000										1.40	
26	X	24	2,565,000										1.30	
27	X	24	2,760,000										1.10	
28	X	24	3,292,000										1.20	
29	X	24	3,097,000										1.20	
30	X	24	2,127,000										1.20	
31	X	24	2,365,000										1.10	
Total			86,096,000											
Average			2,777,290											
Maximum			4,093,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sat. Compliance Check
	Allan Finch	C	7806	Tue.-Sat.0700-1530
	Terry Sillitoe	A	7064	Worked 2/6/09

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 NSI 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	License Number
3-4-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,956,000										1.30	
2	X	24	2,040,000										1.10	
3	X	24	1,777,000										1.00	
4	X	24	2,449,000										1.40	
5	X	24	1,327,000										2.00	
6	X	24	1,944,000										1.80	
7	X	24	3,133,000										1.60	
8	X	24	3,371,000										1.00	
9	X	24	2,620,000										0.80	
10	X	24	2,469,000										1.20	
11	X	24	3,207,000										1.50	Collected 10 Bactis
12	X	24	3,282,000										1.40	
13	X	24	2,754,000										1.40	
14	X	24	3,177,000										1.40	
15	X	24	3,823,000										1.20	
16	X	24	2,433,000										1.00	
17	X	24	2,359,000										1.10	
18	X	24	3,258,000										1.20	
19	X	24	3,415,000										1.00	
20	X	24	2,318,000										1.60	
21	X	24	3,128,000										1.20	
22	X	24	3,422,000										1.70	
23	X	24	3,260,000										1.40	
24	X	24	2,724,000										1.20	
25	X	24	3,319,000										1.40	
26	X	24	3,281,000										1.30	
27	X	24	2,950,000										1.20	
28	X	24	3,406,000										1.30	
29	X	24												
30	X	24												
31	X	24												
Total			79,602,000											
Average			2,842,928											
Maximum			3,823,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sat. Compliance Check
	Allan Finch	C	7806	Tue.-Sat.0700-1530
	Ray Houge	B	14256	Weekend Compliance Check

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	Printed or Typed Name	License Number
4-6-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	3,564,000										1.40	
2	X	24	1,420,000										1.40	
3	X	24	1,347,000										1.10	
4	X	24	3,190,000										1.00	
5	X	24	3,327,000										1.30	
6	X	24	3,069,000										1.40	
7	X	24	3,618,000										1.60	
8	X	24	4,135,000										1.30	
9	X	24	3,175,000										1.40	
10	X	24	2,776,000										1.30	
11	X	24	3,533,000										1.30	
12	X	24	4,074,000										1.50	
13	X	24	3,279,000										1.00	
14	X	24	3751000										1.20	
15	X	24	4,200,000										1.10	
16	X	24	3,377,000										1.20	
17	X	24	2,660,000										1.20	
18	X	24	3,576,000										1.00	
19	X	24	3,971,000										1.20	
20	X	24	3,508,000										1.10	
21	X	24	3,886,000										1.2	
22	X	24	4,248,000										1.3	
23	X	24	3,020,000										1.3	
24	X	24	2,063,000										1.20	
25	X	24	3,150,000										1.50	
26	X	24	3,660,000										1.30	
27	X	24	3,218,000										1.00	
28	X	24	3,028,000										1.00	
29	X	24	3,835,000										1.00	
30	X	24	2,767,000										1.20	
31	X	24	2,454,000										1.30	
Total			100,814,00											
Average			3,252,064											
Maximum			4,248,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sat. Compliance Check
	Allan Finch	C	7806	Tue.-Sat.0700-1530

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	Printed or Typed Name	License Number
5-5-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,585,000										1.00	
2	X	24	2,755,000										1.30	
3	X	24	2,036,000										1.00	
4	X	24	3,161,000										1.20	
5	X	24	3,377,000										1.40	
6	X	24	2,786,000										1.20	
7	X	24	2,215,000										1.40	Collected 10 Bactis
8	X	24	2,935,000										1.30	
9	X	24	3,642,000										1.20	
10	X	24	3,038,000										1.10	
11	X	24	3,858,000										0.40	High Service Pump #3 piping failed
12	X	24	3,859,000										0.40	#3 HSP taken out of service for piping repair
13	X	24	3,214,000										1.50	from 4/1/2009 - 4/30/2009
14	X	24	2,426,000										1.20	Excersised Plant valves
15	X	24	2,072,000										1.40	
16	X	24	3,019,000										1.50	
17	X	24	2,886,000										1.00	
18	X	24	3,852,000										0.40	
19	X	24	3,703,000										1.40	
20	X	24	3,033,000										1.50	
21	X	24	2,170,000										1.30	
22	X	24	3,097,000										1.20	
23	X	24	4,091,000										1.00	
24	X	24	3,676,000										1.00	
25	X	24	4,302,000										0.60	
26	X	24	3,792,000										1.30	
27	X	24	2,743,000										0.70	
28	X	24	2,564,000										1.20	
29	X	24	3,754,000										1.90	
30	X	24	4,296,000										1.30	
31	X	24												
Total			94,937,000											
Average			3,164,566											
Maximum			4,302,000											

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

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

See page 4 for instructions.

May Sh

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Alex Lorenzo	C	13756	Sat. Compliance Check
	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check

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	Printed or Typed Name	License Number
6-2-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

III. Daily Data for the Month/Year of: May June 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	4,120,000										1.40	
2	X	24	4,577,000										0.80	
3	X	24	4,487,000										0.80	
4	X	24	4,190,000										1.40	
5	X	24	3,444,000										1.80	Collected 10 Bactis
6	X	24	4,039,000										0.40	
7	X	24	5,070,000										1.20	
8	X	24	4,460,000										0.90	
9	X	24	5,227,000										0.50	
10	X	24	4,513,000										1.50	
11	X	24	4,695,000										1.00	
12	X	24	3,936,000										1.20	
13	X	24	3,636,000										0.50	
14	X	24	4,317,000										0.80	
15	X	24	3,544,000										1.20	
16	X	24	4,568,000										0.20	
17	X	24	3,944,000										1.60	
18	X	24	3,299,000										0.40	
19	X	24	2,122,000										1.10	
20	X	24	2,332,000										1.00	
21	X	24	1,926,000										1.50	
22	X	24	1,318,000										1.00	
23	X	24	2,120,000										0.80	
24	X	24	2,096,000										0.60	
25	X	24	1,142,000										1.50	
26	X	24	1,872,000										1.00	
27	X	24	2,312,000										1.00	
28	X	24	2,579,000										0.90	
29	X	24	1,864,000										1.20	
30	X	24	2,934,000										1.80	
31	X	24	2,999,000										1.30	
Total			103,682,00											
Average			3,344,580											
Maximum			5,227,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-3065
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon -Fri 0700-1530
Other Operators:	Allan Bailes	C	7602	Sat. Compliance Check
	Allan Finch	C	7806	Mon -Thur 0700-1530
	Ray Houge	B	14256	Sat. Compliance Check
	Alex Lorenzo	C	13756	Sat. Compliance Check

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.

Allan Finch 7-6-09 — Signature and Date

Allan Finch — Printed or Typed Name

7806 — License Number

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24	3,018,000										1.00	collected ID FAC'TS
2	X	24	2,725,000										1.10	
3	X	24	3,372,000										1.00	
4	X	24	3,141,000										1.20	
5	X	24	2,120,000										1.00	
6	X	24	2,918,000										0.50	
7	X	24	2,407,000										1.00	
8	X	24	1,990,000										1.10	
9	X	24	2,060,000										1.00	
10	X	24	2,952,000										1.20	
11	X	24	3,488,000										0.90	
12	X	24	3,293,000										1.20	
13	X	24	4,406,000										0.50	
14	X	24	2,936,000										1.20	
15	X	24	3,323,000										1.00	
16	X	24	2,365,000										1.10	
17	X	24	2,846,000										1.00	
18	X	24	3,255,000										1.10	
19	X	24	3,118,000										1.20	TBP #5 H/A'S
20	X	24	3,502,000										0.40	
21	X	24	3,670,000										0.60	
22	X	24	2,961,000										1.20	
23	X	24	2,867,000										1.00	
24	X	24	2,840,000										1.10	
25	X	24	3,338,000										1.20	
26	X	24	2,834,000										0.80	
27	X	24	2,631,000										1.50	
28	X	24	2,742,000										1.30	
29	X	24	2,673,000										1.50	
30	X	24	1,937,000										1.80	
31	X	24												
Total			87,658,000											
Average			2,921,933											
Maximum			4,406,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Hogge	B	14256	Sat. Compliance Check

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	Printed or Typed Name	License Number
8-5-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,330,000										0.90	
2	X	24	2,520,000										1.40	
3	X	24	2,342,000										1.10	
4	X	24	3,126,000										0.30	
5	X	24	3,050,000										1.40	
6	X	24	2,624,000										1.30	Well 1A out of service
7	X	24	1,893,000										1.60	Collected 10 Bactis
8	X	24	2,597,000										0.50	
9	X	24	2,032,000										0.60	
10	X	24	1,824,000										1.10	
11	X	24	2,553,000										0.50	
12	X	24	2,331,000										0.80	
13	X	24	2,586,000										1.10	
14	X	24	2,182,000										0.80	
15	X	24	2,624,000										1.80	
16	X	24	2,752,000										0.70	
17	X	24	2,104,000										1.10	
18	X	24	3,300,000										0.50	
19	X	24	1,849,000										1.50	
20	X	24	1,747,000										1.30	
21	X	24	2,110,000										1.40	
22	X	24	2,556,000										1.20	
23	X	24	2,620,000										1.20	
24	X	24	2,908,000										1.50	
25	X	24	3,373,000										2.20	
26	X	24	2,479,000										1.50	
27	X	24	1,826,000										1.40	Well 1A back in service
28	X	24	1,679,000										1.60	
29	X	24	2,599,000										1.20	
30	X	24	3,436,000										1.40	
31	X	24	2,391,000										1.40	
Total			76,337,000											
Average			2,462,483											
Maximum			3,436,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP,3591121-1		PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Hoppe	B	14256	Sat. Compliance Check

