

# ALACHUA COUNTY

Arrendondo Estates  
Arrendondo Farms WTF  
Arrendondo Farms WWTF

Docket No. 080121-WS

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

Florida

Volume 5  
Book 2  
Set 1 of 16

**Containing:**

Monthly Operating Reports  
Monthly Discharge Reports  
Sample Results  
Permits  
Correspondence

DOCUMENT NUMBER - DATE

04304 MAY 22 08

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



# 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-07**

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

PWS Name: <u>Arredondo Estates</u>		PWS Identification Number: <u>2010041</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>246</u>		Total Population Served at End of Month: <u>738</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Estates</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>SW 52nd Ave</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>68,494</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

2/7/07
Paul Thompson
A7251  
 Signature and Date DOCUMENT NUMBER-DATE Printed or Typed Name License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **January-07**

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 Removal Point in Distribution System, mg/l <sup>2</sup>	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	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration at Removal Point in Distribution System, mg/l <sup>2</sup>		
							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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	42,000		1									0.8	
2	X	24 hrs	59,000		1									1	
3	X	24 hrs	47,000		1									0.8	
4	X	24 hrs	47,000		1.2									0.8	
5	X	24 hrs	58,000		1									1	
6		24 hrs	58,000												
7	X	24 hrs	49,000		1.2									1	
8	X	24 hrs	54,000		1.4									1.2	
9	X	24 hrs	53,000		1									0.8	
10	X	24 hrs	57,000		1.4									1	
11	X	24 hrs	64,000		1.4									1.2	
12	X	24 hrs	58,000		1.2									1	
13		24 hrs	58,000												
14	X	24 hrs	41,000		1.4									1.2	
15	X	24 hrs	60,000		1.4									1.2	
16	X	24 hrs	50,000		1.6									1.4	
17	X	24 hrs	51,000		1.6									1.2	
18	X	24 hrs	42,000		1.4									1.2	
19	X	24 hrs	56,000		1.6									1.4	
20		24 hrs	56,000												
21	X	24 hrs	50,000		1.4									1.2	
22	X	24 hrs	54,000		1.4									1	
23	X	24 hrs	49,000		1.6									1.2	
24	X	24 hrs	44,000		1.4									1	
25	X	24 hrs	54,000		1.4									1.2	
26	X	24 hrs	56,000		1.2									1	
27		24 hrs	56,000												
28	X	24 hrs	51,000		1.4									1.2	
29	X	24 hrs	63,000		1.4									1	
30	X	24 hrs	59,000		1.4									1.2	
31	X	24 hrs	65,000		1.6									1.4	
Total			1,661,000												
Average			53,581												
Maximum			65,000												

\* 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-07

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date	3/7/07 Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **February-07**

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 hrs	72,000	1.4										1.2		
2	X	24 hrs	74,000	1.6										1.4		
3		24 hrs	74,000													
4	X	24 hrs	80,000	1.4										1.4		
5	X	24 hrs	81,000	1.4										1.2		
6	X	24 hrs	66,000	1.6										1.4		
7	X	24 hrs	61,000	1.4										1.2		
8	X	24 hrs	63,000	1.6										1.2		
9	X	24 hrs	61,000	1.8										1.4		
10		24 hrs	61,000													
11	X	24 hrs	57,000	1.6										1.4		
12	X	24 hrs	66,000	1.6										1.2		
13	X	24 hrs	58,000	1.6										1.4		
14	X	24 hrs	53,000	1.6										1.2		
15	X	24 hrs	51,000	1.6										1.4		
16	X	24 hrs	65,000	1.4										1.2		
17		24 hrs	65,000													
18	X	24 hrs	60,000	1.4										1.2		
19	X	24 hrs	58,000	1.6										1.4		
20	X	24 hrs	66,000	1.4										1.2		
21	X	24 hrs	56,000	1.4										1.2		
22	X	24 hrs	69,000	1.6										1.4		
23	X	24 hrs	72,000	1.4										1.2		
24		24 hrs	72,000													
25	X	24 hrs	67,000	1.4										1		
26	X	24 hrs	69,000	1.2										1		
27	X	24 hrs	55,000	1.4										1.2		
28	X	24 hrs	67,000	1.4										1		
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			1,819,000													
Average			64,964													
Maximum			81,000													

\* 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-07**

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

PWS Name: <b>Arredondo Estates</b>		PWS Identification Number: <b>2010041</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>246</b>		Total Population Served at End of Month: <b>738</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>bheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Estates</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>SW 52nd Ave</b>		City: <b>Gainesville</b>	State: <b>FL</b>
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>68,494</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>
Other Operators:	<b>Mark March</b>	<b>C</b>	<b>8287</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>

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

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

Signature and Date	4/5/07	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **March-07**

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 hrs	52,000		1.4									1.2	
2	X	24 hrs	66,000		1.6									1.2	
3		24 hrs	66,000												
4	X	24 hrs	51,000		1.4									1.2	
5	X	24 hrs	66,000		1.6									1.4	
6	X	24 hrs	60,000		1.4									1	
7	X	24 hrs	81,000		1.4									1.2	
8	X	24 hrs	80,000		1.4									1.2	
9	X	24 hrs	78,000		1.4									1	
10		24 hrs	78,000												
11	X	24 hrs	83,000		1.2									1	
12	X	24 hrs	89,000		1.4									1.2	
13	X	24 hrs	81,000		1.2									1	
14	X	24 hrs	86,000		1.4									1.2	
15	X	24 hrs	83,000		1.2									1	
16	X	24 hrs	92,000		1.4									1	
17		24 hrs	92,000												
18	X	24 hrs	83,000		1.4									1.2	
19	X	24 hrs	95,000		1.2									1	
20	X	24 hrs	91,000		1.2									1.2	
21	X	24 hrs	50,000		1.4									1.2	
22	X	24 hrs	53,000		1.6									1.2	
23	X	24 hrs	61,000		1.4									1.2	
24		24 hrs	61,000												
25	X	24 hrs	54,000		1.2									1	
26	X	24 hrs	48,000		1.4									1	
27	X	24 hrs	54,000		1									1	
28	X	24 hrs	77,000		1.4									1.2	
29	X	24 hrs	71,000		1.2									1	
30	X	24 hrs	62,000		1.4									1.2	
31		24 hrs	62,000												
Total			2,206,000												
Average			71,161												
Maximum			95,000												

\* 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-07**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

5/3/07 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **April-07**  
 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 hrs	50,000		1.4									1	
2	X	24 hrs	68,000		1.4									1.2	
3	X	24 hrs	69,000		0.8									0.6	
4	X	24 hrs	67,000		0.8									0.5	
5	X	24 hrs	57,000		1.6									1.4	
6	X	24 hrs	64,000		1.4									1.2	
7		24 hrs	64,000												
8	X	24 hrs	52,000		1.4									1.2	
9	X	24 hrs	49,000		1.6									1.4	
10	X	24 hrs	46,000		1.4									1.2	
11	X	24 hrs	58,000		1.6									1.4	
12	X	24 hrs	56,000		1.4									1.2	
13	X	24 hrs	59,000		1.6									1.4	
14		24 hrs	59,000												
15	X	24 hrs	47,000		1.4									1.2	
16	X	24 hrs	55,000		1.4									1	
17	X	24 hrs	68,000		1.2									1	
18	X	24 hrs	38,000		1.4									1.2	
19	X	24 hrs	53,000		1.4									1.2	
20	X	24 hrs	64,000		1.3									1	
21		24 hrs	64,000												
22	X	24 hrs	30,000		1.4									1.2	
23	X	24 hrs	94,000		1.6									1.2	
24	X	24 hrs	49,000		1.4									1	
25	X	24 hrs	63,000		1.4									1.2	
26	X	24 hrs	53,000		1.2									1	
27	X	24 hrs	66,000		1.2									1.2	
28		24 hrs	66,000												
29	X	24 hrs	60,000		1.4									1.2	
30	X	24 hrs	85,000		1.2									1	
31		24 hrs													
Total			1,773,000												
Average			59,100												
Maximum			94,000												

\* 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-07

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

PWS Name: <u>Arredondo Estates</u>		PWS Identification Number: <u>2010041</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>246</u>		Total Population Served at End of Month: <u>738</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Estates</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>SW 52nd Ave</u>		City: <u>Gainesville</u>	State: <u>FL</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>68,494</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

	<u>6/5/07</u>	<u>Paul Thompson</u> Printed or Typed Name	<u>A7251</u> License Number
Signature and Date			

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **May-07**

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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24 hrs	91,000		1.4										1.2	
2	X	24 hrs	83,000		1.4										1	
3	X	24 hrs	58,000		1.2										1.2	
4	X	24 hrs	59,000		1.4										1.2	
5		24 hrs	59,000													
6	X	24 hrs	57,000		1.2										1	
7	X	24 hrs	62,000		1										1	
8	X	24 hrs	54,000		0.8										0.6	
9	X	24 hrs	65,000		1										0.6	
10	X	24 hrs	47,000		1.2										1	
11	X	24 hrs	61,000		1										0.8	
12		24 hrs	61,000													
13	X	24 hrs	55,000		0.8										0.8	
14	X	24 hrs	49,000		0.8										0.6	
15	X	24 hrs	242,000		1.6										1.4	
16	X	24 hrs	55,000		1.6										1.2	
17	X	24 hrs	52,000		1.4										1.2	
18	X	24 hrs	58,000		1.4										1.2	
19		24 hrs	58,000													
20	X	24 hrs	56,000		1.4										1	
21	X	24 hrs	63,000		1.6										1.2	
22	X	24 hrs	47,000		1.4										1.2	
23	X	24 hrs	59,000		1.6										1.2	
24	X	24 hrs	40,000		1.4										1.2	
25	X	24 hrs	51,000		1.4										1	
26		24 hrs	51,000													
27	X	24 hrs	53,000		1.4										1	
28	X	24 hrs	71,000		1.4										1.2	
29	X	24 hrs	50,000		1.2										1.2	
30	X	24 hrs	49,000		1.4										1.2	
31	X	24 hrs	46,000		1.4										1.2	
<b>Total</b>			1,962,000													
<b>Average</b>			63,290													
<b>Maximum</b>			242,000													

\*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-07**

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

PWS Name: <u>Arredondo Estates</u>		PWS Identification Number: <u>2010041</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>246</u>		Total Population Served at End of Month: <u>738</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aguaamerica.com</u>			

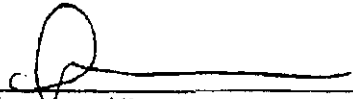
**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Estates</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>SW 52nd Ave</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>68,494</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

 7/6/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A 7251  
 License Number



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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **June-07**

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 hrs	38,000		1.6									1.2		
2		24 hrs	38,000													
3	X	24 hrs	66,000		1.2									1.2		
4	X	24 hrs	47,000		1.2									1		
5	X	24 hrs	56,000		1.4									1.2		
6	X	24 hrs	48,000		1.4									1.2		
7	X	24 hrs	44,000		1.4									1.2		
8	X	24 hrs	50,000		1.2									1		
9	X	24 hrs	77,000		1.2									1		
10		24 hrs	78,000													
11	X	24 hrs	80,000		1.4									1.2		
12	X	24 hrs	56,000		1.4									1		
13	X	24 hrs	42,000		1.4									1.2		
14	X	24 hrs	48,000		1.4									1		
15	X	24 hrs	59,000		1.2									1		
16		24 hrs	59,000													
17	X	24 hrs	46,000		1.2									1.2		
18	X	24 hrs	71,000		1.4									1.2		
19	X	24 hrs	63,000		1.2									0.8		
20	X	24 hrs	60,000		1.4									1.2		
21	X	24 hrs	46,000		1.2									1		
22	X	24 hrs	55,000		1									1		
23		24 hrs	55,000													
24	X	24 hrs	47,000		1.2									1		
25	X	24 hrs	43,000		1									0.8		
26	X	24 hrs	64,000		1.2									1		
27	X	24 hrs	57,000		0.8									0.8		
28	X	24 hrs	62,000		1.2									1.2		
29	X	24 hrs	56,000		1.2									1		
30		24 hrs	56,000													
31		24 hrs														
Total			1,667,000													
Average			55,567													
Maximum			80,000													

\* 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-07**

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

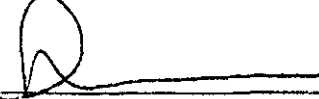
PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
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
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	Mark March	C	8287
	Gary Kissick	C	7846

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

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

 8/8/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

**III. Daily Data for the Month/Year of: July-07**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out-of-Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24 hrs	61,000		1.2								1	
2	X	24 hrs	61,000		1.4								1	
3	X	24 hrs	49,000		1.4								1.2	
4	X	24 hrs	37,000		1.2								1	
5	X	24 hrs	43,000		1.4								1	
6	X	24 hrs	51,000		1.4								1.2	
7		24 hrs	50,000											
8	X	24 hrs	43,000		1.2								1	
9	X	24 hrs	44,000		1.4								1	
10	X	24 hrs	66,000		1.4								1.2	
11	X	24 hrs	63,000		1.2								1.2	
12	X	24 hrs	61,000		1.4								1.2	
13	X	24 hrs	56,000		1.4								1.2	
14	X	24 hrs	59,000		1.2								1	
15		24 hrs	59,000											
16	X	24 hrs	59,000		1.2								1	
17	X	24 hrs	52,000		1.2								1	
18	X	24 hrs	56,000		1.4								0.9	
19	X	24 hrs	58,000		1.2								0.9	
20	X	24 hrs	55,000		1.2								0.8	
21	X	24 hrs	69,000		1.3								0.8	
22		24 hrs	69,000											
23	X	24 hrs	46,000		1.4								1	
24	X	24 hrs	44,000		1.2								1.2	
25	X	24 hrs	54,000		1.4								1.2	
26	X	24 hrs	46,000		1.6								1.2	
27	X	24 hrs	52,000		1.6								1.4	
28		24 hrs	52,000											
29	X	24 hrs	44,000		1.6								1.4	
30	X	24 hrs	53,000		1.4								1.2	
31	X	24 hrs	41,000		1.6								1.2	

Total	1,653,000
Average	53,323
Maximum	69,000

\* 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-07**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

9/6/07
Paul Thompson
A7251

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: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: August-07

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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	46,000		1.4									1.2	
2	X	24 hrs	43,000		1.4									1	
3	X	24 hrs	66,000		1.2									1	
4		24 hrs	67,000												
5	X	24 hrs	63,000		1.4									1	
6	X	24 hrs	70,000		1.4									1.2	
7	X	24 hrs	73,000		1.6									1.2	
8	X	24 hrs	76,000		1.4									1.2	
9	X	24 hrs	68,000		1.4									1	
10	X	24 hrs	71,000		1.6									1.2	
11		24 hrs	71,000												
12	X	24 hrs	64,000		1.4									1.2	
13	X	24 hrs	67,000		1.4									1	
14	X	24 hrs	64,000		1									0.8	
15	X	24 hrs	80,000		0.8									0.6	
16	X	24 hrs	89,000		1.2									1	
17	X	24 hrs	79,000		1.4									1.2	
18		24 hrs	79,000												
19	X	24 hrs	73,000		1.4									1	
20	X	24 hrs	69,000		1.2									1.2	
21	X	24 hrs	82,000		1.4									1.2	
22	X	24 hrs	67,000		1.2									1.2	
23	X	24 hrs	85,000		1.4									1.2	
24	X	24 hrs	71,000		1.2									1	
25		24 hrs	71,000												
26	X	24 hrs	62,000		1.4									1.2	
27	X	24 hrs	78,000		1.2									1.2	
28	X	24 hrs	62,000		1.4									1	
29	X	24 hrs	86,000		1.2									1	
30	X	24 hrs	50,000		1.4									1.2	
31	X	24 hrs	72,000		1.2									1	

Total	2,164,000
Average	69,806
Maximum	89,000

\* 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-07**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida		Contact Person's Title: Area Manager	
Contact Person: Brian Heath		Contact Person's Mailing Address: PO Box 490310	
Contact Person's Telephone Number: (352) 787-0980		City: Leesburg	State: FL
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	
Contact Person's Mailing Address: PO Box 490310		Zip Code: 34749	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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: 10/09/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **September-07**

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		24 hrs	76,000												1.2	
2	X	24 hrs	62,000		1.6										1.2	
3	X	24 hrs	75,000		1.4										1	
4	X	24 hrs	70,000		1.4										1	
5	X	24 hrs	72,000		1.2										1.2	
6	X	24 hrs	65,000		1.4										1	
7	X	24 hrs	69,000		1.4										1	
8	X	24 hrs	80,000		1.2										1	
9		24 hrs	81,000													
10	X	24 hrs	64,000		0.9										0.7	
11	X	24 hrs	85,000		1.1										0.8	
12	X	24 hrs	68,000		0.7										0.6	
13	X	24 hrs	66,000		0.9										0.6	
14	X	24 hrs	57,000		0.9										0.6	
15	X	24 hrs	74,000		1										0.6	
16		24 hrs	74,000													
17	X	24 hrs	57,000		1.4										1.2	
18	X	24 hrs	58,000		1.4										1	
19	X	24 hrs	66,000		1.2										1	
20	X	24 hrs	57,000		1.4										1.2	
21	X	24 hrs	71,000		1.2										1	
22		24 hrs	71,000													
23	X	24 hrs	65,000		1.4										1	
24	X	24 hrs	80,000		1.4										1.2	
25	X	24 hrs	72,000		1.6										1.2	
26	X	24 hrs	69,000		1.4										1.2	
27	X	24 hrs	65,000		1.4										1	
28	X	24 hrs	69,000		1.3										1	
29		24 hrs	69,000													
30	X	24 hrs	94,000		1.4										1.2	
31		24 hrs														
Total			2,101,000													
Average			70,033													
Maximum			94,000													

\* 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, 2007**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: bheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
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	Days/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Operator	Mark March	C	8287	6 Days per week
Operator	Gary Kissick	C	7846	6 Days per week

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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	11/8/07 Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **October, 2007**

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 (mg/L) at First Customer Point During Peak Flow	Other (Describe) Abnormal Operating Conditions, General Observations, or Other (Include) Noting Values for Compliance with Other Regulations	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Minimum Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration (mg/L) at First Customer Point During Peak Flow			
1	X	24 hrs	67,000		1.6										1.2	
2	X	24 hrs	72,000		1.4										1.2	
3	X	24 hrs	58,000		1.4										1.2	
4	X	24 hrs	63,000		1.4										1	
5	X	24 hrs	69,000		1.4										1.2	
6		24 hrs	69,000													
7	X	24 hrs	64,000		1.2										1	
8	X	24 hrs	64,000		1										0.8	
9	X	24 hrs	71,000		1										0.6	
10	X	24 hrs	74,000		1										0.8	
11	X	24 hrs	62,000		0.6										0.5	
12	X	24 hrs	58,000		1										0.8	
13	X	24 hrs	75,000		2.2										1.2	
14		24 hrs	75,000													
15	X	24 hrs	69,000		3										1.7	
16	X	24 hrs	63,000		3										1.8	
17	X	24 hrs	56,000		2.7										1.7	
18	X	24 hrs	48,000		2.5										1.7	
19	X	24 hrs	39,000		2.4										1.6	
20	X	24 hrs	52,000		2.4										1.6	
21		24 hrs	52,000													
22	X	24 hrs	49,000		2.3										1.6	
23	X	24 hrs	55,000		2.2										1.4	
24	X	24 hrs	47,000		1.8										1.6	
25	X	24 hrs	51,000		1.6										1.4	
26	X	24 hrs	54,000		1.6										1.2	
27		24 hrs	54,000													
28	X	24 hrs	42,000		1.2										1	
29	X	24 hrs	54,000		1.4										1.2	
30	X	24 hrs	48,000		1.2										1	
31	X	24 hrs	53,000		1.4										1.2	
Total			1,827,000													
Average			58,935													
Maximum			75,000													

\* 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-07**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
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
<input checked="" type="checkbox"/>	Paul Thompson	A	7251	6 Days per week
<input checked="" type="checkbox"/>	Mark March	C	8287	6 Days per week
<input checked="" type="checkbox"/>	Gary Kissick	C	7846	6 Days per week

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

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

11/17/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **November-07**

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/B	Emergency or Abnormal Operating Conditions, Repairs, 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 CS Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration 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			
11/1	X	24 hrs	58,000		1.4									1.2	
11/2	X	24 hrs	59,000		1.4									1.2	
11/3		24 hrs	59,000												
11/4	X	24 hrs	54,000		1.2									1	
11/5	X	24 hrs	56,000		1.4									1	
11/6	X	24 hrs	64,000		1.2									1	
11/7	X	24 hrs	69,000		1.4									1.2	
11/8	X	24 hrs	57,000		1.2									1	
11/9	X	24 hrs	62,000		1.4									1.2	
11/10		24 hrs	62,000												
11/11	X	24 hrs	58,000		1									1	
11/12	X	24 hrs	72,000		1.2									1	
11/13	X	24 hrs	64,000		1.4									1.2	
11/14	X	24 hrs	68,000		1.2									1	
11/15	X	24 hrs	74,000		1									1	
11/16	X	24 hrs	88,000		1.2									1	
11/17		24 hrs	88,000												
11/18	X	24 hrs	83,000		1.2									1	
11/19	X	24 hrs	56,000		1.4									1	
11/20	X	24 hrs	101,000		0.8									0.8	
11/21	X	24 hrs	96,000		1.8									1.2	
11/22	X	24 hrs	90,000		1.4									1.2	
11/23	X	24 hrs	71,000		1.6									1.2	
11/24		24 hrs	72,000												
11/25	X	24 hrs	64,000		1.4									1.2	
11/26	X	24 hrs	52,000		1.2									1.2	
11/27	X	24 hrs	67,000		1.4									1.2	
11/28	X	24 hrs	52,000		1.2									1	
11/29	X	24 hrs	45,000		1.2									1.2	
11/30	X	24 hrs	66,000		1.4									1	
11/31		24 hrs													
11/Total			2,027,000												
11/Total			67,567												
11/Max Flow			101,000												

\* 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-07**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

01/09/08

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **December-07**

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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1		24 hrs	66,000													
2	X	24 hrs	61,000		1.2										1	
3	X	24 hrs	77,000		1.4										1.2	
4	X	24 hrs	66,000		1.2										1.2	
5	X	24 hrs	81,000		1.2										1	
6	X	24 hrs	64,000		1.4										1.2	
7	X	24 hrs	63,000		1.2										1.2	
8		24 hrs	63,000													
9	X	24 hrs	56,000		1.2										1	
10	X	24 hrs	63,000		1.4										1.2	
11	X	24 hrs	74,000		1.2										1	
12	X	24 hrs	77,000		0.8										0.6	
13	X	24 hrs	53,000		1.2										1.2	
14	X	24 hrs	66,000		1.4										1.2	
15		24 hrs	66,000													
16	X	24 hrs	57,000		1.2										1	
17	X	24 hrs	72,000		1.4										1	
18	X	24 hrs	53,000		1.4										1.2	
19	X	24 hrs	62,000		1.4										1	
20	X	24 hrs	70,000		1.4										1.2	
21	X	24 hrs	69,000		1.4										1	
22		24 hrs	69,000													
23	X	24 hrs	58,000		1.4										1.2	
24	X	24 hrs	72,000		1.2										1	
25	X	24 hrs	54,000		1.4										1.2	
26	X	24 hrs	66,000		1.4										1	
27	X	24 hrs	62,000		1.2										1.2	
28	X	24 hrs	66,000		1.4										1.2	
29		24 hrs	66,000													
30	X	24 hrs	56,000		1										0.8	
31	X	24 hrs	77,000		1.2										1	
Total			2,025,000													
Average			65,323													
Maximum			81,000													

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

PWS ID: 2010641 Plant Name: Arredondo Estates

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  
follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  
polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No

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

\* 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.