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	Printed or Typed Name	License Number
9-3 09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,656,000										1.40	
2	X	24	4,124,000										1.30	
3	X	24	3,039,000										1.10	
4	X	24	1,823,000										1.00	
5	X	24	1,868,000										0.80	
6	X	24	1,830,000										1.40	
7	X	24	2,756,000										1.30	
8	X	24	2,768,000										2.20	
9	X	24	3,239,000										1.80	
10	X	24	2,425,000										1.30	
11	X	24	3,406,000										1.70	Collected 10 Bactis
12	X	24	3,239,000										1.30	
13	X	24	3,770,000										1.30	
14	X	24	3,144,000										1.20	
15	X	24	3,095,000										1.50	
16	X	24	3,302,000										1.50	
17	X	24	3,456,000										1.20	
18	X	24	2,214,000										1.70	
19	X	24	2,304,000										1.40	
20	X	24	2,987,000										1.00	
21	X	24	2,372,000										1.00	
22	X	24	2,480,000										2.20	
23	X	24	2,238,000										1.60	
24	X	24	2,513,000										1.10	
25	X	24	2,094,000										1.20	
26	X	24	2,735,000										1.40	
27	X	24	2,575,000										1.20	
28	X	24	2,513,000										0.90	
29	X	24	2,876,000										1.20	
30	X	24	2,930,000										1.20	
31	X	24	3,340,000										1.00	
Total			86,129,000											
Average			2,778,354											
Maximum			4,124,000											

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

REVISED 11/30/09

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-5065
Plant Address: 125 Western Fork		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Allan Finch	C	7806	Mon - Thur 0700-1530
	Ray House	B	14256	Sat Compliance Check

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	Printed or Typed Name	License Number
James A Swegheimer 10-7-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Discrepancies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,577,000										1.50	Collected 10 Bacte
2	X	24	2,395,000										1.00	
3	X	24	2,383,000										1.50	
4	X	24	2,266,000										1.20	
5	X	24	2,825,000										0.20	
6	X	24	2,801,000										1.00	
7	X	24	2,464,000										1.20	
8	X	24	3,405,000										1.20	
9	X	24	3,118,000										1.30	
10	X	24	3,419,000										1.00	
11	X	24	3,316,000										1.10	
12	X	24	3,425,000										0.80	
13	X	24	2,990,000										1.10	
14	X	24	2,499,000										1.30	
15	X	24	2,526,000										1.20	
16	X	24	2,909,000										1.10	
17	X	24	3,670,000										1.30	
18	X	24	3,156,000										1.10	
19	X	24	4,034,000										1.10	
20	X	24	3,439,000										0.10	
21	X	24	3,532,000										1.10	
22	X	24	3,117,000										1.00	
23	X	24	3,141,000										1.10	
24	X	24	3,409,000										1.00	
25	X	24	3,488,000										0.90	
26	X	24	4,003,000										0.50	
27	X	24	3,433,000										0.60	
28	X	24	2,742,000										1.00	
29	X	24	2,627,000										1.00	
30	X	24	3,057,000										1.20	
31														
Total			92,166,000											
Average			3,072,200											
Maximum			4,034,000											

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

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

See page 4 for instructions.

I. General Information for the Month Covered: October 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check

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	Printed or Typed Name	License Number
11-13-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrated Four-Log Virus Inactivation, if Applicable*: Peak Hourly Flow Rate Treated	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) in C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	3,295,000										1.10	
2	X	24	3,270,000										1.20	
3	X	24	3,643,000										0.80	
4	X	24	3,316,000										1.00	
5	X	24	3,450,000										1.00	
6	X	24	2,767,000										1.10	
7	X	24	3,321,000										1.20	Collected 10 Bactis
8	A	24	3,969,000										1.40	
9	X	24	3,436,000										1.30	
10	X	24	4,418,000										1.20	
11	X	24	4,166,000										1.60	
12	X	24	3,020,000										1.00	
13	X	24	2,546,000										1.20	
14	X	24	3,823,000										1.10	
15	X	24	3,883,000										1.20	
16	X	24	1,921,000										1.40	
17	X	24	3,510,000										0.30	
18	X	24	3,499,000										1.00	
19	X	24	3,152,000										1.10	
20	X	24	2,642,000										1.00	
21	X	24	3,868,000										1.10	
22	X	24	3,735,000										1.10	
23	X	24	3,425,000										1.30	
24	X	24	4,531,000										0.40	
25	X	24	4,461,000										0.30	
26	X	24	3,246,000										1.30	
27	X	24	2,597,000										0.90	
28	X	24	3,482,000										1.10	
29	X	24	3,740,000										1.30	
30	X	24	3,093,000										1.20	
31	X	24	3,680,000										1.20	
Total			106,905,00											
Average			3,448,548											
Maximum			4,531,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood		State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check

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	Printed or Typed Name	License Number
James A. Swegheimer 12-4-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	4,216,000										0.90	
2	X	24	2,646,000										1.00	
3	X	24	2,506,000										1.20	
4	X	24	3,284,000										1.20	Collected 10 Bacts
5	X	24	4,161,000										1.30	
6	X	24	2,304,000										1.10	
7	X	24	3,631,000										1.10	
8	X	24	4,954,000										1.00	
9	X	24	2,918,000										1.00	
10	X	24	2,509,000										1.10	
11	X	24	2,509,000										1.30	
12	X	24	3,099,000										0.70	
13	X	24	2,074,000										1.20	
14	X	24	3,406,000										1.00	
15	X	24	4,648,000										0.80	
16	X	24	2,910,000										0.90	
17	X	24	2,313,000										1.30	
18	X	24	2,994,000										1.10	
19	X	24	2,934,000										1.20	
20	X	24	2,775,000										1.10	
21	X	24	3,744,000										0.70	
22	X	24	3,642,000										2.00	
23	X	24	2,823,000										0.70	
24	X	24	2,188,000										0.90	
25	X	24	2,779,000										0.70	
26	X	24	2,352,000										1.10	
27	X	24	2,122,000										1.20	
28	X	24	3,320,000										2.20	
29	X	24	3,134,000										2.20	
30	X	24	2,395,000										2.30	
31														
Total			91,290,000											
Average			3,043,000											
Maximum			4,954,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Hougs	B	14256	Sat. Compliance Check
	Allen Bailey	C	7602	Weekend Check

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	Printed or Typed Name	License Number
1-7-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121	Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	1,987,000										1.30	
2	X	24	2,329,000										1.00	Collected 10 Bactis
3	X	24	2,214,000										1.60	
4	X	24	1,830,000										1.50	
5	X	24	4,228,000										0.80	
6	X	24	2,561,000										1.90	
7	X	24	1,737,000										1.50	
8	A	24	1,572,000										1.60	
9	X	24	2,072,000										0.50	
10	X	24	2,211,000										1.40	
11	X	24	2,212,000										1.20	
12	X	24	2,506,000										1.90	
13	X	24	2,927,000										2.20	
14	X	24	1,894,000										1.20	
15	X	24	1,680,000										1.30	
16	X	24	2,116,000										1.40	
17	X	24	2,402,000										1.60	
18	X	24	1,820,000										1.00	
19	X	24	2,081,000										2.00	
20	X	24	2,505,000										1.40	
21	X	24	1,796,000										0.70	
22	X	24	1,962,000										1.00	
23	X	24	2,126,000										1.30	
24	X	24	2,509,000										1.10	
25	X	24	1,821,000										1.30	
26	X	24	2,121,000										0.60	
27	X	24	3,240,000										1.00	
28	X	24	1,618,000										1.20	
29	X	24	1,799,000										1.40	
30	X	24	2,189,000										1.30	
31	X	24	2,377,000										1.40	
Total			68,442,000											
Average			2,207,806											
Maximum			4,228,000											

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

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

PWS Identification Number: 3591121	Plant Name: Des Pinar WTP.

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 2009

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

Polymer Dose, ppm = 0	Acrylamide Level, %[†] =

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

Polymer Dose, ppm = 0.91	Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.10
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = 0.00

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

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750	
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check
	Allen Bailey	C	7602	Weekend Check

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	Printed or Typed Name	License Number
2-4-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	1,911,000										1.20	
2	X	24	2,643,000										2.10	
3	X	24	2,457,000										0.90	
4	X	24	1,645,000										1.30	
5	X	24	1,758,000										2.20	Collected 10 Bactis
6	X	24	2,223,000										1.20	
7	X	24	2,080,000										1.60	
8	A	24	1,834,000										1.20	
9	X	24	2,551,000										2.00	
10	X	24	2,305,000										1.10	
11	X	24	2,245,000										1.10	
12	X	24	2,022,000										1.60	
13	X	24	2,262,000										1.50	
14	X	24	2,501,000										1.70	
15	X	24	2,395,000										1.10	
16	X	24	3,125,000										1.00	
17	X	24	2,763,000										0.80	
18	X	24	1,799,000										1.30	
19	X	24	1,846,000										1.50	
20	X	24	2,190,000										1.50	
21	X	24	2,398,000										1.10	
22	X	24	1,418,000										1.00	
23	X	24	2,395,000										2.20	
24	X	24	2,753,000										1.40	
25	X	24	1,714,000										1.10	
26	X	24	1,593,000										1.20	
27	X	24	1,934,000										1.00	
28	X	24	2,093,000										1.00	
29	X	24	1,547,000										1.10	
30	X	24	2,764,000										2.20	
31	X	24	2,817,000										2.20	
Total			67,981,000											
Average			2,192,935											
Maximum			3,125,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check
	Allen Bailey	C	7602	Weekend Check
	Corey Sudol	C	14271	Weekend Check

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	Printed or Typed Name	License Number
3-8-10	James A Swegheimer	7183

FILE COPY

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

PWS Identification Number: 3591121	Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	1,704,000										1.20	
2	X	24	1,453,000										1.50	
3	X	24	1,708,000										1.30	
4	X	24	1,812,000										1.00	
5	X	24	1,476,000										1.40	
6	X	24	2,176,000										2.50	
7	X	24	2,585,000										1.40	
8	A	24	1,627,000										1.00	
9	X	24	1,636,000										1.40	
10	X	24	1,506,000										1.70	Collected 10 Bactis
11	X	24	1,838,000										1.40	
12	X	24	1,523,000										1.40	
13	X	24	2,009,000										2.50	
14	X	24	2,255,000										2.10	
15	X	24	1,464,000										1.40	
16	X	24	1,738,000										1.70	
17	X	24	1,548,000										1.40	
18	X	24	1,915,000										1.50	
19	X	24	1,522,000										1.40	
20	X	24	2,677,000										1.00	
21	X	24	3,123,000										1.00	
22	X	24	2,065,000										1.10	
23	X	24	1,611,000										1.50	
24	X	24	1,863,000										1.50	
25	X	24	1,660,000										1.30	
26	X	24	1,401,000										1.50	
27	X	24	2,529,000										2.00	
28	X	24	2,345,000										1.60	
29														
30														
31														
Total			52,769,000											
Average			1,884,607											
Maximum			3,123,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
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Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check
	Allen Bailey	C	7602	Weekend Check
	Terry Sillitoe	A	12749	Weekend Check

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	Printed or Typed Name	License Number
4-6-10	James A Swegheimer	7183

FILE COPY

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	1,670,000										1.50	Collected 10 Bacts
2	X	24	1,500,000										1.50	
3	X	24	1,909,000										1.40	
4	X	24	1,645,000										1.40	
5	X	24	1,594,000										1.60	
6	X	24	2,875,000										2.10	
7	X	24	3,097,000										1.00	
8	A	24	2,307,000										1.20	
9	X	24	1,811,000										1.40	well 1 new meter installed
10	X	24	2,079,000										1.50	well 2a new meter installed
11	X	24	2,134,000										1.30	
12	X	24	1,606,000										1.10	
13	X	24	2,171,000										2.10	
14	X	24	2,349,000										1.70	
15	X	24	1,563,000										1.30	
16	X	24	1,695,000										1.30	
17	X	24	2,017,000										1.40	
18	X	24	2,275,000										1.50	
19	X	24	1,872,000										1.30	
20	X	24	2,412,000										1.40	
21	X	24	3,417,000										1.30	
22	X	24	2,032,000										1.50	
23	X	24	1,591,000										1.40	
24	X	24	1,977,000										1.40	
25	X	24	3,129,000										1.40	
26	X	24	1,958,000										1.50	
27	X	24	1,965,000										1.30	
28	X	24	3,494,000										1.40	
29	X	24	2,118,000										1.30	
30	X	24	1,507,000										1.50	
31	X	24	2,167,000										1.40	
Total			65,936,000											
Average			2,126,967											
Maximum			3,494,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Ray Houge	B	14256	Sat. Compliance Check
	Allen Bailey	C	7602	Weekend Check
	Terry Sillitoe	A	12749	Weekend Check
	Corey Sudol	C	14271	Weekend Check

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	Printed or Typed Name	License Number
5-5-16	James A Swegheimer	7183

FILE COPY

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,782,000										1.50	
2	X	24	2,395,000										1.60	
3	X	24	2,612,000										1.50	
4	X	24	5,026,000										1.70	
5	X	24	2,180,000										1.30	
6	X	24	1,846,000										1.40	
7	X	24	2,372,000										1.70	Collected 10 Bactis
8	A	24	3,115,000										1.70	
9	X	24	2,046,000										1.30	
10	X	24	2,565,000										1.60	
11	X	24	4,150,000										1.50	
12	X	24	3,144,000										1.40	
13	X	24	2,432,000										1.40	
14	X	24	2,974,000										1.70	
15	X	24	4,052,000										1.50	
16	X	24	3,057,000										1.60	
17	X	24	3,112,000										1.50	
18	X	24	4,561,000										1.40	
19	X	24	2,565,000										1.40	
20	X	24	1,941,000										1.60	
21	X	24	2,597,000										1.40	
22	X	24	2,799,000										1.40	
23	X	24	2,647,000										1.60	
24	X	24	2,686,000										1.50	
25	X	24	4,019,000										1.60	
26	X	24	2,934,000										1.40	
27	X	24	1,975,000										1.40	
28	X	24	3,190,000										1.70	
29	X	24	3,186,000										1.40	
30	X	24	3,005,000										1.50	
31	X	24												
Total			87,965,000											
Average			2,932,166											
Maximum			5,026,000											

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

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

REVISED 4/20/10

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-I			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-5065
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Terry Sillitoe	A	12749	Weekend Check

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.

James C Swegheimer 8-19-10 — James A Swegheimer — 7183

Signature and Date — Printed or Typed Name — License Number

FILE COPY

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

PWS Identification Number: 3591121	Plant Name: Des Pinar WTP.

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

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

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

Day of Month	Days Plant Staffed / Visited / Operated (Place "X")	Hours Plant in Operation	Net Quantity Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant Concentration in Remote Point of Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measured Point During Peak Flow, minutes	Lowest CT Provided Before or First Customer During Peak Flow, mg-min/l	Temp. Water,	pH of Water if Applicable	Minimum Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,578,000										1.50	
2	X	24	5,516,000										1.50	
3	X	24	2,724,000										1.50	
4	X	24	2,684,000										1.40	Collected 10 Basis
5	X	24	3,689,000										1.40	
6	X	24	3,421,000										1.60	
7	X	24	2,785,000										1.50	
8	X	24	3,333,000										2.10	
9	X	24	4,185,000										1.80	
10	X	24	4,109,000										1.40	
11	X	24	2,717,000										1.60	
12	X	24	3,993,000										1.60	
13	X	24	4,421,000										1.80	
14	X	24	3,595,000										1.60	
15	X	24	3,347,000										1.60	
16	X	24	5,292,000										1.70	
17	X	24	3,172,000										1.50	
18	X	24	1,897,000										1.70	
19	X	24	3,562,000										1.80	
20	X	24	3,485,000										1.70	
21	X	24	3,219,000										1.60	
22	X	24	3,888,000										1.60	
23	X	24	3,660,000										1.50	
24	X	24	3,866,000										1.40	
25	X	24	2,606,000										1.50	
26	X	24	2,818,000										1.50	
27	X	24	3,938,000										1.70	
28	X	24	3,129,000										1.50	
29	X	24	2,614,000										1.50	
30	X	24	3,416,000										1.60	
31	X	24	2,433,000										1.70	
Total			106,092,00											
Average			3,422,322											
Maximum			5,516,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP 3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Ray Houge	B	14256	Weekend Check

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.

James A Swegheimer 7-6-10

Signature and Date

James A Swegheimer

Printed or Typed Name

7183

License Number

FILE COPY

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,069,000										1.50	
2	X	24	2,847,000										1.20	
3	X	24	2,514,000										1.40	
4	X	24	1,903,000										1.30	
5	X	24	2,027,000										1.30	
6	X	24	3,983,000										2.00	
7	X	24	2,036,000										1.20	Collected 10 Bacti's
8	A	24	1,583,000										1.50	
9	X	24	2,998,000										1.00	
10	X	24	3,722,000										1.40	
11	X	24	3,168,000										1.40	
12	X	24	3,143,000										1.40	
13	X	24	2,882,000										1.00	
14	X	24	2,761,000										1.40	
15	X	24	3,030,000										1.30	
16	X	24	3,316,000										1.20	
17	X	24	3,244,000										1.70	
18	X	24	2,493,000										1.40	
19	X	24	2,257,000										1.40	
20	X	24	3,956,000										1.80	
21	X	24	1,610,000										1.60	
22	X	24	1,699,000										1.70	
23	X	24	2,895,000										1.50	
24	X	24	3,261,000										1.60	
25	X	24	3,052,000										1.50	
26	X	24	3,183,000										1.70	
27	X	24	2,327,000										1.60	
28	X	24	2,665,000										1.70	
29	X	24	2,872,000										1.40	
30	X	24	3,732,000										1.70	
31														
Total			83,228,000											
Average			2,774,266											
Maximum			3,983,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: July 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
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PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
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Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Terry Sillitoe	A	12749	Weekend Check

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Signature and Date	Printed or Typed Name	License Number
7-5-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121	Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	3,891,000										1.60	
2	X	24	2,483,000										1.50	
3	X	24	2,294,000										1.70	
4	X	24	3,558,000										0.50	
5	X	24	1,528,000										1.60	
6	X	24	1,763,000										1.60	
7	X	24	2,526,000										1.30	
8	A	24	3,129,000										1.40	
9	X	24	2,929,000										1.50	
10	X	24	4,236,000										1.50	
11	X	24	3,909,000										1.50	
12	X	24	1,951,000										1.60	
13	X	24	2,197,000										1.50	
14	X	24	3,311,000										1.20	
15	X	24	3,744,000										1.40	
16	X	24	2,295,000										1.00	
17	X	24	3,900,000										1.80	
18	X	24	4,008,000										1.00	
19	X	24	2,763,000										1.40	
20	X	24	2,719,000										1.70	
21	X	24	3,802,000										1.20	
22	X	24	4,684,000										1.40	
23	X	24	3,403,000										1.70	
24	X	24	2,663,000										2.00	
25	X	24	5,209,000										2.10	
26	X	24	3,090,000										1.20	
27	X	24	2,954,000										1.00	
28	X	24	4,211,000										1.50	
29	X	24	4,355,000										1.40	
30	X	24	3,088,000										1.50	
31	X	24	2,501,000										1.50	
Total			99,094,000											
Average			3,196,580											
Maximum			5,209,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Ray Houge	B	14256	Weekend Check
	Tom Keyes	A	2181	Weekend Check