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **January-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

2/7/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **January-06**

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, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	48,000		1.4									1.2	
2	X	24 hrs	53,000		1.4									1	
3	X	24 hrs	41,000		1.6									1.4	
4	X	24 hrs	36,000		1.4									1.2	
5	X	24 hrs	41,000		1.6									1.4	
6	X	24 hrs	48,000		1.4									1.2	
7		24 hrs	48,000												
8	X	24 hrs	41,000		1.6									1.4	
9	X	24 hrs	36,000		1.4									1.2	
10	X	24 hrs	45,000		1.6									1.4	
11	X	24 hrs	43,000		1.4									1.2	
12	X	24 hrs	41,000		1.4									1	
13	X	24 hrs	54,000		1.4									1.2	
14		24 hrs	54,000												
15	X	24 hrs	45,000		1.6									1.2	
16	X	24 hrs	46,000		1.4									1	
17	X	24 hrs	37,000		1.6									1.2	
18	X	24 hrs	50,000		1.4									1.4	
19	X	24 hrs	44,000		1.4									1.2	
20	X	24 hrs	58,000		1.6									1.2	
21		24 hrs	58,000												
22	X	24 hrs	46,000		1.6									1.2	
23	X	24 hrs	53,000		1.6									1.4	
24	X	24 hrs	46,000		1.4									1.2	
25	X	24 hrs	41,000		1.6									1.4	
26	X	24 hrs	49,000		1.6									1.2	
27	X	24 hrs	59,000		1.6									1.4	
28		24 hrs	59,000												
29	X	24 hrs	44,000		1.6									1	
30	X	24 hrs	39,000		1.6									1.4	
31	X	24 hrs	56,000		1.4									1.2	
Total			1,459,000												
Average			47,065												
Minimum			59,000												

DOCUMENT NUMBER-DATE

04304 MAY 22 8

\* 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-06**

<b>A. Public Water System (PWS) Information</b>	
PWS Name: Arredondo Estates	PWS Identification Number: 2010041
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 246	Total Population Served at End of Month: 738
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

<b>B. Water Treatment Plant Information</b>																																																								
Plant Name: Arredondo Estates	Plant Telephone Number: (352) 787-0980																																																							
Plant Address: SW 52nd Ave	City: Gainesville State: FL Zip Code: 32608																																																							
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																								
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494																																																								
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Licensed Operator</th> <th style="width: 30%;">Name</th> <th style="width: 15%;">License Class</th> <th style="width: 15%;">License Number</th> <th style="width: 25%;">Day(s)/Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Lead/Chief Operator</td> <td>Paul Thompson</td> <td>A</td> <td>7251</td> <td>6 Days per week</td> </tr> <tr> <td>Other Operator</td> <td>Mark March</td> <td>C</td> <td>8287</td> <td>6 Days per week</td> </tr> <tr> <td>Other Operator</td> <td>Gary Kissick</td> <td>C</td> <td>7846</td> <td>6 Days per week</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked	Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week	Other Operator	Mark March	C	8287	6 Days per week	Other Operator	Gary Kissick	C	7846	6 Days per week																																			
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**II. Certification by Lead/Chief Operator**

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

3/6/06
Paul Thompson
A7251

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: **2010041** Plant Name: **Arredondo Estates**

III. Daily Data for the Month/Year of: **February-06**

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 Water by Operator (Place X)	Hours of Operation	Net Quantity of Finished Water Produced (gal)	Calculations, or 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		
				Real-time Residual Concentration (mg/L)	Disinfectant Contact Time (minutes)	Residual Concentration (mg/L)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)		Flow (mgd)	
1	X	24 hrs	40,000		1.6										1.4	
2	X	24 hrs	41,000		1.6										1.2	
3	X	24 hrs	54,000		1.4										1.2	
4		24 hrs	54,000													
5	X	24 hrs	44,000		1.6										1.2	
6	X	24 hrs	38,000		1.6										1.4	
7	X	24 hrs	52,000		1.4										1.2	
8	X	24 hrs	46,000		1.2										1.2	
9	X	24 hrs	49,000		1.6										1.4	
10	X	24 hrs	44,000		1.4										1.2	
11		24 hrs	44,000													
12	X	24 hrs	35,000		1.4										1.2	
13	X	24 hrs	33,000		1.6										1.4	
14	X	24 hrs	25,000		1.4										1.2	
15	X	24 hrs	45,000		1.2										1.2	
16	X	24 hrs	45,000		1.4										1.2	
17	X	24 hrs	45,000		1										0.8	
18		24 hrs	45,000													
19	X	24 hrs	45,000		1										0.8	
20	X	24 hrs	45,000		1										0.7	
21	X	24 hrs	45,000		1.2										1	
22	X	24 hrs	45,000		1.4										1.2	
23	X	24 hrs	45,000		1.6										1.4	
24	X	24 hrs	45,000		1.4										1.2	
25		24 hrs	45,000													
26	X	24 hrs	45,000		1.6										1.4	
27	X	24 hrs	45,000		1.6										1.2	
28	X	24 hrs	45,000		1.4										1.2	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			1,229,000													
Average			43,893													
Maximum			54,000													

\* 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 05 - MARCH-06

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL Zip Code: 32608	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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4/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: January 04 MARCH-06 RA

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	Day Plant Staff Visited or Operator (Place)	Hour Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations of Chlorine Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Real-time Residual	Lowest Residual Disinfectant Concentration (at Point of Use) During Real-time	Disinfectant Concentration (at Point of Use) Measurement Point During Real-time	Lowest Residual Disinfectant Concentration (at Point of Use) During Real-time	Flow of Water	Flow of Water	Flow of Water	Flow of Water	Flow of Water	Flow of Water		Flow of Water	
1	X	24 hrs	46,470		1.4										1.2	
2	X	24 hrs	46,470		2										1.2	
3	X	24 hrs	46,470		2.4										1.2	
4		24 hrs	46,470													
5	X	24 hrs	46,470		2										1.6	
6	X	24 hrs	46,470		1.8										1.4	
7	X	24 hrs	46,470		1.6										1.4	
8	X	24 hrs	46,470		1.8										1.2	
9	X	24 hrs	46,470		1.6										1.4	
10	X	24 hrs	46,470		1.4										1.2	
11		24 hrs	46,470													
12	X	24 hrs	46,470		1.6										1.2	
13	X	24 hrs	46,470		1.4										1.2	
14	X	24 hrs	46,470		1.4										1	
15	X	24 hrs	46,470		1.6										1.4	
16	X	24 hrs	46,470		1.4										1.2	
17	X	24 hrs	46,470		1.6										1.4	
18		24 hrs	46,470													
19	X	24 hrs	46,470		1.4										1.2	
20	X	24 hrs	46,470		1.6										1.2	
21	X	24 hrs	46,470		1.6										1.4	
22	X	24 hrs	46,470		1.4										1.2	
23	X	24 hrs	46,470		1.6										1.4	
24	X	24 hrs	46,470		1.4										1.2	
25		24 hrs	46,470													
26	X	24 hrs	46,470		1.2										1	
27	X	24 hrs	46,470		1.4										1.2	
28	X	24 hrs	46,470		1.4										1.4	
29	X	24 hrs	46,470		1.6										1.4	
30	X	24 hrs	46,470		1.4										1.2	
31	X	24 hrs	46,470		1.6										1.4	
Total			1,440,570													
Average			46,470													
Minimum			46,470													

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **April-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
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<span style="font-size: 1.5em; font-family: cursive;">5/4/06</span>	Paul Thompson	A7251
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: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **April-06**

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's)	Hours Plant is in Operation	Net Quantity of Finished Water Produced, gal.	Calculations for 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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer's Point of Measurement, mg/L	Disinfectant Contact Time (t) in Minutes	Lowest Ct Provided Before or After Customer's Point of Measurement, mg-min/L	Temp. of Water, °C	pH	Minimum Ct Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	52,000												
2	X	24 hrs	56,000		1.6								1.2		
3	X	24 hrs	56,000		1.4								1.2		
4	X	24 hrs	52,000		1.6								1.4		
5	X	24 hrs	52,000		1.8								1.4		
6	X	24 hrs	56,000		1.6								1.4		
7	X	24 hrs	47,000		1.8								1.6		
8		24 hrs	48,000												
9	X	24 hrs	58,000		1.6								1.4		
10	X	24 hrs	58,000		1.8								1.4		
11	X	24 hrs	54,000		1.6								1.4		
12	X	24 hrs	55,000		1.4								1.2		
13	X	24 hrs	59,000		1.6								1.2		
14	X	24 hrs	47,000		1.8								1.4		
15		24 hrs	58,000												
16	X	24 hrs	58,000		1.6								1.4		
17	X	24 hrs	52,000		1.8								1.6		
18	X	24 hrs	57,000		1.6								1.4		
19	X	24 hrs	60,000		1.4								1.2		
20	X	24 hrs	56,000		1.8								1.6		
21	X	24 hrs	63,000		1.6								1.4		
22		24 hrs	50,000												
23	X	24 hrs	54,000		1.4								1.2		
24	X	24 hrs	55,000		1.6								1.2		
25	X	24 hrs	62,000		1.8								1.4		
26	X	24 hrs	50,000		1.4								1.2		
27	X	24 hrs	54,000		1.6								1.4		
28	X	24 hrs	54,000		1.8								1.4		
29		24 hrs	53,000												
30	X	24 hrs	62,500		1.6								1.4		
31		24 hrs													
<b>Total</b>			<b>1,648,500</b>												
<b>Average</b>			<b>54,950</b>												
<b>Maximum</b>			<b>63,000</b>												

\* 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-06**

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

PWS Name: <u>Arredondo Estates</u>		PWS Identification Number: <u>2010041</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>246</u>		Total Population Served at End of Month: <u>738</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Estates</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>SW 52nd Ave</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>68,494</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	License Class	License Number	Days/(Shifts) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date  5/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month Year of: **May-06**

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

Month	Days of Operation	Hours of Operation	Production (gpd)	Free Chlorine Residual (mg/L)				Minimum Required (mg/L)	Average (mg/L)	Minimum (mg/L)	Maximum (mg/L)	Efficiency of Disinfection System (%)	Remarks
				At Plant	At Distribution System	At Point of Use	At Point of Consumption						
X	24 hrs	62,500	1.8				1.4						
X	24 hrs	63,000	1.6				1.4						
X	24 hrs	55,000	1.6				1.2						
X	24 hrs	52,000	1.8				1.2						
X	24 hrs	57,000	1.6				1.1						
	24 hrs	60,000											
X	24 hrs	60,000	1.4				1.1						
X	24 hrs	75,000	1.6				1.1						
X	24 hrs	63,000	1.8				1.4						
X	24 hrs	69,000	1.6				1.2						
X	24 hrs	71,000	1.4				1.2						
X	24 hrs	78,000	1.2				1						
	24 hrs	82,000											
X	24 hrs	75,000	1				0.8						
X	24 hrs	75,000	0.8				0.6						
X	24 hrs	71,000	2.5				1.8						
X	24 hrs	87,000	1.6				1.2						
X	24 hrs	96,000	1.4				1.2						
X	24 hrs	97,000	1.4				1						
	24 hrs	87,000											
X	24 hrs	95,000	1.6				1.2						
X	24 hrs	96,000	1.4				1.2						
X	24 hrs	89,000	1.6				1.4						
X	24 hrs	66,000	1.4				1.1						
X	24 hrs	88,000	1.2				1.1						
X	24 hrs	71,000	1.4				1.2						
	24 hrs	68,000											
X	24 hrs	75,000	1.6				1.4						
X	24 hrs	75,000	1.4				1.2						
X	24 hrs	94,000	1.4				1.2						
X	24 hrs	67,000	1.6				1.4						
		2,319,500											
		74,823											
		97,000											

\* 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-06**

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

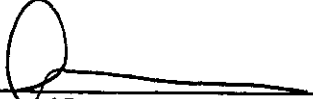
PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date  7/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **June-06**

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		
1	X	24 hrs	72,000		1.4							1.2	
2	X	24 hrs	69,000		1.6							1.2	
3		24 hrs	53,000										
4	X	24 hrs	69,000		1.4							1.2	
5	X	24 hrs	69,000		1.6							1.4	
6	X	24 hrs	69,000		1.4							1.2	
7	X	24 hrs	66,000		1.4							1.2	
8	X	24 hrs	76,000		1.4							1	
9	X	24 hrs	69,000		1.6							1.4	
10		24 hrs	66,000										
11	X	24 hrs	66,000		1.4							1.2	
12	X	24 hrs	76,000		1.2							1	
13	X	24 hrs	56,000		1.4							1	
14	X	24 hrs	65,000		1.2							1	
15	X	24 hrs	68,000		1.4							1.2	
16	X	24 hrs	76,000		1.2							1	
17		24 hrs	59,000										
18	X	24 hrs	60,000		1							1	
19	X	24 hrs	46,000		1.4							1.2	
20	X	24 hrs	41,000		1.4							1.2	
21	X	24 hrs	45,000		1.2							1.2	
22	X	24 hrs	60,000		1.4							1.2	
23	X	24 hrs	70,000		1.2							1	
24	X	24 hrs	56,000		1							0.8	
25		24 hrs	68,500										
26	X	24 hrs	68,500		0.7							0.5	
27	X	24 hrs	46,000		0.8							0.5	
28	X	24 hrs	42,000		0.8							0.5	
29	X	24 hrs	50,000		1							0.5	
30	X	24 hrs	56,000		0.9							0.7	
31		24 hrs											
Total			1,853,000										
Average			61,767										
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-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
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 Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operator	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

8/8/06  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **July-06**

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 & Hours in Plant in Operation)	Net Quantity of Finished Water Produced, gal	CPI Calculations for F.V. 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			
			Peak Flow Rate, gpd	Lowest Residual Concentration (C) Before or During Peak Flowing, mg/L	Disinfectant Concentration (C) at Peak Flowing, mg/L	Lowest CT Provided Before or at First Customers During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating Residual in DW, mg/L	Minimum DW Dose Required, mg-min/L	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
1	X	24 hrs	51,000		0.8										0.6	
2		24 hrs	66,000													
3	X	24 hrs	66,000		1										0.9	
4	X	24 hrs	26,000		1.2										1	
5	X	24 hrs	44,000		1.2										0.8	
6	X	24 hrs	61,000		1.4										1.2	
7	X	24 hrs	53,000		1.4										1	
8		24 hrs	60,000													
9	X	24 hrs	40,000		1.2										1	
10	X	24 hrs	41,000		1.4										1.2	
11	X	24 hrs	47,000		1.2										1	
12	X	24 hrs	68,000		1.4										1.2	
13	X	24 hrs	41,000		1.2										1	
14	X	24 hrs	53,000		1.2										0.9	
15		24 hrs	54,000													
16	X	24 hrs	48,000		1.2										1	
17	X	24 hrs	48,000		1.4										1.2	
18	X	24 hrs	44,000		1.2										1	
19	X	24 hrs	48,000		1.4										1.2	
20	X	24 hrs	53,000		1.6										1.4	
21	X	24 hrs	49,000		1.4										1.2	
22		24 hrs	42,000													
23	X	24 hrs	60,000		1										1	
24	X	24 hrs	61,000		1										0.6	
25	X	24 hrs	55,000		1										5	
26	X	24 hrs	55,000		0.8										0.6	
27	X	24 hrs	66,000		1										0.6	
28	X	24 hrs	77,000		1										0.8	
29		24 hrs	52,000													
30	X	24 hrs	58,000		0.8										0.8	
31	X	24 hrs	58,000		1										0.8	
Total			1,645,000													
Average			53,065													
Maximum			77,000													

\* 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-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operator	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

9/6/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **August-06**

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	Day Plant Started on (visits)	Operator	Shift	Quantity of Water Produced, gal	Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*					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	UV Disinfectant Concentration (mg/L) at Remote Point	Flow Measurement Point During Peak Flow, minutes	Lowest UV provided Before Customer During Peak Flow, mg-min/L	Temperature, °C	Applicable	Minimum Required UV Dose, mg-min/L		
	X		24 hrs	55,000		1.4						1.2	
	X		24 hrs	42,000		1.2						1	
	X		24 hrs	51,000		1						1	
	X		24 hrs	58,000		1.2						1	
			24 hrs	51,000									
	X		24 hrs	51,000		1.2						1	
	X		24 hrs	44,000		1.4						1	
	X		24 hrs	54,000		1.6						1.1	
	X		24 hrs	58,000		1.4						1.2	
	X		24 hrs	41,000		1.4						1	
	X		24 hrs	42,000		1						0.8	
			24 hrs	51,000									
	X		24 hrs	53,000		2						1.8	
	X		24 hrs	54,000		1.8						1.6	
	X		24 hrs	60,000		2						1.6	
	X		24 hrs	85,000		1.8						1.6	
	X		24 hrs	36,000		1.6						1.4	
	X		24 hrs	56,000		1.8						1.6	
			24 hrs	60,000									
	X		24 hrs	60,000		2						1.8	
	X		24 hrs	70,000		1.6						1.4	
	X		24 hrs	63,000		1.8						1.6	
	X		24 hrs	60,000		1.6						1.2	
	X		24 hrs	50,000		1.6						1.4	
	X		24 hrs	80,000		1.8						1.6	
			24 hrs	55,000									
	X		24 hrs	63,000		1.6						1.4	
	X		24 hrs	64,000		1.6						1.2	
	X		24 hrs	37,000		1.6						1.4	
	X		24 hrs	52,000		1.4						1.2	
	X		24 hrs	46,000		1.6						1.4	
Total				1,702,000									
				54,903									
				85,000									

\* 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-06**

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

PWS Name: <b>Arredondo Estates</b>		PWS Identification Number: <b>2010041</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>246</b>	Total Population Served at End of Month: <b>738</b>		
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Estates</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>SW 52nd Ave</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>68,494</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

10/4/06  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **September-06**

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

Date	Time of Day	Plant Status	Operating Plant	Net Quantity of Finished Water Produced (gpd)	Calculations of 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
					Flow Rate (gpm)	Disinfectant Concentration (mg/L)	Disinfectant Contact Time (minutes)	UV Dose Provided (mJ/cm <sup>2</sup> )	Flow Rate (gpm)	Disinfectant Concentration (mg/L)	Disinfectant Contact Time (minutes)		
	X		24 hrs	44,000		1.4						1.2	
			24 hrs	49,000									
	X		24 hrs	51,000		1.6						1.2	
	X		24 hrs	50,000		1.4						1.2	
	X		24 hrs	65,000		1.4						1.2	
	X		24 hrs	46,000		1.4						1.1	
	X		24 hrs	42,000		1.4						1.2	
	X		24 hrs	53,000		1.6						1.4	
			24 hrs	63,000									
	X		24 hrs	64,000		1.4						1.2	
	X		24 hrs	50,000		1.4						1.1	
	X		24 hrs	53,000		1.6						1.1	
	X		24 hrs	58,000		1.4						1.2	
	X		24 hrs	68,000		1.2						1	
	X		24 hrs	78,000		1.2						1.2	
			24 hrs	61,000									
	X		24 hrs	59,000		1						1	
	X		24 hrs	59,000		1.2						1	
	X		24 hrs	64,000		1.4						1.2	
	X		24 hrs	54,000		1.2						1	
	X		24 hrs	44,000		0.7						0.5	
	X		24 hrs	55,000		0.8						0.5	
	X		24 hrs	66,000		0.8						0.5	
			24 hrs	66,000									
	X		24 hrs	61,000		1						0.8	
	X		24 hrs	66,000		1.2						0.8	
	X		24 hrs	44,000		1.2						1	
	X		24 hrs	77,000		1.6						1.2	
	X		24 hrs	51,000		1.4						1.2	
	X		24 hrs	52,000		1.6						1.2	
			24 hrs										
				1,713,000									
				57,100									
				78,000									

\* 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-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquamerica.com">beheath@aquamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

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

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

11/3/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **October-06**

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

Date	Time	Flow (MGD)	Residual (mg/L)	Calculations										Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Flow (MGD)	Residual (mg/L)	Flow (MGD)	Residual (mg/L)	Flow (MGD)	Residual (mg/L)	Flow (MGD)	Residual (mg/L)	Flow (MGD)	Residual (mg/L)			
		24 hrs	58,000													
X		24 hrs	59,000		1.4								1.2			
X		24 hrs	56,000		1.2								1			
X		24 hrs	48,000		1								1			
X		24 hrs	54,000		1								0.8			
X		24 hrs	44,000		1								0.9			
		24 hrs	52,000													
X		24 hrs	55,000		1								1			
X		24 hrs	56,000		1								0.8			
X		24 hrs	44,000		1								1			
X		24 hrs	54,000		0.8								0.6			
X		24 hrs	42,000		1								1			
X		24 hrs	41,000		1.4								1.2			
		24 hrs	48,000													
X		24 hrs	57,000		1.4								1.2			
X		24 hrs	57,000		1.6								1.2			
X		24 hrs	56,000		1.6								1			
X		24 hrs	54,000		1.2								1			
X		24 hrs	73,000		1								0.8			
X		24 hrs	67,000		0.6								0.5			
X		24 hrs	50,000		0.6								0.5			
		24 hrs	57,000													
X		24 hrs	58,000		0.6								0.5			
X		24 hrs	47,000		0.6								0.5			
X		24 hrs	47,000		0.7								0.5			
X		24 hrs	41,000		0.6								0.5			
X		24 hrs	45,000		2.8								1.6			
X		24 hrs	46,000		2.5								1.6			
		24 hrs	46,000													
X		24 hrs	51,000		2								1.2			
X		24 hrs	50,000		2								1.2			
			1,613,000													
			52,032													
			73,000													

\* 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-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: SW 52nd Ave		City: Gainesville	State: FL Zip Code: 32608	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