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	Printed or Typed Name	License Number
9-23-10	James A Swegheimer	7183

REVISED 9-23-10

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	4,124,000										0.80	
2	X	24	2,429,000										1.20	
3	X	24	2,601,000										1.30	
4	X	24	4,067,000										1.70	
5	X	24	4,348,000										1.70	
6	X	24	3,514,000										1.50	
7	X	24	3,086,000										1.50	
8	A	24	4,183,000										1.50	
9	X	24	3,862,000										1.10	Collected 10 Bactis
10	X	24	1,643,000										0.90	
11	X	24	2,979,000										1.30	
12	X	24	3,034,000										1.2	
13	X	24	2,438,000										1.00	
14	X	24	1,663,000										0.90	
15	X	24	3,419,000										0.70	
16	X	24	2,516,000										1.00	
17	X	24	1,830,000										1.50	
18	X	24	3,264,000										1.40	
19	X	24	3,561,000										1.50	
20	X	24	2,853,000										1.00	
21	X	24	5,529,000										2.10	
22	X	24	2,543,000										1.00	
23	X	24	1,742,000										1.20	
24	X	24	2,547,000										1.20	
25	X	24	2,690,000										1.10	
26	X	24	2,371,000										1.30	
27	X	24	3,233,000										1.10	
28	X	24	3,970,000										1.60	
29	X	24	1,947,000										1.70	
30	X	24	2,192,000										1.50	
31	X	24	3,259,000										1.50	
Total			93,437,000											
Average			3,014,096											
Maximum			5,529,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Ray Houge	B	14256	Weekend Check

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	Printed or Typed Name	License Number
10-4-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

III. Daily Data for the Month Year of: September 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,593,000										1.60	Collected 10 Bactis
2	X	24	4,230,000										1.50	
3	X	24	3,377,000										1.50	
4	X	24	3,457,000										1.50	
5	X	24	5,771,000										2.00	
6	X	24	2,146,000										1.40	
7	X	24	2,401,000										1.30	
8	A	24	2,928,000										1.50	
9	X	24	2,881,000										1.00	
10	X	24	2,043,000										1.20	
11	X	24	2,289,000										1.60	
12	X	24	4,931,000										0.80	
13	X	24	2,141,000										1.50	
14	X	24	1,930,000										1.40	
15	X	24	2,758,000										1.40	
16	X	24	4,249,000										1.40	
17	X	24	3,231,000										1.50	
18	X	24	3,061,000										1.20	
19	X	24	5,158,000										1.10	
20	X	24	2,620,000										1.20	
21	X	24	2,642,000										1.60	
22	X	24	3,485,000										1.40	
23	X	24	3,959,000										1.40	
24	X	24	3,090,000										1.30	
25	X	24	2,048,000										1.40	
26	X	24	4,109,000										0.90	
27	X	24	2,217,000										1.30	
28	X	24	2,021,000										1.30	
29	X	24	2,344,000										1.30	
30	X	24	2,500,000										1.40	
31														
Total			92,610,000											
Average			3,087,000											
Maximum			5,771,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-~~Des Pinar WTP 3591121-1~~			PWS Identification Number: 3591121-1
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Ray Houge	B	14256	Weekend Check

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	Printed or Typed Name	License Number
11-3-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,233,000										1.40	
2	X	24	2,682,000										1.50	
3	X	24	4,442,000										2.40	
4	X	24	2,399,000										1.60	
5	X	24	2,338,000										1.30	Collected 10 Bactis
6	X	24	3,208,000										1.30	
7	X	24	3,610,000										1.50	
8	A	24	2,954,000										1.40	
9	X	24	2,908,000										1.40	
10	X	24	5,367,000										2.40	
11	X	24	2,720,000										1.30	
12	X	24	2,670,000										1.50	
13	X	24	3,448,000										1.40	
14	X	24	3,777,000										1.30	
15	X	24	3,082,000										1.50	
16	X	24	2,876,000										1.50	
17	X	24	5,479,000										2.40	
18	X	24	2,853,000										1.40	
19	X	24	2,529,000										1.50	
20	X	24	3,524,000										1.20	
21	X	24	4,158,000										1.70	
22	X	24	3,058,000										1.60	
23	X	24	3,198,000										2.20	
24	X	24	5,011,000										2.60	
25	X	24	2,841,000										1.50	
26	X	24	2,577,000										1.60	
27	X	24	3,712,000										1.50	
28	X	24	3,923,000										1.30	
29	X	24	3,059,000										1.40	
30	X	24	3,293,000										1.40	
31	X	24	3,945,000										1.70	
Total			103,874,00											
Average			3,350,774											
Maximum			5,479,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: November 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308		Total Population Served at End of Month: 8,078	
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.			Plant Telephone Number: 407-260-5065
Plant Address: 125 Western Fork		City: Longwood	State: Fl Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Corey Sudol	C	14271	Weekend Check
	Ray Houge	B	14256	Weekend Check

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	Printed or Typed Name	License Number
12-3-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	3,476,000										1.60	
2	X	24	2,452,000										1.50	
3	X	24	2,709,000										1.40	
4	X	24	2,547,000										1.50	
5	X	24	1,720,000										1.60	Collected 10 Bactis
6	X	24	2,442,000										1.60	
7	X	24	3,063,000										1.50	
8	A	24	2,765,000										1.30	
9	X	24	2,044,000										1.30	
10	X	24	3,034,000										1.40	
11	X	24	3,218,000										1.30	
12	X	24	2,625,000										1.40	
13	X	24	2,809,000										1.30	
14	X	24	3,783,000										1.30	
15	X	24	3,384,000										1.50	
16	X	24	2,245,000										1.30	
17	X	24	3,271,000										1.40	
18	X	24	3,155,000										1.40	
19	X	24	2,564,000										1.50	
20	X	24	3,083,000										1.40	
21	X	24	3,766,000										1.50	
22	X	24	3,051,000										1.20	
23	X	24	2,239,000										1.30	
24	X	24	3,061,000										1.30	
25	X	24	3,257,000										1.20	
26	X	24	2,580,000										1.30	
27	X	24	2,810,000										1.20	
28	X	24	3,365,000										0.80	
29	X	24	2,862,000										0.90	
30	X	24	1,841,000										1.10	
31														
Total			85,221,000											
Average			2,840,700											
Maximum			3,783,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Des Pinar WTP.3591121-1			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 2,308	Total Population Served at End of Month: 8,078		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 -869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Des Pinar WTP.		Plant Telephone Number: 407-260-5065	
Plant Address: 125 Western Fork	City: Longwood	State: Fl	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 6,261,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri. 0700-1530
Other Operators:	Allan Finch	C	7806	Mon.-Thur.0700-1530
	Don Hasty	A	6625	Weekend Check

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	Printed or Typed Name	License Number
1-5-11	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Des Pinar WTP.

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	2,484,000										1.10	
2	X	24	2,733,000										1.30	
3	X	24	2,204,000										1.20	
4	X	24	2,629,000										1.40	
5	X	24	3,421,000										1.20	
6	X	24	2,567,000										1.20	
7	X	24	2,056,000										1.00	
8	X	24	2,443,000										1.50	Collected 10 Hactis
9	X	24	2,909,000										1.30	
10	X	24	2,295,000										1.20	
11	X	24	3,068,000										1.50	
12	X	24	3,323,000										1.40	
13	X	24	2,105,000										1.20	
14	X	24	2,084,000										1.30	
15	X	24	2,138,000										1.30	
16	X	24	2,612,000										1.20	
17	X	24	2,410,000										1.30	
18	X	24	2,852,000										1.20	
19	X	24	2,716,000										1.20	
20	X	24	1,774,000										1.30	
21	X	24	1,776,000										1.10	
22	X	24	2,556,000										1.30	
23	X	24	2,575,000										1.20	
24	X	24	2,073,000										1.30	
25	X	24	2,655,000										1.30	
26	X	24	2,972,000										1.30	
27	X	24	2,015,000										1.20	
28	X	24	1,971,000										1.30	
29	X	24	2,181,000										1.20	
30	X	24	2,659,000										1.00	
31	X	24	2,243,000										1.50	
Total			76,499,000											
Average			2,467,000											
Maximum			3,421,000											

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

KNOLLWOOD

2009

MORs

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. viit
Other Operators:	Allan Finch	C	7806	Tue.-Sat. 30 Min. Visit
	Corey Sudol	C	14279	Checked Pant 1/1.2/09
	Alex Lorenzo	C	13756	Weekend Compliance Check

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	Printed or Typed Name	License Number
Jim Swegheimer 1-3-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	49,000										1.80	
2	X	24	9,000										1.50	
3	X	24	8,000										1.30	
4	X	24	61,000										1.40	
5	X	24	22,000										1.30	
6	X	24	9,000										1.20	
7	X	24	37,000										1.50	
8	X	24	35,000										1.30	Collected 4 Bactis
9	X	24	11,000										1.00	
10	X	24	13,000										1.20	
11	X	24	53,000										1.40	
12	X	24	15,000										1.40	
13	X	24	7,000										1.50	
14	X	24	13,000										1.20	
15	X	24	7,000										1.30	
16	X	24	14,000										1.40	
17	X	24	5,000										1.40	
18	X	24	8,000										1.40	
19	X	24	12,000										1.20	
20	X	24	183,000										1.40	
21	X	24	10,000										1.00	
22	X	24	8,000										1.30	
23	X	24	1,000										1.00	Low Flow
24	X	24	5,000										1.60	
25	X	24	4,000										1.40	Low Flow
26	X	24	0										1.20	No Flow
27	X	24	1,000										1.2	Low Flow
28	X	24	8,000										1.00	
29	X	24	4,000										1.10	
30	X	24	1,000										1.40	Low Flow
31	X	24	8,000										1.20	
Total			621,000											
Average			20,032											
Maximum			183,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. viit
Other Operators:	Allan Finch	C	7806	Tue.-Sat. 30 Min. Visit
	Terry Sillitoe	A	7064	Checked Pant 2/6/09
	Alex Lorenzo	C	13756	Weekend Compliance Check