12/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **November-06**

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 hrs	54,000		2.3										1.2	
2	X	24 hrs	40,000		2.3										1.2	
3	X	24 hrs	50,000		2.1										1.2	
4	X	24 hrs	54,000		2.3										1.2	
5		24 hrs	54,000													
6	X	24 hrs	49,000		2										1.6	
7	X	24 hrs	48,000		2.2										1.4	
8	X	24 hrs	50,000		1.8										1.4	
9	X	24 hrs	59,000		1.2										1.2	
10	X	24 hrs	32,000		1.4										1.2	
11		24 hrs	44,000													
12	X	24 hrs	39,000		1.6										1.2	
13	X	24 hrs	39,000		1.4										1.2	
14	X	24 hrs	50,000		1.6										1.2	
15	X	24 hrs	51,000		1.6										1.4	
16	X	24 hrs	51,000		1.8										1.4	
17	X	24 hrs	62,000		1.6										1.2	
18		24 hrs	37,000													
19	X	24 hrs	60,000		1.4										1.2	
20	X	24 hrs	59,000		1.4										1	
21	X	24 hrs	52,000		1.6										1.2	
22	X	24 hrs	44,000		1.4										1.2	
23	X	24 hrs	38,000		1.6										1.2	
24	X	24 hrs	57,000		1.4										1	
25		24 hrs	49,000													
26	X	24 hrs	61,000		1.2										1	
27	X	24 hrs	61,000		1.4										1.2	
28	X	24 hrs	48,000		0.8										0.6	
29	X	24 hrs	51,000		1.2										1	
30	X	24 hrs	48,000		1.6										1.2	
31		24 hrs														
Total			1,491,000													
Average			49,700													
Maximum			62,000													

\* 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-06**

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

PWS Name: Arredondo Estates		PWS Identification Number: 2010041	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 246		Total Population Served at End of Month: 738	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: SW 52nd Ave		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 68,494			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

License/Class Operator	Name	License/Class	License Number	Days/Shifts Worked
	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date 1/8/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010041 Plant Name: Arredondo Estates

III. Daily Data for the Month/Year of: **December-06**

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 Started or Resisted by Operator	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for 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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at 1st Customer Peak, 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24 hrs	49,000		1.2									1	
		24 hrs	52,000												
	X	24 hrs	52,000		1									1	
	X	24 hrs	65,000		0.8									0.6	
	X	24 hrs	52,000		1.6									1.2	
	X	24 hrs	49,000		1.4									1.2	
	X	24 hrs	38,000		1.6									1.4	
	X	24 hrs	46,000		1.6									1.2	
		24 hrs	52,000												
	X	24 hrs	52,000		1.4									1.2	
	X	24 hrs	54,000		1.6									1.4	
	X	24 hrs	55,000		1.4									1.2	
	X	24 hrs	50,000		1.3									1	
	X	24 hrs	46,000		1.2									1	
	X	24 hrs	45,000		1									0.8	
		24 hrs	56,000												
	X	24 hrs	56,000		1.2									1	
	X	24 hrs	46,000		1.4									1.2	
	X	24 hrs	48,000		1.2									1	
	X	24 hrs	46,000		1.4									1	
	X	24 hrs	41,000		1.6									1.2	
	X	24 hrs	52,000		1.4									1.2	
		24 hrs	55,000												
	X	24 hrs	41,000		1.6									1.2	
	X	24 hrs	41,000		1.4									1.2	
	X	24 hrs	56,000		1.4									1	
	X	24 hrs	61,000		1.2									1	
	X	24 hrs	53,000		1.4									1.2	
	X	24 hrs	58,000		1.4									1	
		24 hrs	58,000												
	X	24 hrs	44,000		1.2									1	
			1,569,000												
			50,613												
			65,000												

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

PWS ID: 2010041 Plant Name: Arredondo Estates

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No

follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> =

\* 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.

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

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509  
 307 Coolidge Ave. Lough Acres, FL 33936 FDOH # E85370  
 2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34944  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Lab Receipt Date and Time: 12/6/07 12:15  
 Received for Laboratory By: Pall  
 Analysis Date and Time: 12/6/07 15:05  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice 7.3°C  
 Disinfectant Check  Not Detected  >0.1 mg/L

HBEL Report Number: 2130121 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

Standard Coliform Test  Other: \_\_\_\_\_ PWS I.D. 2010041

System Name: Arredondo Estates

System Address: \_\_\_\_\_  
 City: Gainesville, Fla System or Owner's Phone # 3523030718 Fax #: 732 3213

Collector: Mark Maych Collector's Phone #: 3030718

Relinquished By: M. Maych Received By: Greg Wray Relinquished By: Greg Wray  
 Date/Time: 12-6-07 10:00 Date/Time: 12/6/07 Date/Time: 12/6/07 1:15

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s) 12.6.07

LABORATORY CERTIFICATE OF ANALYSIS					
Total Coliform Analysis Method: (MF) SM9222B (Colifert) SM9223B					
Fecal or E. coli Analysis Method (MF) SM9222B (Colifert) SM9223B					
Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual.	Lab Sample Number	
	A			2130121001	
	A				
	A				
	A			2130121004	

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd mg/L	pH
1	Well-1	0745	R	0.0	
2	Well-2	0746	R	0.0	
3	2525 SW 64 ST.	0755	D	1.0	
4	7014 SW. 49 PL	0805	D	1.2	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_

Person performing analysis is:  
 A certified operator (# C8287)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth  
 TNTC-Too Numerous to Count TA-Turbid  
 L.C.A. Absence of gas or acid

Analyst: Pall

Report authorized by: [Signature] Technical Director or Designee  
 Date: 12/9/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report  
Aqua Utilities  
P.O. Box 490310  
Leesburg, Fla. 34749



Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; H-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.) <sup>2</sup> Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL Middle Form - LABORATORY Pink Form - CLIENT

FORM # 1975 - PRINTING BY HEARN

FPSC-COMMISSION CLERK





**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

**SYSTEM NAME: Arredondo Estates**

**SYSTEM PWS ID #: 2010041**

**REPORT DATE: 11/20/07**

**SUBMISSION #: 0714766**

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.**
- Consult your governing agency or project engineer for interpretation.**

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**

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

# 0714766

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

System Name: Arredondo Estates PWS I.D. #: 2010091

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

Address: SW 52AV

City: Gainesville State: Fla. ZIP Code: \_\_\_\_\_

Phone #: 352 3030718 Fax #: 352-787-6333

E-Mail Address: na

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 11.13.07 Sample Time: 11:45  AM  PM (Circle One)

Sample Location (be specific): Water Plant P.O.E.

Disinfectant Residual (Required when reporting results for 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
- Ave Residence Time
- Near First Customer

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? \_\_\_\_\_)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Violation Resolution
- Replacement (of invalidated Sample)
- Other: \_\_\_\_\_

**Sampling Procedure Used or Other Comments:**

for Aquas Utilities Fla.

\*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(4) for requirements and  
attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352 3030718 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

**CERTIFICATION** (to be completed by sampler)

I, MARK MARCH (Print Name), facility operator (Print Title)

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

Signature: Mark March Date: 11.13.07



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

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

Page 2 of 4; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2008  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 2010041 System Name: Arredondo Estates Sample Number: Not Provided  
Sample Location: Water Plant - POE  
Laboratory Assigned Submission Number: 0714766 Date Sample(s) Received: 11/13/07  
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Inorganics, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable Analyte Sheet(s) Attached

### CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, 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).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K Saupp*

Date: November 20, 2007

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory:  Yes  No Sample Analysis Info Satisfactory:  Yes  No  
 Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  
 Additional Monitoring Required (circle or highlight group(s) above)  
Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP / DOH Reviewing Official: \_\_\_\_\_

Reporting Format 62-550 730  
Effective January 1995, Revised January 2007



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
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## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

System Name: Arredondo Estates  
PWS ID: 2010041  
Submission Number: 0714766

### INORGANIC CONTAMINANTS 62-550.310(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	2.10		EPA353.2	0.05	11/13/07	3:50 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	11/13/07	3:50 PM	E83265

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

#014766

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities  
Mailing Address: P.O. Box 490310  
Leesburg, Fla. 34749  
Telephone: 352 303 0418

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Arredondo Estates PWS ID No. 2010041  
Physical Address: SW52 AV Phone No. 3030718  
Gainesville  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 11-13-07 11:45 AM  
Sample Location (be specific): Water Plant - POE  
Sampler Name and Phone (please print): MARK MARCH 3030718  
Signature: Mark March Title \_\_\_\_\_  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY: Signature Mark March Date 11-13-07 Time 13:27 Condition \_\_\_\_\_  
Sampler Relinquished: \_\_\_\_\_  
Transporter Relinquished: \_\_\_\_\_

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulateds:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulateds:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulateds:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  
 All 17  Partial: NO<sub>2</sub>, NO<sub>3</sub>  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries:  
 All 14  Partial: \_\_\_\_\_  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 T-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR LABORATORY USE ONLY

Received By: [Signature] Date 11-13-07 Time 1:27 Condition 1 or 1  
Lab Number: 014766  
Comments: \_\_\_\_\_

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

Temp: 26

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: November 10, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 347490310

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Estates Tri-Annual [2127125]  
Received: 10/19/06 13:00

---


Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories, Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Arredondo Estates Tri-Annual  
**Received:** 10/19/06 13:00

[2127125]

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

<u>HBEL Sample</u>		<u>Method Narratives (if Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2127125001	P.O.E. Grab	EPA 525.2	No MSMSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MSMSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**  
Analytical Issue

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4814	2127125001 Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

The above due to matrix effects.

5600 US 1 North  
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FDOH # E96080

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Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**  
**[2127125]**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Estates Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127125001					Sampled: 10/19/06 8:15					
Sample ID: P.O.E. Grab					Received: 10/19/06 13:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Asbestos		0.11 U	ml/L	0.11	EPA 100.2			10/20/06 16:45	EMS	E87804
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15273		10/19/06 16:22	PA	E83509
pH	Q	7.56	SU	0.200	EPA 150.1	WCGE26476		10/21/06 17:10	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Barium		0.0022	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Copper		0.0014	mg/L	0.0014	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Iron		0.30	mg/L	0.025	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Manganese		0.0043	mg/L	0.0037	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Sodium		11	mg/L	0.50	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Zinc		0.39	mg/L	0.010	EPA 200.7	META8196		11/7/06 16:37	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:22	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:42	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8187		10/27/06 13:06	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8194	10/31/06 9:45	11/1/06 15:51	DM	E96080
Chloride		22	mg/L	5.0	EPA 300.0	IC6989		10/20/06 14:25	JL	E96080
Fluoride		0.058	mg/L	0.011	EPA 300.0	IC6990		10/20/06 15:08	JL	E96080
Nitrate as N		3.0	mg/L	0.0030	EPA 300.0	IC6990		10/20/06 15:06	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6990		10/20/06 15:06	JL	E96080
Sulfate		12	mg/L	1.4	EPA 300.0	IC6989		10/20/06 14:25	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 23:25	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 23:25	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4814	10/23/06 13:33	10/24/06 1:04	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 17:52	JL	E96080

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 Brooksville, FL 34601  
 FDOH # E84418





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS  
[2127125]**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Estates Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2716		10/27/06 14:18	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 8:56	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 21:25	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 21:25	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2344		10/23/06 15:42	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2449	10/23/06 9:43	10/24/06 2:09	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/23/06 9:44	10/31/06 13:17	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26463		10/20/06 15:10	TCL	E96080
Total Dissolved Solids		290	mg/L	16	SM2540 C	WCGE26497		10/25/06 15:15	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26554	11/1/06 10:00	11/2/06 17:05	GG	E96080
Surfactants as LAS, Mol wt 340		0.022 U	mg/L	0.022	SM5540 C	WCGE26474	10/20/06 14:15	10/20/06 16:46	GG	E96080

04304 MAY 22 08  
FPSC-COMMISSION CLERK

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127125]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Estates Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127125002						Received: 10/19/06 13:00				
Sample ID: TRIP BLANK						Matrix: Water				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2716	10/27/06 14:52	WR	E96080		

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/2006



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 105 Fax: (772) 467-584

**Chain-of-Custody**  
Agreement to Perform Services

USE BALL POINT PEN  
PRESS HARD  
COMPLETELY FILL OUT  
ALL NON-GREYED AREAS  
BY PRINTING ONLY

Laboratory not responsible for omitted information  
 FDOH # E96080  
 5600 U.S. 1 North  
 Fort Pierce, FL 34946  
 FDOH # E83509  
 4155 St. Johns Pkwy.  
 Suite 1300  
 Sanford, FL 32771  
 FDOH # E85370  
 307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E84418  
 16331 Cortez Blvd.  
 Brooksville, FL 34801

Company: Agua Utilities  
 Address: PO Box 490310  
Leesburg, Fla. Zip: 34749  
 Phone: 3523030718 Fax: \_\_\_\_\_  
 Client Contact: Mark  
 Project Name: Arredondo Estate  
 Sampled By: Mark March

Method(s) of Shipment: Truck  
 e-mail: Amme  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval



NEW LAB USE ONLY

LAB # 2127165

PRESERVATIVE											
ANALYSES REQUESTED											

**Preservation Key**  
 H-Hydrochloric Acid P-Phosphoric Acid  
 N-Nitric Acid ST-Sodium  
 S-Sulfuric Acid Thio sulfate  
 SH-Sodium Hydroxide U-Unpreserved

**COMMENTS**  
all samples from P.O.E. at Water plant  
1 of 2 ccs

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	10/19/06	0800	G	PW	1	102 Metals
		0801	G	PW	1	Cyanide
		0802	G	PW	1	NO <sub>2</sub> NO <sub>3</sub> sulfate
		0803	G	PW	1	Fluoride
		0804	G	PW	1	pH, color, TDS
		0805	G	PW	1	Odor
		0806	G	PW	3	MBAS
		0807	G	PW	3	VOC's
		0808	G	PW	1	504 (EDB/DBPC)
		0809	G	PW	1	515.1
002	10/19/06	0809	G	PW	1	525.2

Sample Type: G-Grab C-Composite Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

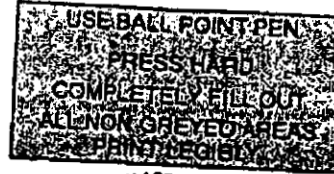
RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>Scott</u>	RELINQUISHED BY <u>George to Fisher</u>
DATE/TIME <u>10/19/06 1100</u>	DATE/TIME <u>10/19/06 1100</u>	DATE/TIME <u>10/19/06 1600</u>
RECEIVED BY <u>Scott</u>	RECEIVED BY <u>George</u>	RECEIVED FOR CUSTODY BY <u>George</u>
DATE/TIME <u>10/19/06 1100</u>	DATE/TIME <u>10/19/06 1300</u>	DATE/TIME <u>10/19/06 1600</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOI D for SAMPLER



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 215 Fax: (772) 467-5284



Laboratory not responsible for omitted information  
 FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34948  
 FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33938  
 FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771  
 FDOH # E84418 18331 Cortez Blvd. Brooksville, FL 34601

Company: Apwa Utilities  
 Address: PO Box 490310  
Leesburg, Fla Zip: 34749  
 Phone: 352 3036718 Fax: \_\_\_\_\_  
 Client Contact: Mark  
 Project Name: Arredondo Estate  
 Sampled By: Mark March

Method(s) of Shipment: Mail  
Truck

e-mail: Apwa  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval

LAB # 101125

FOR LAB USE ONLY

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key  
 H-Hydrochloric Acid P-Phosphoric Acid  
 N-Nitric Acid ST-Sodium  
 S-Sulfuric Acid Thiourea  
 SH-Sodium Hydroxide U-Unpreserved

COMMENTS

2 of 2 all POES

X this sample all on to list -> added to form 10/19/06

CHAIN PAGE

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	
	DATE	TIME					
000	10/19/06	0810	G	PW	1	536.1 Carbonates	N
		0811	G	PW	1	547 Glycerate	O
		0812	G	PW	3	548 Endosulfan	P
		0813	G	PW	1	549 Diquat	Q
		0814	G	PW	3	505	A
001	10/19/06	0815	G	PW	1	Asbestos	G
002					3	Trip Blank	

64 of 6  
Report Page

RELINQUISHED BY: <u>M. March</u>	RELINQUISHED BY: <u>Ray</u>	RELINQUISHED BY: <u>Glenn</u>
DATE/TIME: <u>10/19/06 11:00</u>	DATE/TIME: <u>10/19/06 1:00</u>	DATE/TIME: <u>10/19/06 16:00</u>
RECEIVED BY: <u>Ray</u>	RECEIVED BY: <u>Glenn</u>	RECEIVED FOR HBEN CUSTODY BY: <u>Glenn</u>
DATE/TIME: <u>10/19/06 11:00</u>	DATE/TIME: <u>10/19/06 12:10</u>	DATE/TIME: <u>10/19/06 17:15</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

**EMSL Analytical, Inc.**

5125 Adanson Street, Suite 900, Orlando, FL 32804  
Phone: (407) 599-5887 Fax: (407) 599-9063 Email: orlandolab@emsl.com



Attn: Don Hash  
Harbor Branch  
5600 US 1 North  
Fort Pierce, FL 34946

Fax: 772-467-1584

Phone: 772-465-2400

Customer ID: HARB51  
Customer PO:  
Collected (Date/Time): 10-19-06 8:15am  
Received (Date/Time): 10-20-06 11:16am  
EMSL Order: 340603988

Project: DW asbestos

Date Reported: 10-26-06

**Determination of Asbestos Structures over 10um in Length in Ground Water  
Performed by the EPA 100.2 Method**

Sample ID	Prep Date/Time	Sample Volume	Dilution Factor	Total Filter Area	Effective Filter Area	# Fibers Asbestos	Analytical Non-Asbestos	Type (s) of Asbestos	Sensitivity (MFL)	Confidence Limits	Concentration of Asbestos fibers (MFL)	Comments
2127125 001 340603988-0001	10-25-06 11am	100	10 <sup>1</sup>	0.0082	1271.7	None Detected	None Detected	None Detected	0.11	0.00 - 0.38	<0.11	

- Sonicated at (Time): 4:30pm to 4:45pm on (Date): 10-20-06
- Filtered by: Randy Pruitt on (Date): 10-20-06 at (time): 5pm
- Analyzed by: Randy Pruitt on (Date): 10-25-06 from 4:20pm to 4:30pm.
- If you have any questions please call us at 407-599-5887.
- EPA number is FL-01176.

Analyst(s)  
Randy Pruitt (1)

Dr. Blanca Cortes  
or other approved signatory

Sample collection and containers provided by the client, acceptable bottle blank level is defined as <=0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full, without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted.  
ACCREDITATIONS: FL Lab ID: EB7804

100.2-V221

**THIS IS THE LAST PAGE OF THE REPORT.**

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

**INORGANIC CONTAMINANTS**  
62-550.310(1)

Report Number / Job ID: 3101003988 / 2127123 001

PWS ID (From Page 1): \_\_\_\_\_

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analysis Method	Lab MDL	Analysis Date	Analysis Time	DOT Lab Certification #
1040	Nitrate (as N)	10	mg/L							E
	Nitrite (as N)	1	mg/L							E
	Arsenic	0.05	mg/L							E
	Barium	2	mg/L							E
	Cadmium	0.005	mg/L							E
	Chromium	0.1	mg/L							E
	Cyanide	0.2	mg/L							E
	Fluoride	1.0	mg/L							E
	Lead	0.015	mg/L							E
	Mercury	0.002	mg/L							E
	Nickel	0.3	mg/L							E
	Selenium	0.05	mg/L							E
	Sodium	150	mg/L							E
	Antimony	0.006	mg/L							E
	Beryllium	0.005	mg/L							E
	Thallium	0.002	mg/L							E
1094	Asbestos	1 MFL	MFL	0.11 MFL	U	EPA 600/R-94-134 (10-2)	0.11 MFL	10/25/00	4:20 pm	E 87804

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

Page 3 of (insert number of pages)

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

Harbor Branch  
Environmental Laboratory

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

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

Receiving Laboratory: E MSL

340603988

The samples are to be shipped by Fedex Pri to arrive on 10/29/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>PWA Sphincter</u>						PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G,		Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				<u>U</u> <u>Asph</u>					
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O											
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HEBL SAMPLE ID	#	Bar	Bar	Bar	Bar	SAMPLE COMMENTS
	DW	10/19/06	0825	G	<u>9/10-7926</u> <u>2128-7125-001</u> <u>400</u>	1					
RELINQUISHED BY: <u>Quibbe to Fedex</u>			DATE: <u>10/19/06</u>	TIME: <u>1600</u>	RECEIVED BY: <u>Brian DiSabatino</u>			DATE: <u>10/20/06</u>	TIME: <u>11:16am</u>		
RELINQUISHED BY:			DATE:	TIME:	LABORATORY NAME AND RECEIVED BY:			DATE:	TIME:		

# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, CLOSMAR, FL 34677 (813) 855-1844 fax (813) 855-2218



Harbor Branch Environmental Laboratory

DW Arsenic

Sample ID: 2127125 001

November 8, 2006

Sample No.: 64805.05

PWS ID: \_\_\_\_\_

## Inorganic Contaminants

62-550.310(1)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01 mg/L	0.001	U	SM 3113 B	0.001	11/07/06	17:10	E84129

\* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.



Harbor Branch  
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY  
5600 U.S. 1 North, Ft. Pierce, FL 34946, 772-465-1400 ext. 292  
Fax: (772) 467-1584  
CHAIN OF CUSTODY RECORD

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

Receiving Laboratory: S.A.L.