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	Printed or Typed Name	License Number
3-4-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	6,000										1.20	Low Flow
2	X	24	0										1.10	No Flow
3	X	24	0										1.20	Collected 4 Bactis No Flow
4	X	24	12,000										1.50	
5	X	24	19,000										1.50	
6	X	24	5,000										1.30	
7	X	24	12,000										1.20	
8	X	24	9,000										1.40	
9	X	24	0										1.00	No Flow
10	X	24	2,000										1.10	Low Flow
11	X	24	60,000										1.40	
12	X	24	7,000										1.30	Low Flow
13	X	24	2,000										1.20	Low Flow
14	X	24	5,000										1.40	Low Flow
15	X	24	27,000										1.10	
16	x	24	2,000										1.20	Low Flow
17	X	24	2,000										1.50	Low Flow
18	X	24	21,000										1.40	
19	X	24	33,000										1.40	
20	X	24	0										1.50	No Flow
21	X	24	3,000										1.30	Low Flow
22	X	24	15,000										2.00	
23	X	24	1,000										1.40	Low Flow
24	X	24	0										1.40	No Flow
25	X	24	30,000										1.40	
26	X	24	56,000										1.20	
27	X	24	1,000										1.40	Low Flow
28	X	24	8,000										1.20	Low Flow
29	X	24												
30	X	24												
31	X	24												
Total			338,000											
Average			12,071											
Maximum			60,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Tue.-Sat. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check

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	Printed or Typed Name	License Number
4-6-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	4,000										1.20	
2	X	24	1,000										1.50	
3	X	24	0										1.40	
4	X	24	7,000										1.00	
5	X	24	8,000										1.40	
6	X	24	0										1.40	
7	X	24	6,000										1.20	
8	X	24	7,000										1.20	
9	X	24	6,000										1.00	
10	X	24	16,000										1.20	
11	X	24	9,000										1.1	
12	X	24	40,000										1.30	
13	X	24	3,000										1.50	
14	X	24	7,000										1.40	
15	X	24	31,000										1.20	
16	X	24	37,000										1.0	
17	X	24	7,000										1.40	
18	X	24	26,000										1.40	
19	X	24	49,000										1.30	
20	X	24	6,000										1.5	
21	X	24	6,000										1.4	
22	X	24	23,000										1.5	
23	X	24	15,000										1.50	
24	X	24	0										1.30	
25	X	24	3,000										1.20	
26	X	24	3,000										1.40	
27	X	24	0										1.10	
28	X	24	1,000										1.20	
29	X	24	5,000										1.10	
30	X	24	0										1.0	
31	X	24	0										1.20	
Total			326,000											
Average			10,516											
Maximum			49,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood				Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.		City: Longwood		State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183		Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806		Tue.-Sat. 30 Min. Visit
	Ray Houge	B	14256		Weekend Compliance Check
	Alex Lorenzo	C	13756		Weekend Compliance Check

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	Printed or Typed Name	License Number
5-5-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	6,000										1.30	Low Flow
2	X	24	13,000										1.40	
3	X	24	2,000										1.20	Low Flow
4	X	24	5,000										1.40	Low Flow
5	X	24	7,000										1.30	Low Flow
6	X	24	1,000										1.30	Collected 4 Bactis
7	X	24	1,000										1.40	Low Flow
8	X	24	3,000										1.20	Low Flow
9	X	24	3,000										1.30	Low Flow
10	X	24	0										1.30	No Flow
11	X	24	27,000										2.00	
12	X	24	13,000										1.80	
13	X	24	14,000										1.00	
14	X	24	14,000										1.30	
15	X	24	10,000										1.50	
16	X	24	0										1.50	No Flow
17	X	24	122,000										1.10	Low Flow
18	X	24	4,000										2.00	Low Flow
19	X	24	6,000										1.60	Low Flow
20	X	24	5,000										1.00	No Flow
21	X	24	0										1.00	No Flow
22	X	24	0										1.40	No Flow
23	X	24	0										1.40	No Flow
24	X	24	0										1.20	No Flow
25	X	24	0										2.20	No Flow
26	X	24	0										1.60	No Flow
27	X	24	0										0.70	No Flow
28	X	24	18,000										1.60	
29	X	24	132,000										1.90	
30	X	24	207,000										1.50	
31	X	24	0											
Total			613,000											
Average			19,774											
Maximum			207,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood			Plant Telephone Number: 407-260-5065
Plant Address: 108 Pressview Ave.		City: Longwood	State: Fl. Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. Visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Alex Lorenzo	C	13756	Weekend Compliance Check

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	Printed or Typed Name	License Number
6-2-09	Jim Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,000										1.90	Low Flow
2	X	24	266,000										1.30	No Flow
3	X	24	267,000										1.40	
4	X	24	3,000										1.50	Low Flow Collected 1 Bacto
5	X	24	0										1.40	No Flow
6	X	24	188,000										1.10	
7	X	24	0										1.10	No Flow
8	X	24	0										1.50	No Flow
9	X	24	0										2.20	No Flow
10	X	24	0										1.40	No Flow
11	X	24	0										2.90	No Flow
12	X	24	0										3.00	No Flow
13	X	24	0										2.20	No Flow
14	X	24	0										2.50	No Flow
15	X	24	0										1.90	No Flow
16	X	24	0										2.20	No Flow
17	X	24	0										2.10	No Flow
18	X	24	0										0.40	No Flow
19	X	24	0										1.10	No Flow
20	X	24	0										1.70	No Flow
21	X	24	0										2.00	No Flow
22	X	24	98,000										1.80	
23	X	24	0										2.20	No Flow
24	X	24	0										2.20	No Flow
25	X	24	0										1.20	No Flow
26	X	24	0										1.70	No Flow
27	X	24	0										1.50	No Flow
28	X	24	0										1.40	No Flow
29	X	24	0										1.30	No Flow
30	X	24	0										2.20	No Flow
31	X	24	0										2.1	No Flow
Total			824,000											
Average			26,580											
Maximum			267,000											

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

REVISED 5/19/09

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood			Plant Telephone Number: 407-260-3065
Plant Address: 108 Pressview Ave.		City: Longwood	State: FL Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swepheimer	C	7183	Mon-Fri - 30 min visit
Other Operators:	Allan Finch	C	7806	Mon-Thur 30 Min Visit
	Ray Hooge	B	14256	Weekend Compliance Check
	Allan Bailey	C	7602	Weekend Compliance Check
	Alex Lorenzo	C	13756	

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.

Allan Finch 7-6-09

Signature and Date

Allan Finch

Printed or Typed Name

7806

License Number

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	0										1.20	Flow Meter O.O.S. no flow
2	X	24	0										1.60	Flow Meter O.O.S no flow
3	X	24	0										1.70	Flow Meter O.O.S. no flow BACTS
4	X	24	0										1.70	Flow Meter O.O.S. no flow
5	X	24	0										1.40	Flow Meter O.O.S. noflow
6	X	24	0										0.70	Flow Meter O.O.S. noflow
7	X	24	0										1.20	Flow Meter O.O.S noflow
8	X	24	0										1.80	Flow Meter O.O.S. no flow
9	X	24	0										1.30	Flow Meter O.O.S. no flow
10	X	24	0										1.40	Flow Meter O.O.S. no flow
11	X	24	36,000										1.30	Flow Meter O.O.S.
12	X	24	0										1.40	Flow Meter O.O.S. no flow
13	X	24	69,000										1.60	Flow Meter O.O.S.
14	X	24	33,000										1.40	Flow Meter O.O.S.
15	X	24	0										1.20	Flow Meter O.O.S. no flow
16	X	24	0										1.70	Flow Meter O.O.S. no flow
17	X	24	0										1.20	Flow Meter O.O.S. no flow
18	X	24	21,000										1.80	Flow Meter O.O.S.
19	X	24	0										1.50	Flow Meter O.O.S. no flow
20	X	24	0										0.40	Flow Meter O.O.S. noflow
21	X	24	50,000										1.10	Flow Meter O.O.S.
22	X	24	0										1.00	Flow Meter O.O.S. no flow
23	X	24	0										1.60	Flow Meter O.O.S. no flow
24	X	24	24,000										1.70	Flow Meter O.O.S.
25	X	24	16,000										1.50	Flow Meter O.O.S.
26	X	24	0										2.00	Flow Meter O.O.S. no flow
27	X	24	76,000										1.90	Flow Meter O.O.S.
28	X	24	33,000										1.60	Flow Meter O.O.S.
29	X	24	0										1.80	Flow Meter O.O.S. no flow
30	X	24	0										1.40	Flow meter O.O.S. no flow
31														
Total			358,000											
Average			11,933											
Maximum			76,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood			Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.		City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Hoque	B	14256	Weekend Compliance Check

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	Printed or Typed Name	License Number
8-5-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	0											Flow Meter O.O.S. no flow
2	X	24	0											Flow Meter O.O.S. no flow
3	X	24	0											Flow Meter O.O.S. no flow
4	X	24	0											Flow Meter O.O.S. no flow
5	X	24	0											Flow Meter O.O.S. noflow
6	X	24	0											Flow Meter O.O.S. noflow
7	X	24	0											Flow Meter O.O.S noflow
8	X	24	0											Flow Meter O.O.S. no flow
9	X	24	19,000											Flow Meter O.O.S.
10	X	24	0											Flow Meter O.O.S. no flow
11	X	24	144,000											Flow Meter O.O.S.
12	X	24	369,000											Flow Meter O.O.S.
13	X	24	0											Flow Meter O.O.S. no flow
14	X	24	0											Flow Meter O.O.S.no flow
15	X	24	436,000											Flow Meter O.O.S.
16	X	24	566,000											Flow Meter O.O.S.
17	X	24	542,000											Flow Meter O.O.S.
18	X	24	720,000											Flow Meter O.O.S.
19	X	24	1,075,000											Flow Meter O.O.S.
20	X	24	489,000											Flow Meter O.O.S.
21	X	24	14,000											Flow Meter O.O.S.
22	X	24	470,000											Flow Meter O.O.S.
23	X	24	945,000											Flow Meter O.O.S.
24	X	24	211,000											Flow Meter O.O.S.
25	X	24	216,000											Flow Meter O.O.S.
26	X	24	628,000											Flow Meter O.O.S.
27	X	24	249,000											Flow Meter O.O.S.
28	X	24	91,000											Flow Meter O.O.S.
29	X	24	288,000											Flow Meter O.O.S.
30	X	24	0											Flow meter O.O.S. no flow
31	X	24	0											Flow meter O.O.S. no flow
Total			7,472,000											
Average			241,032											
Maximum			1,075,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Tuch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Hoare	B	14256	Weekend Compliance Check