64805

The samples are to be shipped by FEDEX to arrive on 10/27/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS			
PROJECT NAME: <u>DW Arsenic</u>							PRESERVATIVE							
SAMPLE TYPE: Composite - C, Grab - G							PRESERVATIVE							
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O							PRESERVATIVE: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				<p style="text-align: center;">SAMPLE COMMENTS</p> <p>10x100ml HNO<sub>3</sub></p>			
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	WBL SAMPLE ID	# Bottles								
01	DW	10/17/06	1025	G	2127095001	1	✓							
02		10/17/06	0927	G	2127099001	1	✓							
03		10/17/06	0920	G	2127100001	1	✓							
04	DW	10/19/06	1650	G	2127101001	1	✓							
05	DW	10/19/06	0815	G	2127125001	1	✓							
06		10/19/06	1150	G	2127126001	1	✓							
07	DW	10/19/06	0705	G	2127127001	1	✓							
08		10/19/06	0820	G	2127160001	1	✓							
09		10/19/06	1045	G	2127161001	1	✓							
10	DW	10/20/06	1100	G	2127162001	1	✓							
RELINQUISHED BY: <u>Goodie to Fedex</u>							DATE	TIME	RECEIVED BY:		DATE	TIME		
RELINQUISHED BY: <u>FedEx</u>							DATE	TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME		
							10/20/06	1600	<u>FedEx</u>		10/27/06	0825		
									<u>H Nordmark</u>					

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

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

System Name: Orvedondo Estates PWS I.D. #: 2010041

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: SW 52nd Ave

City: Gainesville State: FL ZIP Code: 32608

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

E-Mail Address: na

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 10/19/06 Sample Time: 8:15 AM

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

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

**Sample Type (Check Only One)**

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

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- Quarterly (Which Qtr? \_\_\_\_\_)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

**CERTIFICATION** (to be completed by sampler)

Paul Thompson for Mark March Field Coordinator  
Print Name Print Title

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

Signature: \_\_\_\_\_ Date: 11/21/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/19/06  
 PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_  
 Lab Assigned Report Number or Job ID: 2127125001

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129, E87804

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 10-Nov-06

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

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

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

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

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

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

- Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

## VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Estates Tri-Annual  
 Sample Location: P.O.E. Grab  
 Sample Number: 2127125001  
 Sampling Date: 10/19/06 8:15  
 Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	10/27/06 14:1	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:1	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	10/27/06 14:1	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:1	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:1	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:1	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	10/27/06 14:1	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:1	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	10/27/06 14:1	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	10/27/06 14:1	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:1	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 14:1	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	10/27/06 14:1	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	10/27/06 14:1	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	10/27/06 14:1	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 14:1	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	10/27/06 14:1	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	10/27/06 14:1	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	10/27/06 14:1	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:1	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:1	E96080

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 11/10/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Estates Tri-Annual  
 Sample Location: P.O.E. Grab  
 Sample Number: 2127125001  
 Sampling Date: 10/19/06 8:15  
 Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.40	10/23/06	10/24/06 1:04	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.080	10/23/06	10/24/06 1:04	E96080
2015	Methoxychlor	[40]	ug/L	0.044	U	EPA 505	0.044	0.18	10/23/06	10/24/06 1:04	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	2.4	10/23/06	10/24/06 1:04	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	10/30/06	10/31/06 17:52	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	7.6	10/23/06	10/31/06 13:17	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	10/23/06	10/24/06 2:09	E96080
2034	Glyphosate	[700]	ug/L	29	U	EPA 547	29	120		10/23/06 15:42	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	10/24/06	10/26/06 8:56	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/25/06 21:25	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	10/24/06	10/26/06 8:56	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	10/24/06	10/26/06 8:56	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/30/06	10/31/06 17:52	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/30/06	10/31/06 17:52	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	10/24/06	10/26/06 8:56	E96080
2048	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/25/06 21:25	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	10/24/06	10/26/06 8:56	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	10/24/06	10/26/06 8:56	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.14	10/23/06	10/24/06 1:04	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.11	10/23/06	10/24/06 1:04	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	10/30/06	10/31/06 17:52	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	10/30/06	10/31/06 17:52	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	10/24/06	10/26/06 8:56	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	10/24/06	10/26/06 8:56	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	10/30/06	10/31/06 17:52	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.56	10/23/06	10/24/06 1:04	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	10/20/06	10/20/06 23:25	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	U	EPA 504.1	0.0047	0.019	10/20/06	10/20/06 23:25	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.52	10/23/06	10/24/06 1:04	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, \*, are unacceptable for compliance with 62-550. Results qualified with a J, 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.

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 FDOH # E83509

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 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 11/10/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Estates Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127125001  
Sampling Date: 10/19/06 8:15  
Date Received: 10/19/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	3.0		EPA 300.0	0.0030	10/20/06 15:08	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	10/20/06 15:08	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	11/07/06 17:10	E84129
1010	Barium	[2]	mg/L	0.0022	I	EPA 200.7	0.0018	11/07/06 16:37	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	11/07/06 16:37	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	11/07/06 16:37	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	11/02/06 17:05	E96080
1025	Fluoride	[4]	mg/L	0.069		EPA 300.0	0.011	10/20/06 15:08	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	10/31/06 13:54	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	11/01/06 15:51	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	11/07/06 16:37	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	10/26/06 17:42	E96080
1052	Sodium	[160]	mg/L	11		EPA 200.7	0.50	11/07/06 16:37	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	11/01/06 15:22	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	11/07/06 16:37	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	10/27/06 13:06	E96080
1094	Asbestos	[7]	mf/L	0.11	U	EPA 100.2	0.11	10/20/06 16:45	E87804

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

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

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Printed: 11/10/06



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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**SECONDARY CONTAMINANTS**

**62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Estates Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127125001  
Sampling Date: 10/19/06 8:15  
Date Received: 10/19/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	U	EPA 200.7	0.0030	11/07/06 16:37	E96080
1017	Chloride	[250]	mg/L	22		EPA 300.0	5.0	10/20/06 14:25	E96080
1022	Copper	[1]	mg/L	0.0014	I	EPA 200.7	0.0014	11/07/06 16:37	E96080
1025	Fluoride	[2]	mg/L	0.068		EPA 300.0	0.011	10/20/06 10/20/	E96080
1028	Iron	[0.3]	mg/L	0.30		EPA 200.7	0.025	11/07/06 16:37	E96080
1032	Manganese	[0.05]	mg/L	0.0043		EPA 200.7	0.0037	11/07/06 16:37	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	11/07/06 16:37	E96080
1055	Sulfate	[250]	mg/L	12		EPA 300.0	1.4	10/20/06 14:25	E96080
1095	Zinc	[5]	mg/L	0.39		EPA 200.7	0.010	11/07/06 16:37	E96080
1905	Color	[15]	CU	4.0	I	SM2120.B	1.8	10/20/06 15:10	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	10/19/06 16:22	E83509
1925	pH	[6.5-8.5]	SU	7.56	Q	EPA 150.1	0.200	10/21/06 17:10	E96080
1930	Total Dissolved Solids	[500]	mg/L	290		SM2540 C	16	10/25/06 15:15	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	10/20/06 16:46	E96080

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

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

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



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

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

System Name: \_\_\_\_\_ PWS I.D. #:

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code: (if known): \_\_\_\_\_

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_

Sample Location (be specific): **TRIP BLANK**

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

Sample Type (Check Only One)    Reason(s) for Sample (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____)             |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedence*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**    | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Clearance (permitting)           | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max Residence Time                         | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Ave Residence Time                         | Sampling Procedure Used or Other Comments: _____          |   |
| <input type="checkbox"/> Near First Customer                        |   |   |

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

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

### CERTIFICATION (to be completed by sampler)

I, \_\_\_\_\_  
Print Name Print Title

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 10/19/06  
 PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_  
 Lab Assigned Report Number or Job ID: 2127125002

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

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

Were any analyses subcontracted?  Yes  No  
 If yes, please provide DOH certification numbers: E84129, E87804  
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 10-Nov-06

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

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory:  Yes  No Sample Analysis Info Satisfactory:  Yes  No  
 Replacement Sample(s) Requested (circle or highlight group(s) above)  Revised Report Requested (circle or highlight group(s) above)  
 Additional Monitoring Required (circle or highlight group(s) above)  
 Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-1584

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

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Estates Tri-Annual  
Sample Location: TRIP BLANK  
Sample Number: 2127125002  
Sampling Date:  
Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	10/27/06 14:5	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:5	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	10/27/06 14:5	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:5	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:5	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:5	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	10/27/06 14:5	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 14:5	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	10/27/06 14:5	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	10/27/06 14:5	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:5	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 14:5	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	10/27/06 14:5	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	10/27/06 14:5	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	10/27/06 14:5	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 14:5	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	10/27/06 14:5	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	10/27/06 14:5	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	10/27/06 14:5	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:5	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 14:5	E96080

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

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06





# Florida Department of Environmental Protection

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

*pc*  
Charlie Crist  
Governor

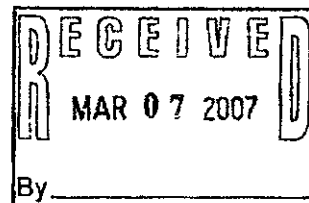
Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Send Via Mail:

February 28, 2007

Mr. Brian Heath, Utility Manager  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, FL 34747-0310



Alachua County – Potable Water  
Sanitary Survey 2007  
Arredondo Estates Water System – PWS ID: 2010041  
Arredondo Farms Water System – PWD ID: 2010042

Dear Mr. Heath:

On January 30, 2007 a Sanitary Survey was performed at the above referenced facilities with the courteous assistance of Mr. Mark March, Operator. The following deficiencies were noted as requiring action to bring the water systems into compliance with Chapter 62 of the Florida Administrative Code.

## Arredondo Estates Water System

1. The concrete pad at each well must be repaired and expanded to a size of 6'x6'x4" to protect both wells from contamination per compliance with Rule 62-532.500(3)(c), FAC. The Well # 2 has a crack on the concrete pad that has not been sealed, and a 'metal grid' beside the well has not been removed. This deficiency was observed previously, and it has not been corrected yet.
2. A well vent must be installed at each well, if they are not artesian wells. This is recommended to allow the well to relief the pressure, and for proper operation of the well.

Two complaints in the Arredondo Estates S/D in the areas of SW 63th Court and SW 66<sup>th</sup> Street were received last month, and the complaints were investigated during the inspections on January 30 and February 8. One complaint was about a 'green' color in the water, and the other about 'white deposits in the water and sickness in the stomach'. Also both persons complained about the utility lack of response to their concerns, and problems with the water bills. After

DOCUMENT NUMBER DATE

04304 MAY 22 08

FPSC-COMMISSION CLERK

investigation it was confirmed that the utility is installing new water meters in the homes, adjusting the water bills, and increasing the water rate.

To determine if the complaints were due to water quality problems or just the result of the rate increase, an evaluation of the water quality was performed as follows:

- a. An evaluation of the water analysis results on file for the Arredondo Estates Water System was performed. The data on file since 1980 indicates satisfactory water quality at this facility. The data includes analyses for primary inorganics, secondaries, volatile organic chemicals, asbestos, disinfection-by-products, lead & copper, SOCs, etc. All the results available are below the maximum contaminant level (MCL) for each contaminant.
- b. Water samples were collected in the distribution system in the areas of concern during the inspections, and they were evaluated for chlorine residual, total coliform bacteria, suspended solids and odor. The chlorine residual measurements were 0.8-0.9 mg/L that is above the minimum requirement of 0.2 mg/L. The water did not have color or odor. The laboratory analyses indicated no total coliform/fecal bacteria or suspended solids in the water. The whitish deposits when they boil the water are minerals present in the water, and this is very normal in well water in this area, (high hardness). But these minerals are not harmful to the health.
- c. The water pressure was satisfactory. The pressure at the plant effluent was 54 psig, and 35-40 psig in the distribution system. The pressure was above the minimum 20 psig requirement.

In conclusion, the water quality and pressure at the Arredondo Estates Water System were found at satisfactory levels during the inspections, and meets the Department's regulations. This facility with the exception of the above deficiencies was found in good condition. It appears that the proposed water rate increase is creating some disagreement between the residents and the Utility.

### **Arredondo Farms Water System**

3. A 6'x6'x4" concrete pad on Well #2 shall be constructed immediately to protect this well from contamination. This well does not have a concrete pad as require per Rule 62-532.500(3)(c), FAC. Also the concrete pad on Well #1 must be extended to 6'x6'x4". This deficiency was observed previously, and it has not been corrected.
4. A well vent must be installed at each well, (same as 2 above).
5. The raw water sample tap is located incorrectly after the check valve. It must be relocated between the well and the check valve to allow the collection of raw water (un-chlorinated water).

Please keep a copy of the Operation & Maintenance Manual at each plant site per compliance with Rule 62-555.350, FAC. The manual must contain operation and control procedures, and maintenance and repair procedures for all plant equipment. Some of the manufacturer manuals were available during the inspections. Please verify that a complete O&M Manual is available.

These community water systems must monitor during this year for Nitrate, Nitrite, total coliform bacteria (monthly), and chlorine residual (monthly).

Please provide a written response within 20 days of receipt of this letter detailing how the above deficiencies will be corrected in a satisfactory manner within the next 90 days. Enclosed is a copy of the sanitary survey reports for your records. Please contact me at (904) 807-3303, or [Blanca.Rodriguez@dep.state.fl.us](mailto:Blanca.Rodriguez@dep.state.fl.us) if you have any questions. Your cooperation with the Florida Safe Drinking Water Program is appreciated.

Sincerely,



Blanca R. Rodriguez  
Potable Water Section

BRR:br  
Enclosure: Sanitary Survey Reports  
CC: Mr. Mark March, Operator

State of Florida  
Department of Environmental Protection  
Northeast District  
**SANITARY SURVEY REPORT**

Plant Name Arredondo Estates County Alachua PWS ID # 2010041  
Plant Location 6500 SW Archer Rd., east of I-75. Phone 352-435-4020  
Owner Name Agua Utilities Florida Inc., Mr. Brian Heath, Manager Phone 352-787-0980  
Owner Address P.O. Box 490310, Leesburg, FL 34749  
Contact Person Candice McClure/ Mark March Title office pers./operator Phone 352-303-0718  
This Survey Date 1/30/07 Last Survey Date 9/9/05 Last C.I. Date 4/6/06

**PWS TYPE & CLASS:** Community - (5C)

**SERVICE AREA CHARACTERISTICS**

Mobile home  
Food Service:  Yes  No  N/A

**GENERAL INFORMATION**

Number of Service Connections 230  
Population Served 600 Basis 2.5/conn.  
Plant Design Capacity 290,000 gpd  
Basis \_\_\_\_\_  
Average Day 74,000 gpd  
Max. Day 97,000 gpd  
Total Storage Capacity 20,000 gallons  
Comments two hydroneupmatic tanks

**LOCATION**

Latitude 29° 36' 20" North  
Longitude 82° 24' 56" West  
GPS: Yes  Date: unk  
Directions SR 24 (Archer Road), east of I-75

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number  
Mr. Mark March, C-8573 cell 352-303-0718  
Candice McClure (office pers. 352-435-4020)  
O & M Log:  Yes  No  Not required  
Operator Visitation Frequency  
Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 6 Actual 6  
Non-consecutive Days?  Yes  No  N/A  
MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

**RAW WATER SOURCE**

GROUND; Number of Wells 2  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
Source Diesel Generator  
Capacity of Standby (kW) 20  
Switchover:  Automatic  Manual  
Standby Plan:  Yes  No  
Hrs Operated Under Load 4 hrs/month  
What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
Satisfy 1/2 max-day demand?  Yes  No  Unk  
Comments \_\_\_\_\_

**TREATMENT PROCESSES IN USE**

Disinfection  
What additional treatment is needed?  
None  
For control of what deficiencies?

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
Meter Size & Type 3" flow meter  
Backflow Prevention Devices:  Yes  No  
Cross-connections none noted  
Written Cross-connection Control Program: Yes  
Coliform Sampling Plan:  Yes  No  N/A  
Comments A new flow meter was installed

**GROUND WATER SOURCE**

Well Number (PWS Identification)	#1	#2		
Well Name (System Identification)	Well #1	Well #2		
Year Drilled	1962	1968		
Depth Drilled	150'	150'		
Latitude	29:36:20	29:36:20		
Longitude	82:24:56	82:24:56		
GPS (Y or N) / Date (if applicable)	Yes	Yes		
Florida Well ID	Unk	Unk		
Static Water Level	40'	40'		
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	66'	66'		
Diameter (outside casing)	6"	6"		
Material (outside casing)	steel	steel		
Well Contamination History	none	none		
Is inundation of well possible?	no	no		
6' X 6' X 4" Concrete Pad	yes	yes		
SET BACKS	Septic Tank	ok	ok	
	Reuse Water	N/A	N/A	
	WW Plumbing	ok	ok	
	Other Sanitary Hazard			
PUMP	Type	Subm.	Subm.	
	Manufacturer Name	unk	unk	
	Model Number	unk	unk	
	Rated Capacity (gpm)	120	120	
	Motor horsepower	10	10	
Well casing 12" above grade?	yes	yes		
Well Casing Sanitary Seal	ok	ok		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	yes	yes		
Fence/Housing	fence	fence		
Well Vent Protection	No vent	No vent		

**COMMENTS**

**CHLORINATION (Disinfection)**

Type: Hypo-Chlorination

Make Custom Capacity 15 gpd

Chlorine Feed Rate 50%

Avg. Amount of Cl<sub>2</sub> gas used N/A

Chlorine Residuals: Plant 0.9 Remote 0.8

Remote tap location SW 66<sup>th</sup> St., SW 63th Ct.

DPD Test Kit:  On-site  With operator  
 None  Not Used Daily

Injection Points pre-hydro tank

Booster Pump Info \_\_\_\_\_

Comments \_\_\_\_\_

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_

Aerator Condition \_\_\_\_\_

Bloodworm Presence \_\_\_\_\_

Visible Algae Growth \_\_\_\_\_

Protective Screen Condition \_\_\_\_\_

Comments \_\_\_\_\_

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated

(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	20000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	30/55		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments \_\_\_\_\_

A new flow meter was installed.

Pressure was 54 psig at plant effluent.

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments \_\_\_\_\_

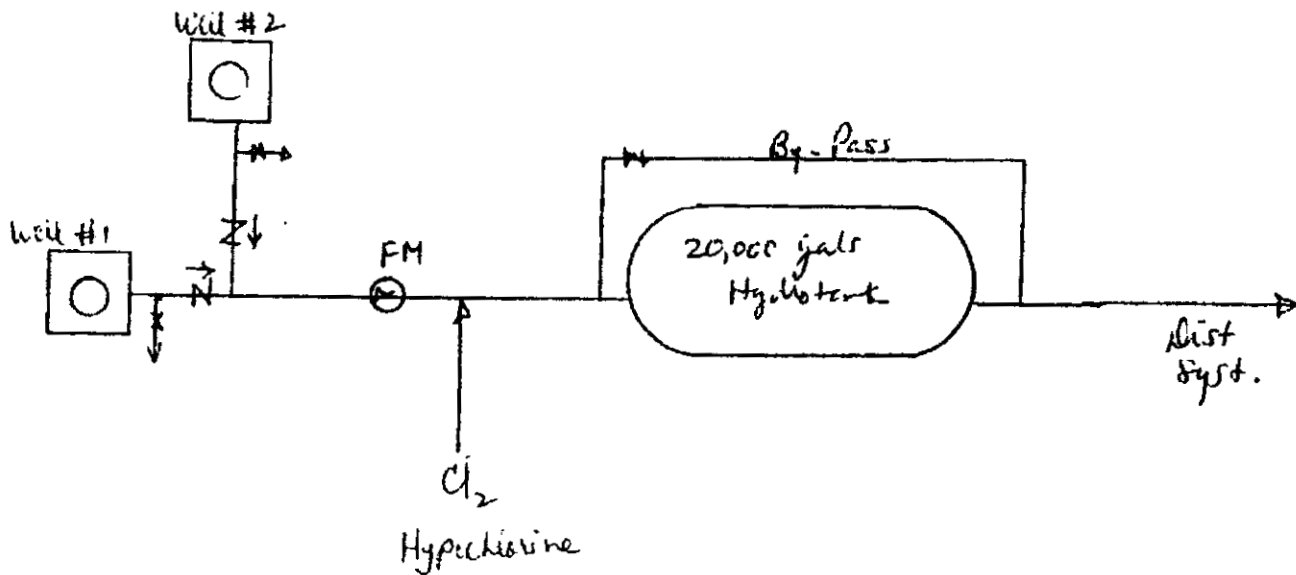


### COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	Jan. 2007	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Disinfectant Levels	Monthly	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system)
Disinfection ByProducts (DBPs)	2006	2009	TTHMs and HAA5s taken in accordance with your D/DBPR Monitoring Plan
Nitrate & Nitrite (as N)	2006	2007	Taken from each Point of Entry to the distribution System (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system
Synthetic Organic Contaminants	2006	2009	Taken from each Point of Entry to the dist. system 2 quarterly samples required if > 3,300 people served
Radionuclides	2003	N.R.	Taken from each Point of Entry to the distribution system
Secondary Standards	2006	2009	Taken at each Point of Entry to the distribution system
Lead and Copper	2005	2008	Samples taken from pre-approved sample plan sites
Asbestos	2006	2011 or waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

**SCHEMATIC:**



MONITORING VIOLATIONS	MCL VIOLATIONS
none	none

**DEFICIENCIES:**

1. Repair the concrete pad at each well, and extend to a size 6'x6'x4".
2. Remove the metal grid beside Well #2
3. Install a vent at each well, if they are artesian wells.

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Inspector Blanca R. Rodriguez Title Engineer IV Date 2/27/2007  
 Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**A UA**  
Utilities Florida.

Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

June 15, 2007

Blanca Rodriguez  
FDEP Northeast District  
7825 Baymeadows Way  
Suite B200  
Jacksonville, FL 32256-7590

**RE: Reply to Sanitary Survey**  
**Arredondo Estates PWS ID: 2010041**  
**Arredondo Farms PWS ID: 2010042**  
**Alachua County**

Dear Ms. Rodriguez:

The purpose of the correspondence is to provide a written response as requested in your February 28, 2007 letter regarding the public water system sanitary survey conducted at the referenced facility.

Arredondo Estates:

1. The concrete pad has been repaired and expanded to a size of 6'x6'x4" and the metal grid has been removed.
2. The well vent has been installed.

Arredondo Farms

3. The concrete pad for Well #2 has been constructed. However, due to the location of the well, the pad is not 6' x 6'. Rule 62-532.500(3)(c), FAC applies to wells that were "constructed on or after April 1, 2002." Due to the location of the well and the structures on the property, it is not physically possible to increase the pad size to the entire 6' x 6' area.
4. The well vent has been installed.
5. A sampling tap will be installed between the well and check valve as required.

Please note that the requirements for well aprons in Rule 62-532.500(3)(c), FAC and for well vents in Rule 62-555.320(8)(c) do not apply to either of these facilities due to the date in which they were originally constructed and the dates listed in these rules. Aqua Utilities Florida

understands the purpose behind these rules and therefore we did the best we could to retrofit these facilities to comply with the current standards.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

*Patrick Farris*

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

cc: Paul Thompson, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail



Henry Dean, Executive Director  
John R. Wehr, Assistant Executive Director

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429

TELEPHONE 904-329-4500 SUNCOM 904-860-4500  
TDD 904-329-4450 TDD SUNCOM 800-4450

FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-4508

SERVICE CENTERS			
618 E. South Street Orlando, Florida 32801 407-897-4300 TDD 407-897-3960	7775 Baymeadows Way Suite 102 Jacksonville, Florida 32256 904-730-6270 TDD 904-448-7900	PERMITTING: 305 East Drive Melbourne, Florida 32904 407-984-4940 TDD 407-722-5368	OPERATIONS: 2133 N. Wickham Road Melbourne, Florida 32935-2109 407-752-3100 TDD 407-752-3102

March 2, 2001

Arredondo Utility Co., Inc./Aqua Source Utilities, Inc  
6960 Professional Parkway East Suite 400  
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit Number 11364  
Arredondo Farms/Aqua Source Inc

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on March 02, 2001.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Sincerely,

*Gloria Lewis*  
Gloria Lewis, Director  
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Utilities & Investments, Inc.  
1227 W. Colonial Drive  
Orlando, FL 32804

William Kerr, CHAIRMAN  
MELBOURNE BEACH  
Dan Roach  
FERNANDINA BEACH

Ometrias D. Long, VICE CHAIRMAN  
APOPKA  
William M. Segal  
MAITLAND

Jeff K. Jennings, SECRETARY  
MAITLAND  
Otis Mason  
ST. AUGUSTINE

Duane Ottenstroer, TREASURER  
SWITZERLAND  
Clay Albright  
EAST LAKE WEIR

Reid Hughes  
DAYTONA BEACH

PERMIT NO. 11364  
PROJECT NAME: Arredondo Farms/Aqua Source Inc

DATE ISSUED: March 2, 2001

**A PERMIT AUTHORIZING:**

The District authorizes, as limited by the attached permit conditions, the use of 60.0 million gallons per year of ground water from the Floridan aquifer for the household use of 1195 people.

**LOCATION:**

Site: ARREDONDO ESTATES

Alachua County

Site: Arredondo Farms MHP

Alachua County

Section(s): 21, 28

Township(s): 10S

Range(s): 19E

**ISSUED TO:**

Arredondo Utility Co., Inc./Aqua Source Utilities, Inc

6960 Professional Parkway East Suite 400

Sarasota, FL 34240

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

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

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

**PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated March 2, 2001

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

By: \_\_\_\_\_



Dwight T Jenkins  
Division Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 11364**  
**ARREDONDO UTILITY CO., INC./AQUA SOURCE UTILITIES, INC**  
**DATED MARCH 2, 2001**

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. All submittals made to demonstrate compliance with this permit must include the CUP number 11364 plainly labeled thereon.

(Arredondo Farms MHP)

10. This permit will expire 20 years from the date of issuance.  
(Arredondo Farms MHP)
11. Maximum annual withdrawals from the Floridan aquifer for household use must not exceed a total of 35.0 million gallons. (Arredondo Farms MHP)
12. Wells number 1 (GRS ID 3420) and 2 (GRS ID 3421) (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. (Arredondo Farms MHP)
13. Total withdrawals from wells number 1 (GRS ID 3420) and 2 (GRS ID 3421) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

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

(Arredondo Farms MHP)
14. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District



within 10 days of the inspection/calibration.  
(Arredondo Farms MHP)

15. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.  
(Arredondo Farms MHP)
16. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.  
(Arredondo Farms MHP)
17. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.  
(Arredondo Farms MHP)
9. All submittals made to demonstrate compliance with this permit must include the CUP number 11364 plainly labeled thereon.

(ARREDONDO ESTATES)

10. This permit will expire 20 years from the date of issuance.

(ARREDONDO ESTATES)

11. Maximum annual withdrawals from the Floridan aquifer for household use must not exceed a total of 25.0 million gallons. (ARREDONDO ESTATES)
12. Wells number 1 (GRS ID 3418) and 2 (GRS ID 3419) (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. (ARREDONDO ESTATES)
13. Total withdrawals from wells number 1 (GRS ID 3418) and 2 (GRS ID 3419) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31 (ARREDONDO ESTATES)

14. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

(ARREDONDO ESTATES)

15. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

(ARREDONDO ESTATES)

16. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.

(ARREDONDO ESTATES)

17. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

(ARREDONDO ESTATES)

### Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

### Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

**Notice Of Rights**

**Certificate of Service**

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Arredondo Utility Co., Inc./Aqua Source Utilities, Inc  
6960 Professional Parkway East Suite 400  
Sarasota, FL 34240

at 4:00 p.m. this <sup>14<sup>th</sup></sup>~~2<sup>nd</sup>~~ day of March, 2001.



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Division of Permit Data Services  
Gloria Lewis, Director

St. Johns River Water Management District  
Post Office Box 1429  
Palatka, FL 32178-1429  
(904) 329-4152

Permit Number: 11364



# 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-07**

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

PWS Name: <u>Arredondo Farms</u>		PWS Identification Number: <u>2010042</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>364</u>		Total Population Served at End of Month: <u>1092</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Farms</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>7117 S.W. Archer Road</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>95,891</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operator	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Operator	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
Operator	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

2/7/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: **2010042** Plant Name: **Arredondo Farms**

III. Daily Data for the Month/Year of: **January-07**

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

Date	Time of Day	Plant in Operation	Quantity of Finished Water Produced, gal	FCCL Calculations of UV-Dose, or Disinfectant Residual, or Virus Inactivation if Applicable										Notes on unusual operating conditions, Regulatory Implications, or other relevant information	
				Residual Rate, gpd	Residual Concentration (ppm)	Disinfectant Concentration (ppm)	UV-Dose (mJ/cm <sup>2</sup> )	Inactivation (log)	Minimum Required (mg/L)	Operating (mg/L)	Minimum Residual (mg/L)	Disinfectant Concentration (mg/L)			
1/1	X	24 hrs	65,000		1.4								1		
1/2	X	24 hrs	64,000		1.2								1		
1/3	X	24 hrs	56,000		1.2								1		
1/4	X	24 hrs	61,000		1								0.8		
1/5	X	24 hrs	66,000		1.2								0.8		
1/6		24 hrs	66,000												
1/7	X	24 hrs	94,000		1								1		
1/8	X	24 hrs	67,000		1.2								1		
1/9	X	24 hrs	69,000		1.4								1.2		
1/10	X	24 hrs	64,000		1								0.8		
1/11	X	24 hrs	58,000		1								0.6		
1/12	X	24 hrs	64,000		1.4								1.2		
1/13		24 hrs	64,000												
1/14	X	24 hrs	60,000		1.2								1		
1/15	X	24 hrs	72,000		1.4								1.2		
1/16	X	24 hrs	67,000		1.4								1.2		
1/17	X	24 hrs	58,000		1.6								1.4		
1/18	X	24 hrs	43,000		1.6								1.2		
1/19	X	24 hrs	66,000		1.4								1.2		
1/20		24 hrs	66,000												
1/21	X	24 hrs	59,000		1.4								1.2		
1/22	X	24 hrs	63,000		1.4								1		
1/23	X	24 hrs	61,000		1.2								1		
1/24	X	24 hrs	44,000		1.2								1		
1/25	X	24 hrs	62,000		1.4								1.2		
1/26	X	24 hrs	64,000		1.2								1		
1/27		24 hrs	64,000												
1/28	X	24 hrs	54,000		1								1		
1/29	X	24 hrs	64,000		1								0.6		
1/30	X	24 hrs	64,000		1.2								1		
1/31	X	24 hrs	65,000		1.4								1.2		
Total			1,954,000												
Average			63,032												
Maximum			94,000												

\* 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-07**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>		
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operators:	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

3/7/07  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **February-07**

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 (X)	Hours of Planting/Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Unusual Operating Conditions Affecting Water System Components During Operation - User		
				Free Chlorine Residual Concentration at Customer's Point of Use, mg/L	Disinfectant Contact Time Measurement, minutes	Customer's Peak Flow, mgmiv/L	Temp. of Water, °C	pH of Water, Applicable	Minimum Free Chlorine Residual, mgmiv/L	UV Dose, sec/cm	UV Dose, sec/cm	Free Chlorine Residual Concentration at Distribution System, mg/L	Free Chlorine Residual Concentration at Distribution System, mg/L			
1	X	24 hrs	62,000	1.6											1.2	
2	X	24 hrs	66,000	1.4											1.2	
3		24 hrs	67,000													
4	X	24 hrs	67,000	1.6											1.2	
5	X	24 hrs	65,000	1.4											1.2	
6	X	24 hrs	66,000	1.4											1	
7	X	24 hrs	56,000	1.2											1.2	
8	X	24 hrs	70,000	1.2											1	
9	X	24 hrs	68,000	1.4											1.2	
10		24 hrs	69,000													
11	X	24 hrs	53,000	1.2											1	
12	X	24 hrs	80,000	1.4											1.2	
13	X	24 hrs	62,000	1.4											1	
14	X	24 hrs	70,000	1.2											1.2	
15	X	24 hrs	64,000	1.4											1.2	
16	X	24 hrs	72,000	1.6											1.2	
17		24 hrs	72,000													
18	X	24 hrs	71,000	1.4											1.2	
19	X	24 hrs	64,000	1.4											1	
20	X	24 hrs	74,000	1.2											1	
21	X	24 hrs	69,000	1.4											1	
22	X	24 hrs	71,000	1.4											1.2	
23	X	24 hrs	68,000	1.6											1.4	
24		24 hrs	68,000													
25	X	24 hrs	64,000	1.4											1	
26	X	24 hrs	64,000	1.4											1.2	
27	X	24 hrs	66,000	1.2											1	
28	X	24 hrs	73,000	1.4											1.2	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			1,881,000													
Average			67,179													
Maximum			80,000													

\* 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-07**

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

PWS Name: <u>Arredondo Farms</u>		PWS Identification Number: <u>2010042</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>364</u>		Total Population Served at End of Month: <u>1092</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>		
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>Leesburg</u>	State: <u>FL</u>	Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>		
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Farms</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>7117 S.W. Archer Road</u>		City: <u>Gainesville</u>	State: <u>FL</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>95,891</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

4/5/07  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **March-07**

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				Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose, sec/cm <sup>2</sup>		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				Lowest UV Dose	Minimum UV Dose Required		
1	X	24 hrs	55,000		1.4							1.2		
2	X	24 hrs	71,000		1.2							1		
3		24 hrs	71,000											
4	X	24 hrs	65,000		1.4							1.2		
5	X	24 hrs	67,000		1.4							1		
6	X	24 hrs	63,000		1.2							1		
7	X	24 hrs	76,000		1.4							1.2		
8	X	24 hrs	69,000		1.2							1.2		
9	X	24 hrs	72,000		1.4							1.2		
10		24 hrs	72,000											
11	X	24 hrs	66,000		1.3							1.2		
12	X	24 hrs	75,000		1.4							1.2		
13	X	24 hrs	67,000		1.2							1.2		
14	X	24 hrs	64,000		1.4							1		
15	X	24 hrs	61,000		1.2							1		
16	X	24 hrs	76,000		1.4							1.2		
17		24 hrs	76,000											
18	X	24 hrs	70,000		1							1		
19	X	24 hrs	71,000		1.2							10		
20	X	24 hrs	67,000		1.4							1.2		
21	X	24 hrs	73,000		1.2							1		
22	X	24 hrs	76,000		1.4							1		
23	X	24 hrs	79,000		1.4							1.2		
24		24 hrs	79,000											
25	X	24 hrs	62,000		1.2							1		
26	X	24 hrs	80,000		1.4							1.2		
27	X	24 hrs	42,000		1.2							1.2		
28	X	24 hrs	65,000		1.4							1.2		
29	X	24 hrs	73,000		1.2							1		
30	X	24 hrs	69,000		1.4							1		
31		24 hrs	69,000											
Total			2,141,000											
Average			69,065											
Maximum			80,000											

\* 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-07**

<b>A. Public Water System (PWS) Information</b>			
PWS Name: Arredondo Farms	PWS Identification Number: 2010042		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 364	Total Population Served at End of Month: 1092		
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

<b>B. Water Treatment Plant Information</b>				
Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980		
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL Zip Code: 32608	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date	5/3/07 Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **April-07**

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	Day Plant Staffed or Visited by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Below or at Pipe Outlets During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Provides Residual at Plant Outlets During Peak Flow, mg-min/L	Remains at or Above CT (Ct) of Water, mg-min/L	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>	Disinfectant Concentration at Plant Distribution System, mg/L	Notes for Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
1	X	24 hrs	63,000		1.4								1	
2	X	24 hrs	66,000		1.4								1.2	
3	X	24 hrs	73,000		1.4								1	
4	X	24 hrs	107,000		1.4								1.2	
5	X	24 hrs	34,000		1.2								1	
6	X	24 hrs	71,000		1.2								1.2	
7		24 hrs	71,000											
8	X	24 hrs	59,000		1.6								1.4	
9	X	24 hrs	67,000		1.4								1.2	
10	X	24 hrs	61,000		1.6								1.4	
11	X	24 hrs	53,000		1.4								1.2	
12	X	24 hrs	97,000		1.4								1.2	
13	X	24 hrs	76,000		1.2								1	
14		24 hrs	76,000											
15	X	24 hrs	62,000		1.4								1.2	
16	X	24 hrs	66,000		1.2								1	
17	X	24 hrs	89,000		1								0.8	
18	X	24 hrs	65,000		1.6								1.4	
19	X	24 hrs	62,000		1.8								1.2	
20	X	24 hrs	71,000		1.7								1.2	
21		24 hrs	71,000											
22	X	24 hrs	63,000		1.6								1.4	
23	X	24 hrs	74,000		1.6								1.2	
24	X	24 hrs	68,000		1.4								1.2	
25	X	24 hrs	68,000		1.2								1	
26	X	24 hrs	70,000		1.4								1.2	
27	X	24 hrs	72,000		1.2								1	
28		24 hrs	72,000											
29	X	24 hrs	67,000		1.4								1.2	
30	X	24 hrs	80,000		1.2								1	
31		24 hrs												
Total			2,094,000											
Average			69,800											
Maximum			107,000											

\* 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-07**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Zip Code: <b>34749</b>	
Contact Person's E-Mail Address: <b>bheath@aguaamerica.com</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>		
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>		
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operators	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

6/5/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: **2010042** Plant Name: **Arredondo Farms**

**III. Daily Data for the Month/Year of: May-07**

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 hrs	88,000		1.4								1	
2	X	24 hrs	64,000		1.2								1	
3	X	24 hrs	76,000		1.4								1.2	
4	X	24 hrs	69,000		1.4								1	
5		24 hrs	68,000											
6	X	24 hrs	63,000		1.2								1	
7	X	24 hrs	65,000		1.4								1.2	
8	X	24 hrs	62,000		1.2								1	
9	X	24 hrs	57,000		1.4								1.2	
10	X	24 hrs	57,000		1.2								1	
11	X	24 hrs	71,000		1.4								1	
12		24 hrs	72,000											
13	X	24 hrs	63,000		1.2								1.2	
14	X	24 hrs	64,000		1.4								1.2	
15	X	24 hrs	65,000		1.4								1	
16	X	24 hrs	72,000		1								0.8	
17	X	24 hrs	70,000		0.8								0.6	
18	X	24 hrs	82,000		1.4								1.2	
19		24 hrs	82,000											
20	X	24 hrs	71,000		1.4								1.2	
21	X	24 hrs	78,000		1.6								1.2	
22	X	24 hrs	75,000		1.4								1.2	
23	X	24 hrs	71,000		1								1	
24	X	24 hrs	63,000		1.2								1	
25	X	24 hrs	72,000		1.2								1.2	
26		24 hrs	72,000											
27	X	24 hrs	78,000		1.2								1.2	
28	X	24 hrs	87,000		1.4								1.2	
29	X	24 hrs	83,000		1.4								1	
30	X	24 hrs	71,000		1.4								1.2	
31	X	24 hrs	72,000		1								0.8	
<b>Total</b>			<b>2,203,000</b>											
<b>Average</b>			<b>71,065</b>											
<b>Maximum</b>			<b>88,000</b>											

\* 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-07**

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980	
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

7/6/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number



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

PWS Identification Number: **2010042** Plant Name: **Arredondo Farms**

III. Daily Data for the Month/Year of: **June-07**

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	Operator (Name)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Type of Disinfectant Residual Maintained in Distribution System										Residual Distribution System (mg/L)	Remarks
				Peak Flow Rate, gpd	Lowest Residual Concentration (mg/L)	Disinfectant Application Measurement (mg/L-min)	Provided Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm <sup>2</sup> )	UV Intensity (mW/cm <sup>2</sup> )		
1	X	24 hrs	108,000		1.2									1.2	
2		24 hrs	109,000												
3	X	24 hrs	95,000		1.2									1	
4	X	24 hrs	72,000		1									0.8	
5	X	24 hrs	71,000		1									1	
6	X	24 hrs	65,000		1.2									1	
7	X	24 hrs	72,000		0.6									0.4	
8	X	24 hrs	57,000		2									0.9	
9	X	24 hrs	85,000		1.4									0.9	
10		24 hrs	85,000												
11	X	24 hrs	83,000		1.2									1	
12	X	24 hrs	76,000		1.4									1	
13	X	24 hrs	71,000		1.2									1.2	
14	X	24 hrs	65,000		1.4									1.2	
15	X	24 hrs	61,000		1.2									1	
16		24 hrs	60,000												
17	X	24 hrs	115,000		1									1	
18	X	24 hrs	75,000		1.2									1	
19	X	24 hrs	70,000		1.4									1	
20	X	24 hrs	70,000		1.2									1.2	
21	X	24 hrs	62,000		1.4									1	
22	X	24 hrs	74,000		1.2									1	
23		24 hrs	74,000												
24	X	24 hrs	72,000		1.2									1	
25	X	24 hrs	73,000		1									1	
26	X	24 hrs	86,000		1									0.8	
27	X	24 hrs	66,000		0.8									0.6	
28	X	24 hrs	61,000		1.2									1	
29	X	24 hrs	73,000		1.2									1	
30		24 hrs	74,000												
31		24 hrs													
Total			2,280,000												
Average			76,000												
Maximum			115,000												

\* 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-07**

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980	
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License/Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

8/8/07  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010042 Plant Name: Arcondo Farms

III. Daily Data for the Month/Year of: **July-07**

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	Day Plant Started or Residual Tested	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal.	* CT Calculations for UV Dose to Disinfect are not applicable for virus inactivation in applicable systems. If applicable, provide the following information: UV Dose (mJ/cm <sup>2</sup> ), UV Intensity (mW/cm <sup>2</sup> ), UV Path Length (m), UV Transmittance (T <sub>90</sub> ), and UV System Volume (m <sup>3</sup> ). For Chlorine Dioxide, provide the following information: Peak Flow Rate (gpm), Lowest Residual Disinfectant Concentration (ppm), Flow (mgd), and Minimum Operating UV Dose (mJ/cm <sup>2</sup> ).										Residual Disinfectant Concentration (ppm)	Notes for Abnormal Operating Conditions, Inadequate Maintenance, Work that Involves Taking Water System Components Out of Operation, etc.	
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (ppm)	Flow, mgd	Minimum Operating UV Dose (mJ/cm <sup>2</sup> )	UV Intensity (mW/cm <sup>2</sup> )	UV Path Length (m)	UV Transmittance (T <sub>90</sub> )	UV System Volume (m <sup>3</sup> )	Chlorine Dioxide				
1	X	24 hrs	67,000		1.4									1.2		
2	X	24 hrs	71,000		1.4									1		
3	X	24 hrs	44,000		1.2									0.9		
4	X	24 hrs	69,000		1.2									1.2		
5	X	24 hrs	70,000		1.4									1.2		
6	X	24 hrs	73,000		1.4									1		
7		24 hrs	73,000													
8	X	24 hrs	69,000		1.2									1.2		
9	X	24 hrs	72,000		1.4									1.2		
10	X	24 hrs	23,600		1.2									1.2		
11	X	24 hrs	80,000		1.4									1.2		
12	X	24 hrs	48,000		1.4									1		
13	X	24 hrs	32,000		1.2									1		
14	X	24 hrs	78,000		1.2									1.2		
15		24 hrs	79,000													
16	X	24 hrs	66,000		0.6									0.3		
17	X	24 hrs	59,000		0.6									0.3		
18	X	24 hrs	65,000		0.5									0.3		
19	X	24 hrs	69,000		1.5									0.7		
20	X	24 hrs	71,000		1.5									0.7		
21	X	24 hrs	89,000		1.5									0.7		
22		24 hrs	90,000													
23	X	24 hrs	68,000		1.4									1		
24	X	24 hrs	77,000		1.4									1.2		
25	X	24 hrs	77,000		1.4									1.2		
26	X	24 hrs	97,000		1.2									1.2		
27	X	24 hrs	96,000		1.4									1		
28		24 hrs	96,000													
29	X	24 hrs	87,000		1.2									1		
30	X	24 hrs	72,000		1.4									1		
31	X	24 hrs	81,000		1.2									1		
Total			2,208,600													
Average			71,245													
Maximum			97,000													

\* 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-07

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980	
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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	9/6/07 Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

**III. Daily Data for the Month/Year of:** August-07

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

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

Day of Month	Days Plant Staffed or Visited (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										Residual Disinfectant Concentration (mg/L) at Distribution System	Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Service or Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (mg/L) at First Customer Point During Peak Flow	Disinfectant Contact Time (minutes)	Provided Disinfectant Concentration (mg/L)	Flow (mgd)	Water Temperature (°C)	Applicable	Minimum Disinfectant Concentration (mg/L)	UV Dose (mJ/cm <sup>2</sup> )	Residual Disinfectant Concentration (mg/L) at Distribution System		
1	X	24 hrs	81,000		1.4									1.2	
2	X	24 hrs	91,000		1.2									1	
3	X	24 hrs	81,000		1.4									1	
4		24 hrs	81,000												
5	X	24 hrs	74,000		1.2									1	
6	X	24 hrs	84,000		1.4									1.2	
7	X	24 hrs	70,000		1.2									1	
8	X	24 hrs	88,000		1									1	
9	X	24 hrs	79,000		1.2									0.8	
10	X	24 hrs	90,000		1									0.8	
11		24 hrs	90,000												
12	X	24 hrs	87,000		1									0.6	
13	X	24 hrs	84,000		1									1	
14	X	24 hrs	89,000		0.8									0.6	
15	X	24 hrs	77,000		1.2									1	
16	X	24 hrs	82,000		1.4									1.2	
17	X	24 hrs	85,000		1.2									1.1	
18		24 hrs	84,000												
19	X	24 hrs	81,000		1.2									1.1	
20	X	24 hrs	96,000		1.4									1	
21	X	24 hrs	90,000		1.2									1.2	
22	X	24 hrs	60,000		1.4									1.2	
23	X	24 hrs	69,000		1.2									1	
24	X	24 hrs	74,000		1.4									1.2	
25		24 hrs	74,000												
26	X	24 hrs	59,000		1.2									1	
27	X	24 hrs	81,000		1.4									1.2	
28	X	24 hrs	71,000		1.2									1.2	
29	X	24 hrs	69,000		1.4									1.2	
30	X	24 hrs	59,000		1.2									1	
31	X	24 hrs	78,000		1.4									1	
Total			2,458,000												
Average			79,290												
Maximum			96,000												