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	Printed or Typed Name	License Number
9-3 09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Was Plant Staffed or Visited by Operator (Place "Y")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	Y	24	0										1.50	
2	Y	24	0										1.40	
3	Y	23	0										1.40	
4	Y	24	0										1.90	Collected 4 Bacti's
5	Y	24	0										1.10	
6	Y	24	0										1.80	
7	Y	24	1,000										1.10	
8	Y	24	135,000										2.20	
9	Y	24	122,000										1.80	
10	Y	24	158,000										1.60	
11	Y	24	58,000										1.80	
12	Y	24	12,000										1.60	
13	Y	24	15,000										1.50	
14	Y	24	5,000										1.60	
15	Y	24	22,000										2.20	
16	Y	24	9,000										1.80	
17	Y	24	12,000										1.00	
18	Y	24	6,000										1.60	
19	Y	24	19,000										1.50	
20	Y	24	14,000										1.40	
21	Y	24	13,000										1.20	
22	Y	24	8,000										2.00	
23	Y	24	7,000										2.00	
24	Y	24	2,000										1.50	
25	Y	24	6,000										1.50	
26	Y	24	8,000										1.40	
27	Y	24	12,000										1.60	
28	Y	24	4,000										1.40	
29	Y	24	9,000										1.80	
30	Y	24	20,000										1.60	
31	Y	24	11,000										1.30	
Total			894,000											
Average			28,838											
Maximum			135,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2 | PWS Identification Number: 3591121

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 300 | Total Population Served at End of Month: 1,050

PWS Owner: Sanlando Utilities Corp.

Contact Person: Patrick Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: FL | Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-1919

Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Knollwood | Plant Telephone Number: 407-260-5065

Plant Address: 108 Pressview Ave. | City: Longwood | State: FL | Zip Code: 32750

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000

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

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri - 30 min visit
Other Operators:	Allan Finch	C	7806	Mon-Thur 30 Min Visit
	Ray Houge	D	14256	Weekend Compliance Check

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.

James A Swegheimer 10-6-09

Signature and Date

James A Swegheimer

Printed or Typed Name

7183

License Number

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	10,000										1.60	
2	X	24	13,000										1.40	
3	X	24	26,000										1.10	
4	X	24	24,000										1.00	
5	X	24	15,000										2.20	
6	X	24	9,000										2.00	
7	X	24	12,000										1.40	
8	X	24	13,000										1.40	Collected 4 Hours
9	X	24	10,000										1.00	
10	X	24	18,000										1.20	
11	X	24	5,000										1.20	Low Flow
12	X	24	6,000										1.20	Low Flow
13	X	24	15,000										2.00	
14	X	24	6,000										1.00	Low Flow
15	X	24	5,000										1.20	Low Flow
16	X	24	11,000										1.10	
17	X	24	9,000										1.00	
18	X	24	4,000										1.30	Low Flow
19	X	24	4,000										1.60	Low Flow
20	X	24	6,000										1.80	Low Flow
21	X	24	23,000										1.40	
22	X	24	1,000										1.50	Low Flow
23	X	24	9,000										1.40	
24	X	24	48,000										1.30	
25	X	24	7,000										1.20	Low Flow
26	X	24	53,000										1.10	
27	X	24	15,000										1.30	
28	X	24	6,000										1.20	Low Flow
29	X	24	3,000										1.30	Low Flow
30	X	24	11,000										1.00	
31														
Total			427,000											
Average			14,233											
Maximum			53,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check

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.

James A Swegheimer 11-3-09

Signature and Date

James A Swegheimer

Printed or Typed Name

7183

License Number

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	62,000										1.30	
2	X	24	3,000										1.50	Low Flow
3	X	24	43,000										2.20	
4	X	24	73,000										1.80	
5	X	24	17,000										1.20	
6	X	24	3,000										1.10	Low Flow
7	X	24	11,000										1.50	
8	X	24	83,000										1.20	
9	X	24	5,000										1.00	Low Flow
10	X	24	49,000										2.00	
11	X	24	81,000										1.80	
12	X	24	14,000										1.30	
13	X	24	4,000										1.30	Low Flow
14	X	24	50,000										1.30	
15	X	24	87,000										1.30	
16	x	24	6,000										1.30	Low Flow
17	X	24	45,000										0.50	
18	X	24	66,000										1.20	
19	X	24	3,000										1.30	Low Flow
20	X	24	2,000										1.40	Low Flow
21	X	24	10,000										1.40	
22	X	24	2,000										1.20	Low Flow
23	X	24	5,000										1.20	Low Flow
24	X	24	8,000										2.20	
25	X	24	21,000										2.10	
26	X	24	38,000										1.10	
27	X	24	1,000										1.30	Low Flow
28	X	24	33,000										1.00	
29	X	24	80,000										1.40	
30	X	24	3,000										1.50	Low Flow
31	X	24	42,000										2.20	
Total			950,000											
Average			30,645											
Maximum			87,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check

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	Printed or Typed Name	License Number
12-4-09	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose mW-sec/cm^2	Minimum UV Dose Required mW-sec/cm^2		
1	X	24	79,000										2.10	
2	X	24	4,000										1.40	Low Flow
3	X	24	3,000										1.50	Low Flow
4	X	24	17,000										1.50	
5	X	24	32,000										1.30	
6	X	24	4,000										1.40	Low Flow
7	X	24	53,000										1.30	
8	X	24	76,000										1.20	
9	X	24	9,000										1.00	
10	X	24	3,000										1.40	Low Flow
11	X	24	18,000										1.40	
12	X	24	18,000										1.10	
13	X	24	2,000										1.50	Low Flow
14	X	24	10,000										1.30	
15	X	24	85,000										1.20	
16	X	24	2,000										1.30	Low Flow
17	X	24	3,000										1.50	Low Flow
18	X	24	80,000										0.90	
19	X	24	60,000										1.40	
20	X	24	4,000										0.90	Low Flow
21	X	24	180,000										0.30	
22	X	24	241,000										1.00	
23	X	24	2,000										0.50	Low Flow
24	X	24	2,000										1.30	Low Flow
25	X	24	81,000										0.90	
26	X	24	2,000										1.40	Low Flow
27	X	24	3,000										1.20	Low Flow
28	X	24	85,000										2.20	
29	X	24	17,000										1.50	
30	X	24	369,000										1.20	
31														
Total			1,544,000											
Average			51,466											
Maximum			369,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check

II. Certification by Lead/Chief Operator

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Signature and Date	Printed or Typed Name	License Number
James A Swegheimer 1-7-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	123,000										1.70	
2	X	24	199,000										1.20	
3	X	24	23,000										1.70	
4	X	24	65,000										1.70	
5	X	24	109,000										1.20	
6	X	24	127,000										2.20	
7	X	24	49,000										1.70	
8	X	24	50,000										1.70	
9	X	24	3,000										1.70	Low Flow
10	X	24	2,000										1.80	Low Flow
11	X	24	13,000										1.70	
12	X	24	13,000										2.20	
13	X	24	17,000										2.20	
14	X	24	0										1.00	Low Flow
15	X	24	2,000										1.60	Low Flow
16	x	24	6,000										1.50	
17	X	24	6,000										1.70	
18	X	24	4,000										1.20	Low Flow
19	X	24	2,000										2.10	Low Flow
20	X	24	20,000										1.60	
21	X	24	1,000										1.20	Low Flow
22	X	24	2,000										1.20	Low Flow
23	X	24	6,000										1.60	
24	X	24	5,000										1.50	Low Flow
25	X	24	0										1.50	Low Flow
26	X	24	4,000										3.00	Low Flow
27	X	24	9,000										2.80	
28	X	24	4,000										0.90	Low Flow
29	X	24	2,000										1.60	Low Flow
30	X	24	4,000										1.60	Low Flow
31	X	24	4,000										1.50	Low Flow
Total			874,000											
Average			28,193											
Maximum			199,000											

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

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

PWS Identification Number: 3591121	Plant Name: Knollwood

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: December 2009

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

Polymer Dose, ppm = 0	Acrylamide Level, %† =

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

Polymer Dose, ppm = 0.49	Epichlorohydrin Level, %† =

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

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.10
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = 0.00

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

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

KNOLLWOOD

2010

MORs

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check

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	Printed or Typed Name	License Number
2-4-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,000										1.70	Low Flow
2	X	24	2,000										2.20	Low Flow
3	X	24	1,000										2.20	Low Flow
4	X	24	1,000										1.50	Low Flow
5	X	24	4,000										1.80	Low Flow
6	X	24	7,000										1.50	
7	X	24	5,000										1.70	
8	X	24	7,000										1.00	
9	X	24	4,000										2.20	
10	X	24	5,000										2.10	Low Flow
11	X	24	10,000										1.20	
12	X	24	6,000										1.80	
13	X	24	51,000										1.70	
14	X	24	60,000										1.60	
15	X	24	38,000										1.20	
16	X	24	45,000										2.00	
17	X	24	45,000										1.80	
18	X	24	29,000										1.60	
19	X	24	41,000										1.80	
20	X	24	12,000										1.40	
21	X	24	48,000										1.90	
22	X	24	0										2.10	Low Flow
23	X	24	15,000										2.00	
24	X	24	50,000										1.40	
25	X	24	32,000										1.10	
26	X	24	8,000										1.20	
27	X	24	7,000										1.50	
28	X	24	20,000										0.90	
29	X	24	39,000										2.00	
30	X	24	18,000										2.20	
31	X	24	38,000										2.20	
Total			650,000											
Average			20,967											
Maximum			60,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey S Udol	C	14271	Weekend Compliance Check

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	Printed or Typed Name	License Number
3-8-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Data, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	17,000										0.90	
2	X	24	0										1.70	Low Flow
3	X	24	31,000										1.00	
4	X	24	2,000										1.10	Low Flow
5	X	24	13,000										0.90	
6	X	24	12,000										2.10	
7	X	24	9,000										2.00	
8	X	24	61,000										1.50	
9	X	24	11,000										1.20	Collected Bac-T Samples
10	X	24	8,000										1.50	
11	X	24	4,000										1.50	Low Flow
12	X	24	0										1.60	
13	X	24	14,000										2.00	Low Flow
14	X	24	0										2.20	Low Flow
15	X	24	0										1.50	Low Flow
16	X	24	61,000										1.20	
17	X	24	6,000										1.60	
18	X	24	8,000										1.70	
19	X	24	28,000										1.50	
20	X	24	38,000										1.20	
21	X	24	29,000										1.30	
22	X	24	24,000										1.60	
23	X	24	5,000										1.70	Low Flow
24	X	24	6,000										1.50	
25	X	24	4,000										1.70	Low Flow
26	X	24	14,000										1.60	
27	X	24	29,000										1.80	
28	X	24	14,000										1.70	
29														
30														
31														
Total			448,000											
Average			16,000											
Maximum			61,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2		PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corp.		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey S Udol	C	14271	Weekend Compliance Check

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Signature and Date	Printed or Typed Name	License Number
4-6-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	39,000										1.50	Low Flow
2	X	24	1,000										1.70	Low Flow
3	X	24	4,000										1.60	Low Flow
4	X	24	5,000										1.60	Low Flow
5	X	24	20,000										1.60	
6	X	24	15,000										1.10	
7	X	24	0										1.30	Low Flow
8	X	24	65,000										1.40	
9	X	24	11,000										0.90	
10	X	24	7,000										1.70	
11	X	24	4,000										1.40	Low Flow
12	X	24	2,000										1.50	Low Flow
13	X	24	3,000										2.30	Low Flow
14	X	24	19,000										2.10	
15	X	24	2,000										1.20	Low Flow
16	x	24	4,000										1.50	Low Flow
17	X	24	8,000										1.20	
18	X	24	7,000										1.60	
19	X	24	8,000										1.50	
20	X	24	0										1.20	Low Flow
21	X	24	0										0.90	Low Flow
22	X	24	72,000										1.80	
23	X	24	3,000										1.30	Low Flow
24	X	24	2,000										1.40	Low Flow
25	X	24	0										1.60	Low Flow
26	X	24	0										1.60	Low Flow
27	X	24	0										1.70	Low Flow
28	X	24	0										1.50	Low Flow
29	X	24	0										1.50	Low Flow
30	X	24	0										1.60	Low Flow
31	X	24	0										1.20	Low Flow
Total			301,000											
Average			9,709											
Maximum			72,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: April 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc.-Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey S Udol	C	14271	Weekend Compliance Check

II. Certification by Lead Chief Operator

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James a Swegheimer 5-5-10

Signature and Date

James A Swegheimer

Printed or Typed Name

7183

License Number

FILE COPY

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

PWS Identification Number: 3591121	Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	0										1.20	Low Flow
2	X	24	0										1.40	Low Flow
3	X	24	0										1.70	Low Flow
4	X	24	0										1.40	Low Flow
5	X	24	0										1.50	Low Flow Collected Bactis
6	X	24	0										1.50	Low Flow
7	X	24	0										2.00	Low Flow
8	X	24	0										1.50	Low Flow
9	X	24	0										1.60	Low Flow
10	X	24	0										1.40	Low Flow
11	X	24	0										1.50	Low Flow
12	X	24	0										1.40	Low Flow
13	X	24	0										1.40	Low Flow
14	X	24	0										1.20	Low Flow
15	X	24	0										1.40	Low Flow
16	x	24	1,000										1.50	Low Flow
17	X	24	2,000										1.50	Low Flow
18	X	24	3,000										1.60	Low Flow
19	X	24	4,000										1.30	Low Flow
20	X	24	3,000										1.50	Low Flow
21	X	24	7,000										1.20	
22	X	24	7,000										1.50	
23	X	24	4,000										1.5	Low Flow
24	X	24	4,000										1.40	Low Flow
25	X	24	8,000										1.20	
26	X	24	7,000										1.60	
27	X	24	4,000										1.50	Low Flow
28	X	24	5,000										1.40	
29	X	24	84,000										1.20	Low Flow
30	X	24	1,000										1.20	Low Flow
31														
Total			144,000											
Average			4,800											
Maximum			84,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey S Udel	C	14271	Weekend Compliance Check

II. Certification by Lead Chief Operator

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

6-2-10	James A Swegheimer	FILE COPY	7183
Signature and Date	Printed or Typed Name		License Number

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water °C	pH of Water if Applicable	Minimum CT Required mg-min/l	Lowest Operating UV Dose mW-sec/cm^2	Minimum UV Dose Required mW-sec/cm^2		
1	X	24	0										1.20	Low Flow
2	X	24	0										1.50	Low Flow
3	X	24	0										1.30	Low Flow
4	X	24	0										1.40	Low Flow
5	X	24	0										1.50	Low Flow
6	X	24	0										1.50	Low Flow
7	X	24	0										1.50	Low Flow
8	X	24	0										2.40	Low Flow
9	X	24	0										2.10	Low Flow
10	X	24	0										1.60	Low Flow
11	X	24	0										1.90	Low Flow
12	X	24	0										1.70	Low Flow
13	X	24	0										1.60	Low Flow
14	X	24	0										1.60	Low Flow
15	X	24	0										1.60	Low Flow
16	x	24	0										1.50	Low Flow
17	X	24	0										1.60	Low Flow
18	X	24	0										1.60	Low Flow
19	X	24	0										1.90	Low Flow
20	X	24	0										1.80	Low Flow
21	X	24	0										1.70	Low Flow
22	X	24	115,000										1.60	
23	X	24	65,000										1.40	
24	X	24	0										1.30	Low Flow
25	X	24	0										1.60	Low Flow
26	X	24	108,000										1.40	
27	X	24	201,000										1.50	
28	X	24	2,000										1.00	Low Flow
29	X	24	96,000										1.60	
30	X	24	146,000										1.60	
31	X	24	4,000										1.50	Low Flow
Total			737,000											
Average			23,774											
Maximum			201,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patriek Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri - 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey S Udol	C	14271	Weekend Compliance Check

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.

James A Swegheimer 7-6-10

Signature and Date

James A Swegheimer

Printed or Typed Name

7183

License Number

FILE COPY

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: June 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant In Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	4,000										1.60	Low Flow
2	X	24	79,000										1.50	
3	X	24	74,000										1.60	
4	X	24	3,000										1.00	Low Flow
5	X	24	39,000										1.00	
6	X	24	87,000										2.50	
7	X	24	4,000										1.70	Low Flow
8	X	24	2,000										1.50	Low Flow
9	X	24	107,000										1.20	
10	X	24	161,000										1.50	
11	X	24	21,000										1.50	
12	X	24	128,000										1.50	
13	X	24	359,000										2.10	
14	X	24	13,000										1.30	
15	X	24	0										1.50	Low Flow
16	X	24	153,000										1.70	
17	X	24	91,000										1.60	
18	X	24	7,000										1.60	
19	X	24	65,000										2.00	
20	X	24	104,000										2.20	Low Flow
21	X	24	1,000										1.80	Low Flow
22	X	24	2,000										1.80	
23	X	24	85,000										1.80	
24	X	24	93,000										1.70	
25	X	24	13,000										1.80	
26	X	24	124,000										2.20	
27	X	24	299,000										1.80	
28	X	24	40,000										1.80	
29	X	24	8,000										1.20	
30	X	24	234,000											
31	X	24												
Total			2,400,000											
Average			80,000											
Maximum			359,000											

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

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

REVISED 2/20/10

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: FL	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check

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.