\* 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-07**

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

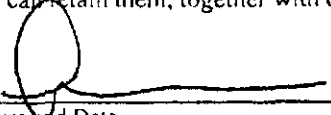
PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980		
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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:  10/29/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **September-07**  
 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 (mg/L) Before or at First Customer Point During Peak Flow	Disinfectant Contact Time (CT) at O <sub>2</sub> Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	Temp. of Water, °F	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24 hrs	78,000													
2	X	24 hrs	71,000		1.2										1.2	
3	X	24 hrs	78,000		1.4										1.2	
4	X	24 hrs	61,000		1.2										1	
5	X	24 hrs	73,000		1.4										1	
6	X	24 hrs	68,000		1.2										1	
7	X	24 hrs	62,000		1.2										1	
8	X	24 hrs	75,000		1.4										1.2	
9		24 hrs	75,000													
10	X	24 hrs	69,000		1										0.8	
11	X	24 hrs	75,000		1.2										0.9	
12	X	24 hrs	67,000		1.1										0.7	
13	X	24 hrs	70,000		1.1										0.7	
14	X	24 hrs	68,000		0.7										0.6	
15	X	24 hrs	85,000		0.9										0.6	
16		24 hrs	85,000													
17	X	24 hrs	78,000		1										0.8	
18	X	24 hrs	70,000		1										0.8	
19	X	24 hrs	68,000		1										0.9	
20	X	24 hrs	59,000		1										0.8	
21	X	24 hrs	70,000		1										1	
22		24 hrs	70,000													
23	X	24 hrs	62,000		1.2										1	
24	X	24 hrs	80,000		1										0.8	
25	X	24 hrs	67,000		1										0.6	
26	X	24 hrs	72,000		1										0.8	
27	X	24 hrs	67,000		1										0.6	
28	X	24 hrs	77,000		1.4										1.2	
29		24 hrs	70,000													
30	X	24 hrs	124,000		1										0.6	
31		24 hrs														
Total			2,194,000													
Average			73,133													
Maximum			124,000													

\* 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-04 October 2007

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

PWS Name: <u>Arredondo Farms</u>		PWS Identification Number: <u>2010042</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>378</u>		Total Population Served at End of Month: <u>1092</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Farms</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>7117 S.W. Archer Road</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>95,891</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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 <u>11/8/07</u>	<u>Paul Thompson</u> Printed or Typed Name	<u>A7251</u> License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: January-04 October, 2007

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

Month	Day of Month	Hours of Operation	Quantity of Treated Water (MGD)	Daily Chlorine Residuals (mg/L)											
				1	2	3	4	5	6	7	8	9	10		
	X	24 hrs	62,000		1.2									1	
	X	24 hrs	68,000		0.8									0.6	
	X	24 hrs	58,000		1									0.6	
	X	24 hrs	68,000		0.8									0.6	
	X	24 hrs	79,000		1.6									1.4	
		24 hrs	78,000												
	X	24 hrs	71,000		1.4									1	
	X	24 hrs	74,000		1.4									1.2	
	X	24 hrs	73,000		1.4									1	
	X	24 hrs	90,000		1.6									1.2	
	X	24 hrs	83,000		1.4									1.2	
	X	24 hrs	53,000		1.6									1.2	
	X	24 hrs	84,000		1.6									1.2	
		24 hrs	84,000												
	X	24 hrs	78,000		1.3									0.9	
	X	24 hrs	67,000		1.3									0.9	
	X	24 hrs	77,000		1.3									0.9	
	X	24 hrs	74,000		1.5									0.9	
	X	24 hrs	60,000		1.4									0.9	
	X	24 hrs	87,000		1.4									0.9	
		24 hrs	86,000												
	X	24 hrs	81,000		1.3									0.7	
	X	24 hrs	75,000		1.2									0.7	
	X	24 hrs	83,000		1.4									1	
	X	24 hrs	81,000		1.3									1.2	
	X	24 hrs	83,000		1.4									1.2	
		24 hrs	84,000												
	X	24 hrs	79,000		1.2									1	
	X	24 hrs	81,000		1.4									1	
	X	24 hrs	64,000		1.2									1	
	X	24 hrs	63,000		1.4									1.2	
Total			2,328,000												
Average			75,097												
Minimum			90,000												

\* 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-07**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type:	<input checked="" type="checkbox"/> <b>Community</b>	<input type="checkbox"/> <b>Non-Transient Non-Community</b>	<input type="checkbox"/> <b>Transient Non-Community</b> <input type="checkbox"/> <b>Consecutive</b>
Number of Service Connections at End of Month:	<b>378</b>	Total Population Served at End of Month:	<b>1092</b>
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> <b>Raw Ground Water</b>	<input type="checkbox"/> <b>Purchased Finished Water</b>	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.) <b>C</b>	

Operator Category	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operators	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

Signature and Date	12/7/07 <hr/> Paul Thompson Printed or Typed Name	<hr/> A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **2010042** Plant Name: **Arredondo Farms**

III. Daily Data for the Month/Year of: **November-07**

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 Started or Restarted (Day)	Hours of Operation	Production (gallons)	Type of Disinfectant Residual Maintained in Distribution System										Residual of Disinfectant at End of Distribution System (mg/L)	Residual of Disinfectant at End of Distribution System (mg/L)		
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)				
1	X	24 hrs	79,000													1	
2	X	24 hrs	80,000													1.2	
3		24 hrs	81,000														
4	X	24 hrs	68,000													1.2	
5	X	24 hrs	83,000													1	
6	X	24 hrs	90,000													1	
7	X	24 hrs	78,000													1	
8	X	24 hrs	77,000													1.2	
9	X	24 hrs	81,000													1	
10		24 hrs	80,000														
11	X	24 hrs	78,000													1.2	
12	X	24 hrs	70,000													1	
13	X	24 hrs	64,000													1.2	
14	X	24 hrs	78,000													1	
15	X	24 hrs	85,000													1	
16	X	24 hrs	77,000													1	
17		24 hrs	76,000														
18	X	24 hrs	67,000													1	
19	X	24 hrs	74,000													1.2	
20	X	24 hrs	73,000													1	
21	X	24 hrs	84,000													1.2	
22	X	24 hrs	104,000													1.2	
23	X	24 hrs	99,000													1.2	
24		24 hrs	99,000														
25	X	24 hrs	31,000													1.2	
26	X	24 hrs	69,000													1	
27	X	24 hrs	69,000													1	
28	X	24 hrs	56,000													1.2	
29	X	24 hrs	74,000													1	
30	X	24 hrs	76,000													1.2	
31		24 hrs															
Total			2,300,000														
Average			76,667														
Maximum			104,000														

\* 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-07**

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 378		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980	
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

01/09/08  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: **2010042** Plant Name: **Arredondo Farms**

III. Daily Data for the Month/Year of: **December-07**

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	Operator Initials	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	City Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Residual Concentration at Point of Distribution System, mg/L	Emergency Abnormal Operating Conditions Reported, if any, and Work Involved in Maintaining System Components Out of Service, if any, during Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfection Contact Time, minutes	Lowest Residual Disinfectant Concentration at Point of Distribution, mg-min/L	Temp. of Water, °C	Softening Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mJ/cm <sup>2</sup>	Minimum UV Dose Required, mJ/cm <sup>2</sup>	Residual Concentration at Point of Distribution, mg/L		
1		24 hrs	76,000												
2	X	24 hrs	61,000		1.2									1	
3	X	24 hrs	73,000		1.4									1	
4	X	24 hrs	66,000		1.2									1.2	
5	X	24 hrs	65,000		1.4									1.2	
6	X	24 hrs	74,000		1.2									1	
7	X	24 hrs	77,000		1.4									1.2	
8		24 hrs	77,000												
9	X	24 hrs	72,000		1.2									1.2	
10	X	24 hrs	70,000		1.2									1	
11	X	24 hrs	81,000		1.4									1.2	
12	X	24 hrs	91,000		0.8									0.8	
13	X	24 hrs	69,000		1.4									1	
14	X	24 hrs	88,000		1.2									1	
15		24 hrs	88,000												
16	X	24 hrs	76,000		1.4									1.2	
17	X	24 hrs	77,000		1.2									1	
18	X	24 hrs	75,000		1.4									1.1	
19	X	24 hrs	74,000		1.2									1	
20	X	24 hrs	62,000		1.4									1.2	
21	X	24 hrs	86,000		1.2									1	
22		24 hrs	86,000												
23	X	24 hrs	81,000		1.4									1	
24	X	24 hrs	88,000		1.2									1	
25	X	24 hrs	77,000		1.4									1.2	
26	X	24 hrs	72,000		1.2									1	
27	X	24 hrs	87,000		1.2									1	
28	X	24 hrs	89,000		1.4									1.2	
29		24 hrs	89,000												
30	X	24 hrs	74,000		1.2									1	
31	X	24 hrs	89,000		1.4									1.2	
Total			2,410,000												
Average			77,742												
Maximum			91,000												

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

PWS ID: 2010042 Plant Name: Arredondo Farms

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No

follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
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C. Is any iron or manganese sequestrant used at the water treatment plant?  No

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

\* 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.

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **January-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.) <b>C</b>	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Chief Operator	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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: 2/7/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **January-06**

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 Stopped or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Water Produced (gal)	Disinfection Calculations for US Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Stopping Water System Components Out of Operation		
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) (Bromine, Chlorine, Chlorine Dioxide, Ozone)	Disinfectant Contact Time (D) (C)	Lowest Residual Disinfectant Concentration (C) (Bromine, Chlorine, Chlorine Dioxide, Ozone)	Temperature of Water (T) (°C)	Minimum Required Disinfectant Concentration (mV)	Minimum UV Dose Required (mV-sec)	Lowest Operating UV Dose (mV-sec)	Minimum UV Dose Required (mV-sec)	Lowest Residual Disinfectant Concentration (System) (mV)			
1	X	24 hrs	81,000		1.4										1.2	
2	X	24 hrs	89,000		1.4										1	
3	X	24 hrs	68,000		1.6										1.4	
4	X	24 hrs	71,000		1.4										1.2	
5	X	24 hrs	70,000		1.2										1	
6	X	24 hrs	86,000		1.4										1.2	
7		24 hrs	86,000													
8	X	24 hrs	82,000		1.4										1.2	
9	X	24 hrs	83,000		1.4										1	
10	X	24 hrs	76,000		1.2										1.2	
11	X	24 hrs	72,000		1.4										1.2	
12	X	24 hrs	68,000		1.2										1.1	
13	X	24 hrs	66,000		1.4										1	
14		24 hrs	66,000													
15	X	24 hrs	53,000		1.4										1.4	
16	X	24 hrs	58,000		1.4										1.2	
17	X	24 hrs	52,000		1.4										1.2	
18	X	24 hrs	62,000		1.4										1	
19	X	24 hrs	61,000		1.4										1.2	
20	X	24 hrs	63,000		1.2										1	
21		24 hrs	63,000													
22	X	24 hrs	53,000		1.6										1.2	
23	X	24 hrs	56,000		1.4										1.2	
24	X	24 hrs	64,000		1.4										1	
25	X	24 hrs	58,000		1.4										1.2	
26	X	24 hrs	59,000		1.2										1	
27	X	24 hrs	61,000		1										1	
28		24 hrs	61,000													
29	X	24 hrs	99,000		1.2										1	
30	X	24 hrs	47,000		1.4										1.2	
31	X	24 hrs	60,000		1.4										1	
Total			2,094,000													
Average			67,548													
Maximum			99,000													

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operators	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

3/6/06  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **February-06**

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	Day Plant Started or Visited	Hours of Operation (Place in Operation)	Net Quantity of Finished Water Produced (gals)	Calculations to Determine Four-Log Virus Inactivation (if Applicable)										Disinfectant Residual Concentration (mg/L)	Emergency or Abnormal Operating Condition (Repair or Maintenance Work that Involves Shutting Water System Components Out of Operation)	
				Peak Flow Rate (gpd)	Disinfectant Residual (mg/L)	Disinfectant Measurement Point (gpm)	Disinfectant Point of Application (gpm)	Minimum Chlorine Residual (mg/L)	Operating Time (hrs)	Minimum Chlorine Residual (mg/L)	Operating Time (hrs)	Minimum Chlorine Residual (mg/L)	Operating Time (hrs)			
	X	24 hrs	59,000		1.4									1.2		
1	X	24 hrs	42,000		1.2									1		
2	X	24 hrs	55,000		1.4									1.2		
3		24 hrs	55,000													
4	X	24 hrs	48,000		1.2									1.2		
5	X	24 hrs	58,000		1.4									1.2		
6	X	24 hrs	55,000		1.4									1		
7	X	24 hrs	51,000		1.2									1		
8	X	24 hrs	56,000		1.4									1.2		
9	X	24 hrs	62,000		1.2									1		
10		24 hrs	62,000													
11	X	24 hrs	54,000		1.2									1		
12	X	24 hrs	60,000		1.4									1.2		
13	X	24 hrs	60,000		1.4									1		
14	X	24 hrs	56,000		1.4									1.2		
15	X	24 hrs	51,000		1.6									1.4		
16	X	24 hrs	66,000		1.4									1.2		
17		24 hrs	66,000													
18	X	24 hrs	54,000		1.4									1		
19	X	24 hrs	55,000		1.4									1.2		
20	X	24 hrs	62,000		1.6									1.2		
21	X	24 hrs	48,000		1.4									1.2		
22	X	24 hrs	50,000		1.6									1.4		
23	X	24 hrs	62,000		1.4									1.2		
24		24 hrs	62,000													
25	X	24 hrs	56,000		1									1.2		
26	X	24 hrs	54,000		1.4									1		
27	X	24 hrs	58,000		1.4									1.2		
28		24 hrs														
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			1,577,000													
Average			56,321													
Maximum			66,000													

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>	Total Population Served at End of Month: <b>1092</b>		
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operators	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

Signature and Date: 4/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **March-06**

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 of Plant 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 Removal 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 During Flowing, mg/L	Disinfectant Contact Time (T) Measurement Point During Flowing, minutes	Product of C and T, mg-min/L	Flow Rate, gpm	Volume of Water, gal	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>			
1	X	24 hrs	51,000		1.6										1.4	
2	X	24 hrs	50,000		2										1.2	
3	X	24 hrs	58,000		2.2										1.2	
4		24 hrs	58,000													
5	X	24 hrs	54,000		1.6										1.4	
6	X	24 hrs	55,000		1.8										1.4	
7	X	24 hrs	81,000		1.6										1.2	
8	X	24 hrs	53,000		1.4										1.2	
9	X	24 hrs	49,000		1.4										1	
10	X	24 hrs	66,000		1.4										1.2	
11		24 hrs	66,000													
12	X	24 hrs	60,000		1.2										1	
13	X	24 hrs	50,000		1.4										1.2	
14	X	24 hrs	58,000		1.4										1	
15	X	24 hrs	48,000		1.4										1.2	
16	X	24 hrs	51,000		1.2										1	
17	X	24 hrs	61,000		1.2										1.2	
18		24 hrs	61,000													
19	X	24 hrs	59,000		1.2										1	
20	X	24 hrs	53,000		1.4										1.2	
21	X	24 hrs	59,000		1.2										1	
22	X	24 hrs	53,000		1.2										1.2	
23	X	24 hrs	70,000		1.4										1.2	
24	X	24 hrs	83,000		1.2										1	
25		24 hrs	83,000													
26	X	24 hrs	42,000		1										1	
27	X	24 hrs	69,000		1.2										1	
28	X	24 hrs	86,000		1.2										1.2	
29	X	24 hrs	52,000		1.4										1.2	
30	X	24 hrs	63,000		1.2										1.2	
31	X	24 hrs	67,000		1.4										1.2	
Total			1,869,000													
Average			60,290													
Maximum			86,000													

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

Incensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Other Operator	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

<span style="font-size: 1.5em; vertical-align: middle;">5/4/06</span>	<b>Paul Thompson</b> Printed or Typed Name	<b>A7251</b> License Number
Signature and Date		

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **April-06**

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 Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	GTC Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Removal 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 and During Peak Flowing (mg/L)	Disinfectant Contact Time (t) Measurement Point During Peak Flowing (minutes)	Lowest Ct Provided Before or After Peak Flowing (mg-min/L)	Temp of Water (°C)	Temp of Water (°F)	Minimum Ct Required (mg-min/L)	Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )				
1		24 hrs	68,000													
2	X	24 hrs	57,000		1.2									1		
3	X	24 hrs	54,000		1.4									1.2		
4	X	24 hrs	65,000		1.4									1.8		
5	X	24 hrs	55,000		1									0.6		
6	X	24 hrs	45,000		1.6									1.4		
7	X	24 hrs	55,000		1.4									1.2		
8		24 hrs	56,000													
9	X	24 hrs	51,000		1.4									1		
10	X	24 hrs	52,000		1.2									1		
11	X	24 hrs	53,000		1.2									1.2		
12	X	24 hrs	58,000		1.4									1.2		
13	X	24 hrs	57,000		1.6									1.2		
14	X	24 hrs	50,000		1.6									1.4		
15		24 hrs	56,000													
16	X	24 hrs	56,000		1.4									1.2		
17	X	24 hrs	43,000		1.6									1.2		
18	X	24 hrs	60,000		1.6									1.4		
19	X	24 hrs	59,000		1.6									1.2		
20	X	24 hrs	50,000		1.4									1.2		
21	X	24 hrs	50,000		1.6									1.4		
22		24 hrs	54,000													
23	X	24 hrs	57,000		1.8									1.4		
24	X	24 hrs	53,000		1.6									1.2		
25	X	24 hrs	61,000		1.6									1.4		
26	X	24 hrs	49,000		1.4									1.2		
27	X	24 hrs	49,000		1.8									1.4		
28	X	24 hrs	53,000		1.6									1.4		
29		24 hrs	49,000													
30	X	24 hrs	54,000		1.4									1.2		
31		24 hrs														
Total			1,629,000													
Average			54,300													
Maximum			68,000													

\* 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-06**

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

PWS Name: <u>Arredondo Farms</u>		PWS Identification Number: <u>2010042</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>364</u>		Total Population Served at End of Month: <u>1092</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Arredondo Farms</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>7117 S.W. Archer Road</u>		City: <u>Gainesville</u>	State: <u>FL</u> Zip Code: <u>32608</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>95,891</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

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

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

6/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month Year of: **May-06**

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

Plant Name	Date	Time	Flow (gpm)	Flow (MGD)	CFR Calculations for UV Doses to Demonstrate 4-Log Virus Inactivation (if Applicable)		CFR Calculations for Free Chlorine		CFR Calculations for Chlorine Dioxide		CFR Calculations for Ozone		Minimum UV Dose (mJ/cm <sup>2</sup> )	Minimum Free Chlorine (mg/L)	Minimum Chlorine Dioxide (mg/L)	Minimum Ozone (mg/L)	Disinfectant Residual Concentration (mg/L)	Remarks
					Disinfectant Concentration (mg/L)	Time (min)	Disinfectant Concentration (mg/L)	Time (min)	Disinfectant Concentration (mg/L)	Time (min)	Disinfectant Concentration (mg/L)	Time (min)						
X	24 hrs	54,000		1.6													1.4	
X	24 hrs	51,000		1.6													1.2	
X	24 hrs	49,000		1.4													1.2	
X	24 hrs	52,000		1.6													1.2	
X	24 hrs	46,000		1.6													1.4	
	24 hrs	58,000																
X	24 hrs	59,000		1.4													1.2	
X	24 hrs	46,000		1.6													1	
X	24 hrs	52,000		1.4													1.2	
X	24 hrs	47,000		1.4													1.2	
X	24 hrs	52,000		1.6													1.4	
X	24 hrs	76,000		1.4													1.2	
	24 hrs	65,000																
X	24 hrs	66,000		1.6													1.4	
X	24 hrs	65,000		1.4													1.2	
X	24 hrs	66,000		1.6													1.2	
X	24 hrs	47,000		1.4													1.2	
X	24 hrs	50,000		1.2													1	
X	24 hrs	81,000		1.4													1.2	
	24 hrs	78,000																
X	24 hrs	93,000		1.4													1	
X	24 hrs	94,000		1.2													1.2	
X	24 hrs	87,000		1.4													1.2	
X	24 hrs	69,000		1.2													1	
X	24 hrs	73,000		1.4													1.2	
X	24 hrs	50,000		1.4													1	
	24 hrs	48,000																
X	24 hrs	56,000		1.2													1	
X	24 hrs	56,000		1.4													1.2	
X	24 hrs	61,000		1.4													1	
X	24 hrs	46,000		1.2													1.2	
		1,893,000																
		61,065																
		94,000																

\* 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-06**

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980		
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

7/6/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **June-06**

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 hrs	52,000		1.4									1.2	
2	X	24 hrs	47,000		1.4									1	
3		24 hrs	44,000												
4	X	24 hrs	54,000		1.2									1	
5	X	24 hrs	55,000		1.4									1	
6	X	24 hrs	48,000		1.2									1	
7	X	24 hrs	44,000		1.4									1.2	
8	X	24 hrs	49,000		1.4									1	
9	X	24 hrs	50,000		1.2									1	
10		24 hrs	52,000												
11	X	24 hrs	52,000		1.4									1	
12	X	24 hrs	49,000		1.2									1	
13	X	24 hrs	51,000		1.4									1	
14	X	24 hrs	49,000		1									0.8	
15	X	24 hrs	61,000		1.2									1	
16	X	24 hrs	50,000		1									0.6	
17		24 hrs	56,000												
18	X	24 hrs	57,000		1									0.6	
19	X	24 hrs	48,000		1									0.8	
20	X	24 hrs	24,000		1									0.6	
21	X	24 hrs	35,000		0.8									0.6	
22	X	24 hrs	59,000		1									0.8	
23	X	24 hrs	62,000		1.2									1	
24	X	24 hrs	47,000		1									0.8	
25		24 hrs	64,000												
26	X	24 hrs	65,000		1									0.7	
27	X	24 hrs	45,000		0.7									0.7	
28	X	24 hrs	50,000		1									0.7	
29	X	24 hrs	56,000		1									0.8	
30	X	24 hrs	59,000		0.9									0.7	
31		24 hrs													
Totals			1,534,000												
Average			51,133												
Maximum			65,000												

\* 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-06**

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

PWS Name: Arredondo Farms		PWS Identification Number: 2010042	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 364		Total Population Served at End of Month: 1092	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Arredondo Farms		Plant Telephone Number: (352) 787-0980	
Plant Address: 7117 S.W. Archer Road		City: Gainesville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 95,891		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

<span style="font-size: 1.5em; vertical-align: middle;">8/8/06</span>	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **July-06**