Jim Swegheimer 8-19-10 | Jim Swegheimer | 7183

Signature and Date | Printed or Typed Name | License Number

FILE COPY

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

PWS Identification Number: 3591121	Plant Name: Knollwood

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

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

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

Day of Month	Days Plant Staffed / Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration, Remote Point, Distribution System, mg/l	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measured, Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, (mg-min/l)	Temp, Water,	pH of Water if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/c	Minimum UV Dose Required, mW-sec/c		
1	X	24	0											Flow Meter O.O.S. no flow
2	X	24	0											Flow Meter O.O.S. no flow
3	X	24	0											Flow Meter O.O.S. no flow
4	X	24	0											Flow Meter O.O.S. no flow
5	X	24	0											Flow Meter O.O.S. noflow
6	X	24	0											Flow Meter O.O.S. noflow
7	X	24	0											Flow Meter O.O.S noflow
8	X	24	0											Flow Meter O.O.S. no flow
9	X	24	10,000											Flow Meter O.O.S.
10	X	24	0											Flow Meter O.O.S. no flow
11	X	24	96,000											Flow Meter O.O.S.
12	X	24	185,000											Flow Meter O.O.S.
13	X	24	0											Flow Meter O.O.S. no flow
14	X	24	0											Flow Meter O.O.S.no flow
15	X	24	218,000											Flow Meter O.O.S.
16	x	24	283,000											Flow Meter O.O.S.
17	X	24	271,000											Flow Meter O.O.S.
18	X	24	360,000											Flow Meter O.O.S.
19	X	24	538,000											Flow Meter O.O.S.
20	X	24	245,000											Flow Meter O.O.S.
21	X	24	7,000											Flow Meter O.O.S.
22	X	24	235,000											Flow Meter O.O.S.
23	X	24	473,000											Flow Meter O.O.S.
24	X	24	106,000											Flow Meter O.O.S.
25	X	24	108,000											Flow Meter O.O.S.
26	X	24	314,000											Flow Meter O.O.S.
27	X	24	125,000											Flow Meter O.O.S.
28	X	24	46,000											Flow Meter O.O.S.
29	X	24	199,000											Flow Meter O.O.S.
30	X	24	0											Flow meter O.O.S. no flow
31	X	24	0											High service pump leaks were used for flows
Total			3,819,000											
Average			123,193											
Minimum			538,000											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operator	Name	License Cla	License Numb	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon-Fri - 30 min visit
Other Operators:	Allan Finch	C	7806	Mon - Thur - 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey Sudol	C	14271	Weekend Compliance Check
	Tom Keyes	A	2181	Weekend Compliance Check

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	Printed or Typed Name	License Number
9-3-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: August 2010

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

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

Day of Mo	Days P Staffe Visite Operator "X"	Hours Pl Operat	Net Quanti Finished W Produced,	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Ra	Lowest Resid Disinfectan Concentration Before or at F Customer Durin Flow, mg/L	Disinfectant C Time (T) a Measurement During Peak minutes	Lowest Provided E or at Fi Customer D Peak Flo mg-min	Tem Wate	pH of Wa Applica	Minimu Required min/	Lowe Operatin Dose, m sec/cm	Minimu Dose Req mW-sec	Lowest Res Disinfecta Concentrati Remote Poi Distribution S mg/L	Emergency or Abnormal Operating Conditio Repair or Maintenance Work that Involves Ti Water System Components Out of Operati
1	X	24	549,000										1.90	
2	X	24	2,000										1.70	Low flow
3	X	24	26,000										1.80	Collected 4 Bacts
4	X	24	243,000										1.70	
5	X	24	352,000										1.90	
6	X	24	72,000										1.80	
7	X	24	146,000										1.80	
8	X	24	325,000										1.80	
9	X	24	12,000										1.70	
10	X	24	7,000										1.80	
11	X	24	168,000										1.90	
12	X	24	113,000										1.40	
13	X	24	23,000										1.20	
14	X	24	35,000										1.80	
15	X	24	273,000										0.50	
16	X	24	9,000										1.30	
17	X	24	6,000										1.30	
18	X	24	129,000										1.40	
19	X	24	205,000										1.70	
20	X	24	17,000										2.00	
21	X	24	191,000										1.80	
22	X	24	166,000										0.20	
23	X	24	8,000										1.70	
24	X	24	23,000										1.60	
25	X	24	82,000										1.60	
26	X	24	97,000										1.50	
27	X	24	5,000										1.60	
28	X	24	61,000										1.80	
29	X	24	120,000										1.70	
30	X	24	2,000										1.50	Low flow
31	X	24	4,000										1.80	Low flow
Total			3,471,000											
Average			111,967											
Maximum			549,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: September 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood			Plant Telephone Number: 407-260-5065
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey Sudol	C	14271	Weekend Compliance Check

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	Printed or Typed Name	License Number
10-4-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: September 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C; Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	194,000										1.80	
2	X	24	174,000										1.90	Collected 4 Bactis
3	X	24	25,000										2.00	
4	X	24	118,000										1.70	
5	X	24	378,000										3.00	
6	X	24	15,000										1.90	
7	X	24	5,000										1.00	Low flow
8	X	24	187,000										1.70	
9	X	24	125,000										1.50	
10	X	24	10,000										1.60	
11	X	24	145,000										1.90	
12	X	24	268,000										2.00	
13	X	24	2,000										1.90	Low flow
14	X	24	50,000										1.80	
15	X	24	239,000										1.40	
16	x	24	257,000										1.80	
17	X	24	45,000										2.00	
18	X	24	182,000										1.60	
19	X	24	360,000										2.40	
20	X	24	38,000										2.00	
21	X	24	48,000										2.10	
22	X	24	259,000										1.80	
23	X	24	292,000										1.70	
24	X	24	12,000										1.80	
25	X	24	69,000										1.90	
26	X	24	130,000										3.00	
27	X	24	6,000										1.90	Low flow
28	X	24	4,000										1.80	Low flow
29	X	24	77,000										1.50	
30	X	24	74,000										2.10	
31	X	24												
Total			3,788,000											
Average			126,266											
Maximum			378,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: October 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. ~~Knollwood WTP 3591121-2~~			PWS Identification Number: 3591121-2
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey Sudol	C	14271	Weekend Compliance Check

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	Printed or Typed Name	License Number
11-3-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: October 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	1,000										1.90	Low flow
2	X	24	109,000										1.90	Collected 4 Bacts
3	X	24	189,000										2.40	
4	X	24	1,000										2.10	Low flow
5	X	24	10,000										1.90	
6	X	24	196,000										2.00	
7	X	24	206,000										1.90	
8	X	24	4,000										1.80	Low flow
9	X	24	142,000										2.30	
10	X	24	332,000										3.00	
11	X	24	15,000										2.10	
12	X	24	2,000										1.80	Low flow
13	X	24	238,000										1.40	
14	X	24	264,000										1.80	
15	X	24	5,000										1.70	Low flow
16	X	24	189,000										1.80	
17	X	24	310,000										2.80	
18	X	24	52,000										1.70	
19	X	24	78,000										1.30	
20	X	24	246,000										1.70	
21	X	24	267,000										1.70	
22	X	24	2,000										1.80	Low flow
23	X	24	236,000										2.50	
24	X	24	289,000										2.20	
25	X	24	78,000										2.20	
26	X	24	42,000										2.10	
27	X	24	253,000										2.00	
28	X	24	280,000										1.90	
29	X	24	6,000										1.70	Low flow
30	X	24	206,000										1.70	
31	X	24	225,000										1.80	
Total			4,473,000											
Average			144,290											
Maximum			332,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: November 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300		Total Population Served at End of Month: 1,050	
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-1919	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood			Plant Telephone Number: 407-260-5065
Plant Address: 108 Pressview Ave.		City: Longwood	State: Fl. Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.-30 min. Visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Ray Houge	B	14256	Weekend Compliance Check
	Corey Sudol	C	14271	Weekend Compliance Check

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	Printed or Typed Name	License Number
12-3-10	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: November 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	53,000										1.70	
2	X	24	27,000										1.70	Collected 1 Bacti
3	X	24	98,000										1.80	
4	X	24	112,000										1.90	
5	X	24	16,000										1.90	
6	X	24	107,000										1.80	
7	X	24	126,000										1.80	
8	X	24	7,000										1.70	
9	X	24	17,000										1.70	
10	X	24	130,000										1.80	
11	X	24	137,000										1.80	
12	X	24	5,000										1.90	Low flow
13	X	24	180,000										1.80	
14	X	24	201,000										1.60	
15	X	24	9,000										1.80	
16	x	24	6,000										1.70	
17	X	24	115,000										1.90	
18	X	24	115,000										1.80	
19	X	24	5,000										1.70	
20	X	24	164,000										1.80	
21	X	24	222,000										1.60	
22	X	24	3,000										1.30	
23	X	24	6,000										1.70	
24	X	24	118,000										1.80	
25	X	24	94,000										1.70	
26	X	24	5,000										1.80	
27	X	24	124,000										1.70	
28	X	24	134,000										1.60	
29	X	24	3,000										1.70	
30	X	24	1,000										1.80	
31	X	24												
Total			2,340,000											
Average			78,000											
Maximum			222,000											

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

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

See page 4 for instructions.

I. General Information for the Month Year of: December 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Inc. -Knollwood WTP 3591121-2			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 300	Total Population Served at End of Month: 1,050		
PWS Owner: Sanlando Utilities Corp.			
Contact Person: Patriek Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-1919		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Knollwood		Plant Telephone Number: 407-260-5065	
Plant Address: 108 Pressview Ave.	City: Longwood	State: Fl.	Zip Code: 32750
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 576,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Jim Swegheimer	C	7183	Mon.-Fri.- 30 min. visit
Other Operators:	Allan Finch	C	7806	Mon.-Thur. 30 Min. Visit
	Don Hasty	A	6625	Weekend Compliance Check

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	Printed or Typed Name	License Number
1-5-11	James A Swegheimer	7183

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

PWS Identification Number: 3591121 | Plant Name: Knollwood

III. Daily Data for the Month Year of: December 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	87,000										1.70	Collected 4 Bactis
2	X	24	78,000										1.70	
3	X	24	1,000										1.60	low flow
4	X	24	105,000										1.50	
5	X	24	120,000										1.50	
6	X	24	2,000										1.80	low flow
7	X	24	4,000										1.70	low flow
8	X	24	82,000										1.80	
9	X	24	59,000										1.60	
10	X	24	1,000										1.80	low flow
11	X	24	94,000										1.50	
12	X	24	108,000										1.70	
13	X	24	4,000										1.60	low flow
14	X	24	3,000										1.70	low flow
15	X	24	44,000										1.80	
16	x	24	73,000										1.60	
17	X	24	2,000										1.60	low flow
18	X	24	76,000										1.40	
19	X	24	31,000										1.60	
20	X	24	8,000										1.50	
21	X	24	0										1.50	low flow
22	X	24	50,000										1.70	
23	X	24	67,000										1.50	
24	X	24	3,000										1.80	low flow
25	X	24	75,000										1.60	
26	X	24	68,000										1.50	
27	X	24	4,000										1.60	low flow
28	X	24	2,000										1.60	low flow
29	X	24	30,000										1.50	
30	X	24	48,000										1.40	
31	X	24	1,000										1.60	low flow
Total			1,336,000											
Average			43,000											
Maximum			120,000											

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