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 of 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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Below Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at G 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/lb	Flow Generating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, mV				
1	X	24 hrs	63,000		0.8										0.5	
2		24 hrs	65,000													
3	X	24 hrs	65,000		1										0.8	
4	X	24 hrs	71,000		1.2										1	
5	X	24 hrs	78,000		1										1	
6	X	24 hrs	46,000		1.2										1	
7	X	24 hrs	56,000		0.8										0.8	
8		24 hrs	70,000													
9	X	24 hrs	59,000		1										1	
10	X	24 hrs	59,000		1										0.8	
11	X	24 hrs	58,000		1.2										1	
12	X	24 hrs	65,000		1.2										0.8	
13	X	24 hrs	54,000		1										1	
14	X	24 hrs	68,000		1.2										1	
15		24 hrs	54,000													
16	X	24 hrs	58,000		1.2										1.2	
17	X	24 hrs	58,000		1.2										0.8	
18	X	24 hrs	53,000		1.4										1	
19	X	24 hrs	51,000		0.8										0.6	
20	X	24 hrs	71,000		0.6										0.5	
21	X	24 hrs	64,000		0.8										0.5	
22		24 hrs	50,000													
23	X	24 hrs	58,000		1										0.8	
24	X	24 hrs	59,000		1.4										1.2	
25	X	24 hrs	49,000		1.2										1	
26	X	24 hrs	58,000		1										0.8	
27	X	24 hrs	66,000		1										0.6	
28	X	24 hrs	62,000		1										0.8	
29		24 hrs	54,000													
30	X	24 hrs	85,000		1										0.6	
31	X	24 hrs	86,000		1										0.8	
Total			1,913,000													
Average			61,710													
Maximum			86,000													

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> <b>Community</b>	<input type="checkbox"/> <b>Non-Transient Non-Community</b>	<input type="checkbox"/> <b>Transient Non-Community</b>	<input type="checkbox"/> <b>Consecutive</b>
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> <b>Raw Ground Water</b> <input type="checkbox"/> <b>Purchased Finished Water</b>			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

Licensed Operator's Name	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
Licensed Operator	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
Licensed Operator	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

	<b>9/6/06</b>	<b>Paul Thompson</b>	<b>A7251</b>
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: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month Year of: **August-06**

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

Month	Day of Month	Day Plant Started for Service	Hours of Operation	Net Quantity of Water Produced (gal)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation are Applicable										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 During Peak Flow (mg/L)	Disinfectant Contact Time Measurement Point (minutes)	Lowest Ct Provided Before or During Peak Flow (mg-min/L)	Temperature of Water (°C)	pH of Water if Applicable	Minimum Required CT (mg-min/L)	Minimum Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		
		X	24 hrs	25,000		1.4									1.2	
		X	24 hrs	31,000		1.4									1	
		X	24 hrs	45,000		1.4									1	
		X	24 hrs	51,000		1									1	
			24 hrs	59,000												
		X	24 hrs	59,000		1									0.8	
		X	24 hrs	51,000		0.9									0.6	
		X	24 hrs	59,000		0.8									0.6	
		X	24 hrs	59,000		1									0.5	
		X	24 hrs	56,000		1									0.8	
		X	24 hrs	43,000		1									1	
			24 hrs	66,000												
		X	24 hrs	61,000		1.4									1.2	
		X	24 hrs	62,000		1.4									1	
		X	24 hrs	58,000		1.2									1.2	
		X	24 hrs	45,000		1.2									1	
		X	24 hrs	74,000		1.4									1	
		X	24 hrs	67,000		1.2									0.9	
			24 hrs	62,000												
		X	24 hrs	62,000		1.2									1	
		X	24 hrs	71,000		1.2									0.8	
		X	24 hrs	68,000		1.4									1.2	
		X	24 hrs	66,000		1.2									1	
		X	24 hrs	23,000		1.2									1.2	
		X	24 hrs	65,000		1.4									1.2	
			24 hrs	52,000												
		X	24 hrs	63,000		1.6									1.2	
		X	24 hrs	63,000		1.4									1	
		X	24 hrs	63,000		1.2									1	
		X	24 hrs	66,000		1									0.8	
		X	24 hrs	44,000		1.4									1	
				1,739,000												
				56,097												
				74,000												

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>	Total Population Served at End of Month: <b>1092</b>		
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>			

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

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

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

Signature and Date	09/04/06 Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **September-06**

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

Calculation of Lowest Residual Disinfectant Concentration (mg/L) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

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Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Calculation of UV Dose (sec/cm2) for Virus Inactivation is Applicable

Day of Month	Plant Staffed	Plant Operations	Volume of Finished Water Produced (gal)	Calculation of Lowest Residual Disinfectant Concentration (mg/L) for Virus Inactivation is 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
				Residual Rate (mg/L)	Flow (mg/L)	Disinfectant Concentration (mg/L)	Retention Time (minutes)	Temperature (°C)	pH	UV Dose (sec/cm2)	Minimum Operating UV Dose (sec/cm2)	Minimum Required UV Dose (sec/cm2)	Minimum Required UV Dose (sec/cm2)		
	X	24 hrs	57,000		1.4									1.2	
		24 hrs	46,000												
	X	24 hrs	63,000		1.4									1.2	
	X	24 hrs	63,000		1.6									1.2	
	X	24 hrs	67,000		1.2									1	
	X	24 hrs	55,000		1.4									1.2	
	X	24 hrs	58,000		1.4									1.2	
	X	24 hrs	55,000		1.2									1	
		24 hrs	78,000												
	X	24 hrs	78,000		1.2									1.2	
	X	24 hrs	71,000		1.2									1	
	X	24 hrs	64,000		1.2									1.1	
	X	24 hrs	54,000		1.2									1	
	X	24 hrs	69,000		1.2									1	
	X	24 hrs	76,000		1									1	
		24 hrs	70,000												
	X	24 hrs	78,000		1									0.8	
	X	24 hrs	78,000		1									1	
	X	24 hrs	63,000		0.8									0.6	
	X	24 hrs	61,000		1.4									1.2	
	X	24 hrs	56,000		1.4									0.9	
	X	24 hrs	71,000		1.4									1	
	X	24 hrs	64,000		1.4									1	
		24 hrs	64,000												
	X	24 hrs	57,000		1.6									1.2	
	X	24 hrs	60,000		1.4									1.2	
	X	24 hrs	62,000		1.4									1	
	X	24 hrs	60,000		1.4									1	
	X	24 hrs	53,000		1.4									1.2	
	X	24 hrs	66,000		1.2									1	
		24 hrs													
			1,917,000												
			63,900												
			78,000												

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.) <b>C</b>	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>	<b>6 Days per week</b>
	<b>Mark March</b>	<b>C</b>	<b>8287</b>	<b>6 Days per week</b>
	<b>Gary Kissick</b>	<b>C</b>	<b>7846</b>	<b>6 Days per week</b>

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

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

11/3/06  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **October-06**

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

Date	Time of Day	Flow (MGD)	Flow (MGD) at Peak	Calculations for UV Dose and Demonstrate Four-Log Virus Inactivation is Applicable										Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Maximum UV Dose Required (mW-sec/cm <sup>2</sup> )	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)
				UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )	UV Dose (mW-sec/cm <sup>2</sup> )			
		24 hrs	75,000													
X		24 hrs	76,000		1.2										1	
X		24 hrs	60,000		1.2										1	
X		24 hrs	54,000		1.4										1.2	
X		24 hrs	61,000		1										1	
X		24 hrs	49,000		1.2										1	
		24 hrs	51,000													
X		24 hrs	61,000		1										1	
X		24 hrs	62,000		1.2										1	
X		24 hrs	51,000		1.2										0.9	
X		24 hrs	62,000		1										1	
X		24 hrs	54,000		1										0.8	
X		24 hrs	63,000		0										0.8	
		24 hrs	50,000													
X		24 hrs	63,000		1.2										1	
X		24 hrs	63,000		1										0.6	
X		24 hrs	58,000		1.2										1	
X		24 hrs	48,000		0.8										0.6	
X		24 hrs	63,000		1.2										1	
X		24 hrs	59,000		1.4										1	
X		24 hrs	45,000		2.4										1.4	
		24 hrs	64,000													
X		24 hrs	65,000		2.2										1.4	
X		24 hrs	57,000		2										1.2	
X		24 hrs	61,000		2.2										1.2	
X		24 hrs	60,000		2										1.2	
X		24 hrs	59,000		2										1.2	
X		24 hrs	61,000		2										1.2	
		24 hrs	61,000													
X		24 hrs	70,000		1.8										1.2	
X		24 hrs	60,000		2										1.2	
			1,846,000													
			59,548													
			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:** **November-06**

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


PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

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

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

 12/6/06  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **November-06**

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	Plant	Operating Hours	Net Quantity of Finished Water Produced (gal)	Calculations to Demonstrate Four-Log Virus Inactivation is Achieved										Residual Disinfectant (mg/l) in Distribution System	Presence of Abnormal Operating Conditions (e.g., Water System Components Out of Operation)
				Free Chlorine Concentration (mg/l) at Point of Disinfection	Disinfection Contact Time (minutes)	Temperature (°C)	pH	Minimum Residual (mg/l)	Operating Residual (mg/l)	Minimum Residual (mg/l)	Operating Residual (mg/l)	Minimum Residual (mg/l)	Operating Residual (mg/l)		
X		24 hrs	62,000	1.8										1.2	
X		24 hrs	60,000	1.7										1.2	
X		24 hrs	47,000	2.3										1.2	
X		24 hrs	68,000	2.2										1.2	
		24 hrs	68,000												
X		24 hrs	77,000	1.9										1.4	
X		24 hrs	64,000	1.8										1.2	
X		24 hrs	73,000	2										1.9	
X		24 hrs	66,000	1.4										1.2	
X		24 hrs	72,000	1.4										1	
		24 hrs	72,000												
X		24 hrs	74,000	1.8										1.6	
X		24 hrs	61,000	1.8										1.4	
X		24 hrs	53,000	1.6										1.2	
X		24 hrs	55,000	1.6										1.4	
X		24 hrs	71,000	1.4										1.2	
X		24 hrs	67,000	1.4										1	
		24 hrs	67,000												
X		24 hrs	64,000	1.2										1	
X		24 hrs	61,000	1.4										1.2	
X		24 hrs	56,000	1.2										1.2	
X		24 hrs	77,000	1.2										1	
X		24 hrs	70,000	1.2										1.2	
X		24 hrs	103,000	1.4										1.2	
		24 hrs	103,000												
X		24 hrs	71,000	1.2										1	
X		24 hrs	66,000	1.4										1	
X		24 hrs	70,000	1.2										1.2	
X		24 hrs	63,000	1.4										1.2	
X		24 hrs	53,000	1.6										1.2	
		24 hrs													
			2,034,000												
			67,800												
			103,000												

\* 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-06**

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

PWS Name: <b>Arredondo Farms</b>		PWS Identification Number: <b>2010042</b>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <b>364</b>		Total Population Served at End of Month: <b>1092</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aguaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Arredondo Farms</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>7117 S.W. Archer Road</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip Code: <b>32608</b>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>95,891</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s)/Week
Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

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

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

1/8/07  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2010042 Plant Name: Arredondo Farms

III. Daily Data for the Month/Year of: **December-06**

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	Plant Shifts	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable										Emergency or abnormal operating conditions requiring maintenance work that involves taking water system components out of operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flowing/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flowing/minutes	Volume of Water Provided Before or During Peak Flowing/mb/L	Minimum Required CT, min/L	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration, mg/L	Emergency or abnormal operating conditions requiring maintenance work that involves taking water system components out of operation	
	X	24 hrs	68,000		1.4								1.2	
		24 hrs	69,000											
	X	24 hrs	61,000		1.2								1	
	X	24 hrs	64,000		1.4								1.2	
	X	24 hrs	69,000		1.4								1	
	X	24 hrs	64,000		1.2								1	
	X	24 hrs	61,000		1.4								1.2	
	X	24 hrs	64,000		1.4								1.2	
		24 hrs	64,000											
	X	24 hrs	60,000		1.4								1	
	X	24 hrs	73,000		1.2								1	
	X	24 hrs	61,000		1.4								1.2	
	X	24 hrs	68,000		1.2								1	
	X	24 hrs	55,000		1.4								1.2	
	X	24 hrs	78,000		1.2								1	
		24 hrs	78,000											
	X	24 hrs	71,000		1.2								1	
	X	24 hrs	88,000		1.4								1.2	
	X	24 hrs	83,000		1.4								0.9	
	X	24 hrs	66,000		1.2								1	
	X	24 hrs	56,000		1.2								1.2	
	X	24 hrs	60,000		1.4								1.2	
		24 hrs	60,000											
	X	24 hrs	58,000		1.6								1.2	
	X	24 hrs	75,000		1.4								1.2	
	X	24 hrs	65,000		1.2								1	
	X	24 hrs	61,000		1.2								0.8	
	X	24 hrs	187,000		1.2								1	
	X	24 hrs	56,000		1.4								1.2	
		24 hrs	56,000											
	X	24 hrs	66,000		1.2								1	
			2,165,000											
			69,839											
			187,000											

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

PWS ID: 2010042 Plant Name: Arredondo Farms

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No

follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> =

\* 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.

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

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370  
 2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34944  
 Phone: (772) 465-2400, ext. 285 Fax: (772) 467-584

HBEL Report Number: 2130122 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

Standard Coliform Test  Other: \_\_\_\_\_ PWS I.D. 2010042

System Name: Arredondo Farms

System Address: 7117 SW Archer Rd

City: Gainesville, Fla

Collector: Mark Marsh

Relinquished By: M. Marsh Received By: [Signature]

Date/Time: 12.6.07 1000 Date/Time: 12/6/07

Type of Supply:  Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s) 12.6.07

Lab Receipt Date and Time: 12/6/07 1215

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice  20°C

Disinfectant Check  Not Detected  >0.1 mg/L

System or Owner's Phone # 352 303 0718 Fax #: 732 3213

Collector's Phone #: 3030718

Relinquished By: [Signature] Date/Time: 12/6/07 1215

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Colifert) SM9223B

Fecal or E. coli Analysis Method (MF) SM9222B (Colifert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2130122001
	A			002
	A			003
	A			2130122004

**TO BE COMPLETED BY COLLECTOR OF SAMPLE**

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	Well-1	0700	R	0.0	
2	Well-2	0705	R	0.0	
3	lot 40A	0715	D	1.2	
4	lot 2607	0720	D	1.2	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  A certified operator (# C8257)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Agua Utilities  
P.O. Box 490310  
Leesburg, Fla 34749



Key: P - Present A - Absent C - Confluent Growth  
 TNTC - Too Numerous to Count TA - Turbid  
 L.C.A. - Absence of gas or acid

Report authorized by: [Signature] Analyst: [Signature]  
 Date: 12/9/07 Technical Director or Designee

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

DOCUMENT NUMBER DATE 04304 MAY 22 80

FPSC-COMMISSION CLERK



**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E98080  
 253 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33938 FDOH # E85370  
 2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34944  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

HBEL Report Number: 2130122 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

Standard Coliform Test  Other: \_\_\_\_\_ PWS I.D. 2010042

System Name: Arredondo Farms

System Address: 7117 SW Archer Rd

City: Gainesville, Fla System or Owner's Phone # 352 3030718 Fax #: 732 3213

Collector: Mark March Collector's Phone #: 3030718

Relinquished By: M. March Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12.6.07 1000 Date/Time: 12/2/07 Date/Time: 12/6/07 1215

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  
 Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s) 12.6.07

Lab Receipt Date and Time: 12/6/07 1215

Received for Laboratory By: PALD

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria:

Sample Preservation  On Ice  Not On Ice 70°C

Disinfectant Check  Not Detected  >0.1 mg/L

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Colifert) SM9223B

Fecal or E. coli Analysis Method (MF) SM9222B (Colifert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number
	A			2130122001
	A			002
	A			003
	A			2130122004

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	Well-1	0700	R	0.0	
2	Well-2	0705	R	0.0	
3	lot 40A	0715	D	1.2	
4	lot 2607	0720	D	1.2	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  A certified operator (# C8287)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities  
PO Box 490310  
Leesburg, Fla 34749



Page 1 of 1

Key: P - Present A - Absent C - Confuent Growth  
 TNTC - Too Numerous to Count TA - Turbid  
 L.C.A. - Absence of gas or acid  
 Analyst: PALD

Report authorized by: [Signature]  
 Technical Director or Designee

Date: 12/9/07  
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)

<sup>2</sup> Defined in Florida Administrative Code Rule 62-160



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

**SYSTEM NAME: Arredondo Farms**

**SYSTEM PWS ID #: 2010042**

**REPORT DATE: 11/20/07**

**SUBMISSION #: 0714765**

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
  - All results satisfactory.
  - Consult your governing agency or project engineer for interpretation.

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**

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

#0714765

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

System Name: Arredondo Farms PWS I.D. #: 2010042  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 7117 SW Archer Rd  
City: Gainesville State: Fla ZIP Code: \_\_\_\_\_  
Phone #: 352 3030718 Fax #: 352-187-6333  
E-Mail Address: n/a

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_  
Sample Date: 11.13.07 Sample Time: 1100  AM  PM (Circle One)  
Sample Location (be specific): POE at water plant  
Disinfectant Residual (Required when reporting results for 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
- Ave Residence Time
- Near First Customer

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? \_\_\_\_\_)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments: \_\_\_\_\_

for Aquo-Utilities Fla.

\*See 62-550.500(8) for requirements and restrictions.  
- NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March  
Sampler's Phone #: 352 3030718 Sampler's Fax #: 352-187-6333  
Sampler's E-Mail Address: n/a

CERTIFICATION (to be completed by sampler)

I, Mark March (Print Name), facility operator (Print Title)

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

Signature Mark March Date: 11.13.07



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

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

Page 2 of 4; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2008  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 2010042 System Name: Arredondo Farms Sample Number: Not Provided  
Sample Location: Water Plant POE  
Laboratory Assigned Submission Number: 0714765 Date Sample(s) Received: 11/13/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Inorganics, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable

Analyte Sheet(s) Attached

### CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, 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).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K Saupp*

Date: November 20, 2007

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory:  Yes  No  
 Sample Analysis Info Satisfactory:  Yes  No
- Replacement Sample(s) Requested (circle or highlight group(s) above)  
 Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory
- Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP / DOH Reviewing Official: \_\_\_\_\_



**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

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

System Name: Arredondo Farms  
PWS ID: 2010042  
Submission Number: 0714765

**INORGANIC CONTAMINANTS  
62-550.310(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	2.10		EPA353.2	0.05	11/13/07	3:50 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	11/13/07	3:50 PM	E83265

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

#0714765

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities  
Mailing Address: Po Box 490310  
Leesburg, Fla 34749  
Telephone: 352 30307190

**PUBLIC WATER SYSTEM INFORMATION:**  
System Name: Arredondo Farms PWS ID No. 2010042  
Physical Address: 7117 SW Archer Rd Phone No. 3030716

Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

**SAMPLE INFORMATION:**  
Date and Hour Sampled: 11-13-07 11:00 AM  
Sample Location (be specific): Water Plant P.O.F.  
Sampler Name and Phone (please print): MARK MARSH  
Signature: Mark Marsh Title \_\_\_\_\_

Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

**SAMPLE CUSTODY:**  
Sampler Relinquished: Mark Marsh Signature 11-13-07 Date 13:27 Time Condition iced  
Transporter Relinquished: \_\_\_\_\_

**PARAMETERS REQUESTED (check box):**  
 Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  All 17  Partial: NO<sub>2</sub>, NO<sub>3</sub>  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries:  
 All 14  Partial: \_\_\_\_\_  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_

**FIELD TEST RESULTS (if applicable):**  
Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR LABORATORY USE ONLY

Received By: Creswell Date 11-13-07 Time 1:27 Condition iced  
Lab Number: 0714765  
Comments: \_\_\_\_\_  
Temp - 4C

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/7/06

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

Lab Assigned Report Number or Job ID: 2127451001

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E87804

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
(Print Name) (Print Title)

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

Signature Cindy Cromer Date: 15-Dec-06

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

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

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

**62 - 550.310 (1)**

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Asbestos  
Sample Location: POE Grab  
Sample Number: 2127451001  
Sampling Date: 12/07/06 7:05  
Date Received: 12/07/06 13:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
-----------	-------------	-----	-------	-----------------	-------	-------------------	---------	--------------------	----------------

1094	Asbestos	[7]	mf/L	0.16	U	EPA 100.2	0.16	12/08/06 16:15	E87804
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Reporting Format 62-550.730  
Effective January 1995, Revised January 2004

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/15/06





**EMSL Analytical, Inc.**

5125 Adanson Street, Suite 900, Orlando, FL 32804  
 Phone: (407) 599-5887 Fax: (407) 599-9063 Email: orlandolab@emsl.com



**Attn: Harbor Branch Environmental Laboratory**  
**5600 U.S. 1 North**  
**Fort Pierce, FL 34946**

Customer ID: HARB51  
 Customer PO:  
 Received (Date/Time): 12/8/06 10:24 AM  
 Collected (Date/Time): 12/7/06 7:05 AM

Fax: (772) 467-1584 Phone: (772) 485-2400

EMSL Order: 340804722

Project: Arredondo Asbestos AVF

Date Reported: 12/14/06

**Determination of Asbestos Structures over 10um in Length in Drinking Water  
 Performed by the EPA 100.2 Method**

Sample ID	Prep Date/Time	Sample Volume	Dilution Factor	Total Filter Area	Effective Filter Area	# Fibers Asbestos	Analytical Non-Asbestos	Type (s) of Asbestos	Sensitivity (MFL)	Confidence Limits	Concentration of Asbestos Fibers (MFL)	Comments
212745001 340804722-0001	12/12/06 10:00 AM	100	10 <sup>1</sup>	0.0082	1271.7	None Detected	None Detected	None Detected	0.16	0.00 - 0.59	<0.16	

- Sonicated at (Time): 4:00 PM to 4:15 PM on (Date): 12/8/06
- Filtered by Randy Pruitt on (Date): 12/8/06 at (time): 4:30 PM
- Analyzed by Randy Pruitt on (Date): 12/12/06 from 3:00 PM to 3:15 PM.
- If you have any questions please call us at 407-599-5887.
- EPA number is FL-01176.

Analyst(s)  
 Randy Pruitt (1)

Dr. Blanca Cortes  
 or other approved signatory

Sample collection and containers provided by the client, acceptable bottle blank level is defined as <=0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full, without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted.  
 ACCREDITATIONS: FL Lab ID: E87804



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: November 10, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 347490310

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Farms Tri-Annual [2127127]  
Received: 10/19/06 13:00

---

Dear Brian Heath;


Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

5600 US 1 North  
Fort Pierce, FL 34946

FDOH # E96080

Printed: 11/10/06

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771

FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936

FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601

FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Farms Tri-Annual  
Received: 10/19/06 13:00

[2127127]

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

<u>HBEL Sample</u>		<u>Method Narratives (if Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2127127001	P.O.E. Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
<u>EPA 505</u>		PEST4814	
2127127001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
<u>EPA 525.2</u>		SVOC2451	
2127127001	Pyrene-d10		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

5600 US 1 North  
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FDOH # E96080  
Printed: 11/10/06

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2127127]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Farms Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127127001						Sampled: 10/19/06 7:05		Received: 10/19/06 13:00			
Sample ID: P.O.E. Grab						Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15273		10/19/06 16:22	PA	E83509	
pH	Q	8.10	SU	0.200	EPA 150.1	WCGE26476		10/21/06 17:10	GS	E96080	
Aluminum		0.011	mg/L	0.0030	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Barium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Copper		0.014	mg/L	0.0014	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Sodium		7.5	mg/L	0.50	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Zinc		0.054	mg/L	0.010	EPA 200.7	META8196		11/7/06 16:49	DM	E96080	
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:38	DM	E96080	
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:57	DM	E96080	
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8187		10/27/06 13:15	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8194	10/31/06 9:45	11/1/06 15:51	DM	E96080	
Chloride		18	mg/L	5.0	EPA 300.0	IC6989		10/20/06 14:53	JL	E96080	
Fluoride		0.082	mg/L	0.011	EPA 300.0	IC6990		10/20/06 14:48	JL	E96080	
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC6990		10/20/06 14:48	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6990		10/20/06 14:48	JL	E96080	
Sulfate		14	mg/L	1.4	EPA 300.0	IC6989		10/20/06 14:53	JL	E96080	
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/21/06 0:29	JL	E96080	
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4806	10/20/06 11:56	10/21/06 0:29	JL	E96080	
Chlordane		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
Endrin		0.11 U	ug/L	0.11	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
gamma-BHC (Lindane)		0.021 U	ug/L	0.021	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
Methoxychlor		0.045 U	ug/L	0.045	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
Toxaphene		0.63 U	ug/L	0.63	EPA 505	PEST4814	10/23/06 13:33	10/24/06 2:02	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 18:57	JL	E96080	
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080	

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Printed: 11/10/06

Page 3 of 6

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2127127]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Farms Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2717		10/27/06 19:22	WR	E96080
Alachlor		0.062 U	ug/L	0.062	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Atrazine		0.049 U	ug/L	0.049	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Benzo(a)pyrene		0.0071 U	ug/L	0.0071	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
bis(2-ethylhexyl)phthalate		0.086 U	ug/L	0.086	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Di(2-ethylhexyl)adipate		0.069 U	ug/L	0.069	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Hexachlorobenzene		0.031 U	ug/L	0.031	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Hexachlorocyclopentadiene		0.024 U	ug/L	0.024	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Simazine		0.064 U	ug/L	0.064	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 10:14	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 22:29	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 22:29	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2344		10/23/06 16:12	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2449	10/23/06 9:43	10/24/06 2:54	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/23/06 9:44	10/31/06 13:31	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26463		10/20/06 15:25	TCL	E96080
Total Dissolved Solids		190	mg/L	16	SM2540 C	WCGE26497		10/25/06 15:15	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500C.N E	WCGE26554	11/1/06 10:00	11/20/06 17:05	GG	E96080
Surfactants as LAS, Mol. wt. 340		0.022 U	mg/L	0.022	SM5540 C	WCGE26474	10/20/06 14:15	10/20/06 16:46	GG	E96080

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

**CERTIFICATE OF ANALYSIS**

**[2127127]**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Farms Tri-Annual

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127127002						Sampled: 10/19/06 13:00				
Sample ID: TRIP BLANK						Matrix: Water				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2717		10/27/06 19:56	WR	E96080

<sup>1</sup>Result Qualifiers: U = Not Detected | = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.  
Q Sample held beyond the accepted holding time.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

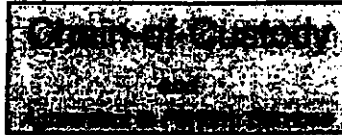
16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584



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

Laboratory not responsible for omitted information  
FDOH # E96080 FDOH # E85370  
5600 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34946 Lehigh Acres, FL 33938  
FDOH # E83509 FDOH # E84418  
4155 St. Johns Pkwy. 16331 Cortez Blvd.  
Suite 1300 Brooksville, FL 34601  
Sanford, FL 32771

Company: Amun Utilities

Address: P.O. Box 490310

Leesburg, Fla. Zip: 34749

Phone: 3523030918 Fax: 7323213

Client Contact: Mark

Project Name: Armedondo Farms

Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: same  
 Standard Laboratory Turn Around Time  
Or  
Rush in      Business Days  
Requires Laboratory Approval



LAB # 212727

PRESERVATIVE										Preservation Key	
										H-Hydrochloric Acid	P-Phosphoric Acid
ANALYSES REQUESTED										N-Nitric Acid	ST-Sodium
										S-Sulfuric Acid	Thiosulfate
										SH-Sodium Hydroxide	U-Unpreserved
COMMENTS											
all samples are P.O. East plant											
1 of 2											

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	
	DATE	TIME					
061	10/19/06	0650	G	W	1	1" and 2" Metals	A
	10/19	0651	G	W	1	Cyanide	B
	10/19	0652	G	W	1	NO <sub>2</sub> -NO <sub>3</sub> -Cl <sub>2</sub> Sulfate Fluoride	C
		0653	G	W	1	pH color TDS	D
		0654	G	W	1	Odor	E
		0655	G	W	1	MBAS	F
		0656	G	W	3	VOC <sup>s</sup>	H
		0657	G	W	3	SO <sub>4</sub> (E/D/B) BPC	J
		0658	G	W	1	515.1	L
069		0659	G	W	1	525.2	M

Report Page 6 of 6	RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>Sam King</u>	RELINQUISHED BY <u>Shirley to Fedus</u>
	DATE/TIME <u>10/19/06 11:00</u>	DATE/TIME <u>10/19/06 1:00</u>	DATE/TIME <u>10/19/06 16:00</u>
	RECEIVED BY <u>Sam King</u>	RECEIVED BY <u>Shirley</u>	RECEIVED FOR NIEL CUSTODY BY <u>Shirley</u>
	DATE/TIME <u>12/19/06 11:00</u>	DATE/TIME <u>12/19/06 13:00</u>	DATE/TIME <u>12-10-06 12:5</u>





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 / Fax: (772) 467-584



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

Laboratory not responsible for omitted information  
 FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34946  
 FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936  
 FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771  
 FDOH # E84418 16331 Cortez Blvd. Brooksville, FL 34801

Company: Coan Utilities  
 Address: PO Box 490310  
Leesburg, Fla. Zip: 34749  
 Phone: 352 303078 Fax: 352 3213  
 Client Contact: Mark  
 Project Name: Coconino Farm  
 Sampled By: Mark March

Method(s) of Shipment: \_\_\_\_\_

e-mail: Same  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval



**For Lab Use Only**

Custody Seals: Y N Y N Y N

LAB # 2-127127

PRESERVATIVE					
ANALYSES REQUESTED					

**Preservation Key**  
 H-Hydrochloric Acid P-Phosphoric Acid  
 N-Nitric Acid ST-Sodium  
 S-Sulfuric Acid Thio sulfate  
 SH-Sodium Hydroxide U-Unpreserved

**COMMENTS**  
2 of 7  
all P.D.E.s

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
<u>001</u>	<u>10/19/06</u>	<u>0700</u>	<u>G</u>	<u>W</u>	<u>1</u>	<u>531 Carbonates</u>
	<u>10/19/06</u>	<u>0702</u>	<u>G</u>	<u>W</u>	<u>1</u>	<u>547 Gyr. matrix</u>
		<u>0703</u>	<u>G</u>	<u>W</u>	<u>3</u>	<u>548 Est. d. shell</u>
		<u>0704</u>	<u>G</u>	<u>W</u>	<u>1</u>	<u>549 Riquel</u>
<u>001</u>		<u>0705</u>	<u>G</u>	<u>W</u>	<u>3</u>	<u>505</u>
<u>002</u>					<u>3</u>	<u>Disp. Block</u> <u>10/19/06</u>

Report Pages <u>6</u>	RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>Ray</u>	RELINQUISHED BY <u>Prokter to FedEx</u>
	DATE/TIME <u>10/19/06 12:00</u>	DATE/TIME <u>10/19/06 1:30</u>	DATE/TIME <u>10/19/06 16:00</u>
	RECEIVED BY <u>Ray</u>	RECEIVED BY <u>Prokter</u>	RECEIVED FOR ANAL. CUSTODY BY <u>Christina Stokke</u>
	DATE/TIME <u>10/19/06 11:00</u>	DATE/TIME <u>10/19/06 17:00</u>	DATE/TIME <u>10-20-06 12:15</u>

# SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 (813) 851-1044 (fx) 813 855-2218



Harbor Branch Environmental Laboratory

DW Arsenic

Sample ID: 2127127 001

November 8, 2006

Sample No.: 64805.07

PWS ID: \_\_\_\_\_

## Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	11/07/06	17:10	E84129

\* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch  
Environmental Laboratory

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

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

Receiving Laboratory: S.A.L.

64805

The samples are to be shipped by FEDEX to arrive on 10/27/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS
PROJECT NAME: <u>DW Arsenic</u>							PRESERVATIVE				
SAMPLE TYPE: Composite - C, Grab - G, Preservative: HCl - H, HNO <sub>3</sub> - N, Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub> - ST, H <sub>2</sub> SO <sub>4</sub> - S, NaOH - SH, Unpreserved - U											
MATRIX: Drinking Water - DW, Groundwater - GW, Surface Water - SW, Wastewater - WW, Soil or solids - S, Waste - W, Oil - O											SAMPLE COMMENTS
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBEL SAMPLE ID	Number					
01	DW	10/17/06	1025	G	2127095001	1	✓				10x100ml P HNO <sub>3</sub>
02		10/17/06	0927	G	2127099001	1	✓				
03		10/17/06	0920	G	2127100001	1	✓				
04	DW	10/15/06	1650	G	2127101001	1	✓				
05	DW	10/19/06	0815	G	2127125001	1	✓				
06		10/19/06	1150	G	2127126001	1	✓				
07	DW	10/19/06	0705	G	2127127001	1	✓				
08		10/19/06	0820	G	2127160001	1	✓				
09		10/19/06	1045	G	2127161001	1	✓				
10	DW	10/19/06	1100	G	2127162001	1	✓				
RELINQUISHED BY:		DATE		TIME		RECEIVED BY:		DATE		TIME	
<u>Handwritten Signature</u>		<u>10/26/06</u>		<u>1600</u>		<u>Fed Ex</u>					
RELINQUISHED BY:		DATE		TIME		LABORATORY NAME AND RECEIVED BY:		DATE		TIME	
<u>Fed Ex</u>						<u>H Nordmark</u>		<u>10/27/06</u>		<u>0805</u>	

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

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

System Name: Arredondo Farms PWS I.D. #: 2010042

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7117 SW Archer Rd.

City: Gainesville State: FL ZIP Code: 32608

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

E-Mail Address: na

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 10/19/06 Sample Time: 7:05 AM

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

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

Sample Type (Check Only One)

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

Distribution

Routine Compliance (with 62-550)

Quarterly (Which Qtr? \_\_\_\_\_)

Entry Point (to Distribution)

Confirmation of MCL Exceedence\*

Special (not for compliance with 62-550)

Plant Tap not for compliance with 62-550

Composite of Multiple Sites\*\*

Violation Resolution

Raw (at well or intake)

Clearance (permitting)

Replacement (of Invalidated Sample)

Max Residence Time

Other: \_\_\_\_\_

Ave Residence Time

Sampling Procedure Used or Other Comments: \_\_\_\_\_

Near First Customer

\*See 62-550.500(6) for requirements and restrictions.

\*\* See 62-550.550(4) for requirements and

Note: See 62-550.512(3) for additional requirements  
for Nitrate or Nitrite MCL exceedences.

attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone # 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

**CERTIFICATION** (to be completed by sampler)

Paul Thompson for Mark March, field coordinator  
Print Name Print Title

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

Signature: [Signature] Date: 11/14/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 10/19/06

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

Lab Assigned Report Number or Job ID: 2127127001

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 10-Nov-06

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

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

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

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

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127127001  
Sampling Date: 10/19/06 7:05  
Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	10/27/06 19:2	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:2	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	10/27/06 19:2	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:2	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:2	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:2	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	10/27/06 19:2	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:2	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	10/27/06 19:2	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	10/27/06 19:2	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:2	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 19:2	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	10/27/06 19:2	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	10/27/06 19:2	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	10/27/06 19:2	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 19:2	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	10/27/06 19:2	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	10/27/06 19:2	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	10/27/06 19:2	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:2	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:2	E96080

Reporting Format 62-550 730  
Effective January 1995, Revised January 2004

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127127001  
Sampling Date: 10/19/06 7:05  
Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.11	U	EPA 505	0.11	0.44	10/23/06	10/24/06 2:02	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.021	U	EPA 505	0.021	0.084	10/23/06	10/24/06 2:02	E96080
2015	Methoxychlor	[40]	ug/L	0.045	U	EPA 505	0.045	0.18	10/23/06	10/24/06 2:02	E96080
2020	Toxaphene	[3]	ug/L	0.63	U	EPA 505	0.63	2.5	10/23/06	10/24/06 2:02	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	10/30/06	10/31/06 18:57	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	7.6	10/23/06	10/31/06 13:31	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	10/23/06	10/24/06 2:54	E96080
2034	Glyphosate	[700]	ug/L	29	U	EPA 547	29	120		10/23/06 16:12	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.069	U	EPA 525.2	0.069	0.28	10/24/06	10/26/06 10:14	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/25/06 22:29	E96080
2037	Simazine	[4]	ug/L	0.064	U	EPA 525.2	0.064	0.26	10/24/06	10/26/06 10:14	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.086	U	EPA 525.2	0.086	0.34	10/24/06	10/26/06 10:14	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/30/06	10/31/06 18:57	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	10/30/06	10/31/06 18:57	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.024	U	EPA 525.2	0.024	0.096	10/24/06	10/26/06 10:14	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/25/06 22:29	E96080
2050	Atrazine	[3]	ug/L	0.049	U	EPA 525.2	0.049	0.20	10/24/06	10/26/06 10:14	E96080
2051	Alachlor	[2]	ug/L	0.062	U	EPA 525.2	0.062	0.25	10/24/06	10/26/06 10:14	E96080
2065	Heptachlor	[0.4]	ug/L	0.037	U	EPA 505	0.037	0.15	10/23/06	10/24/06 2:02	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.028	U	EPA 505	0.028	0.11	10/23/06	10/24/06 2:02	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	10/30/06	10/31/06 18:57	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	10/30/06	10/31/06 18:57	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.031	U	EPA 525.2	0.031	0.12	10/24/06	10/26/06 10:14	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.0071	U	EPA 525.2	0.0071	0.028	10/24/06	10/26/06 10:14	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	10/30/06	10/31/06 18:57	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.56	10/23/06	10/24/06 2:02	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	10/20/06	10/21/06 0:29	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	U	EPA 504.1	0.0047	0.019	10/20/06	10/21/06 0:29	E96080
2959	Chlordane	[2]	ug/L	0.14	U	EPA 505	0.14	0.56	10/23/06	10/24/06 2:02	E96080

Reporting Form: 62-550 730  
Effective January 1985, Revised January 2004

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

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

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FDOH # E83509

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Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

**62 - 550.310 (1)**

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127127001  
Sampling Date: 10/19/06 7:05  
Date Received: 10/19/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	2.0		EPA 300.0	0.0030	10/20/06 14:48	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	10/20/06 14:48	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	EPA 200.9	0.0010	11/07/06 17:10	E84129
1010	Barium	[2]	mg/L	0.0018	U	EPA 200.7	0.0018	11/07/06 16:49	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	11/07/06 16:49	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	11/07/06 16:49	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	11/02/06 17:05	E96080
1025	Fluoride	[4]	mg/L	0.082		EPA 300.0	0.011	10/20/06 14:48	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	10/31/06 13:54	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	11/01/06 15:51	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	11/07/06 16:49	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	10/26/06 17:57	E96080
1052	Sodium	[160]	mg/L	7.5		EPA 200.7	0.50	11/07/06 16:49	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	11/01/06 15:38	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	11/07/06 16:49	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	10/27/06 13:15	E96080

Reporting Format 82-550.730  
Effective January 1995. Revised January 2004

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

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FDOH # E84418

Printed: 11/10/06



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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**SECONDARY CONTAMINANTS**

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Tri-Annual  
Sample Location: P.O.E. Grab  
Sample Number: 2127127001  
Sampling Date: 10/19/06 7:05  
Date Received: 10/19/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual. <sup>1</sup>	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.011	I	EPA 200.7	0.0030	11/07/06 16:49	E96080
1017	Chloride	[250]	mg/L	16	I	EPA 300.0	5.0	10/20/06 14:53	E96080
1022	Copper	[1]	mg/L	0.014		EPA 200.7	0.0014	11/07/06 16:49	E96080
1025	Fluoride	[2]	mg/L	0.082		EPA 300.0	0.011	10/20/06 10:20/	E96080
1028	Iron	[0.3]	mg/L	0.025	U	EPA 200.7	0.025	11/07/06 16:49	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	11/07/06 16:49	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	11/07/06 16:49	E96080
1055	Sulfate	[250]	mg/L	14		EPA 300.0	1.4	10/20/06 14:53	E96080
1095	Zinc	[5]	mg/L	0.054		EPA 200.7	0.010	11/07/06 16:49	E96080
1905	Color	[15]	CU	4.0	I	SM2120 B	1.8	10/20/06 15:25	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	10/19/06 16:22	E83509
1925	pH	[6.5-8.5]	SU	8.10	Q	EPA 150.1	0.200	10/21/06 17:10	E96080
1930	Total Dissolved Solids	[500]	mg/L	190		SM2540 C	16	10/25/06 15:15	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	10/20/06 16:46	E96080

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

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

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06

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

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

System Name: \_\_\_\_\_ PWS I.D. #:

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_

Sample Location (be specific): TRIP BLANK

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

**Sample Type (Check Only One)**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Distribution                              | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____)             |
| <input type="checkbox"/> Entry Point (to Distribution)             | <input type="checkbox"/> Confirmation of MCL Exceedence*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**    | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well or intake)                   | <input type="checkbox"/> Clearance (permitting)           | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max Residence Time                        | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Ave Residence Time                        |   |   |
| <input type="checkbox"/> Near First Customer                       |   |   |

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, \_\_\_\_\_  
Print Name
Print Title

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

### ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 10/19/06

PWS ID (From Page 1): \_\_\_\_\_

Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2127127002

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
(Print Name) (Print Title)

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

Signature *Cindy Cromer* Date: 10-Nov-06

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

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

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**VOLATILE ORGANICS**

**62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Arredondo Farms Tri-Annual  
Sample Location: TRIP BLANK  
Sample Number: 2127127002  
Sampling Date:  
Date Received: 10/19/06 13:00

ID	Parameter	MCL	Units	Result	Qual.*	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	10/27/06 19:5	E96080
2380	cis-1,2-Dichloroethane	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:5	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	10/27/06 19:5	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:5	E96080
2968	1,2-Dichlorobenzene	[800]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:5	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:5	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	10/27/06 19:5	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	10/27/06 19:5	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	10/27/06 19:5	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	10/27/06 19:5	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:5	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 19:5	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	10/27/06 19:5	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	10/27/06 19:5	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	10/27/06 19:5	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	10/27/06 19:5	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	10/27/06 19:5	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	10/27/06 19:5	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	10/27/06 19:5	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:5	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	10/27/06 19:5	E96080

Reporting Format 62-550 T30  
Effective January 1995, Revised January 2004

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis to avoid a monitoring violation. unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/10/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: September 13, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 347490310

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Farms HAA5/TTHM [2126680]  
Received: 8/31/06 13:00

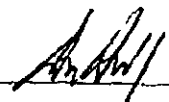
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories, Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Farms HAA5/TTM  
Received: 8/31/06 13:00

[2126680]

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

HBEL Sample		Method Narratives (if Applicable)	
Number	Sample ID	Analytical Method	Description
2126680001	Lot 170 Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126680002	Lot 2644 Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
EPA 552.1	PEST4784		
2126680001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.	
2126680002	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.	

Samples not spiked w/ surrogates during extraction for 552.1. The IS demonstrated extraction performance. Precision/Accuracy demonstrated with the LCS.

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FDOH # E83509

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/13/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2126680]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Arredondo Farms HAA5/TTHM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126680001</b>					<b>Sampled: 08/30/06 12:30</b>					
<b>Sample ID: Lot 170 Grab</b>					<b>Received: 08/31/06 13:00</b>					
					<b>Matrix: Water</b>					
					<b>Results reported on Wet Weight Basis</b>					
Bromodichloromethane		0.49	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:42	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 5:42	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:42	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 5:42	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 5:42	WR	E96080
Dibromoacetic Acid		3.9	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080
Dichloroacetic Acid		1.6	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080
Total HAAs		5.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:01	JL	E96080

<b>Laboratory ID: 2126680002</b>					<b>Sampled: 08/30/06 12:50</b>					
<b>Sample ID: Lot 2644 Grab</b>					<b>Received: 08/31/06 13:00</b>					
					<b>Matrix: Water</b>					
					<b>Results reported on Wet Weight Basis</b>					
Bromodichloromethane		0.46	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 6:16	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 6:16	WR	E96080
Chloroform		2.1	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 6:16	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 6:16	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 6:16	WR	E96080
Dibromoacetic Acid		4.0	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080
Dichloroacetic Acid		1.7	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080
Total HAAs		6.1	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080
Trichloroacetic acid		0.37	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/9/06 0:37	JL	E96080

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

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

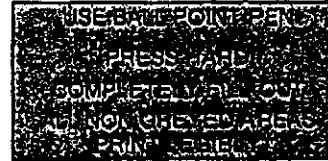
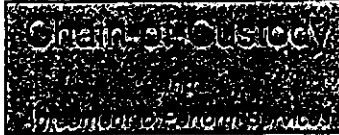
16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584



Laboratory not responsible for omitted information  
 FDOH # E98080 5800 U.S. 1 North Fort Pierce, FL 34948  
 FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

Company: Aqua Utilities

Address: PO Box 49030

Leesburg Fla Zip: 34749

Phone: 352 303 0718 Fax: \_\_\_\_\_

Client Contact: Mark March

Project Name: \_\_\_\_\_

Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: same  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days Requires Laboratory Approval



FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771  
 FDOH # E84418 18331 Cortez Blvd. Brooksville, FL 34601

PRESERVATIVE		ANALYSES REQUESTED		PRESERVATION KEY	
NH 1:1	HCl			H-Hydrochloric Acid	P-Phosphoric Acid
				N-Nitric Acid	ST-Sodium
				S-Sulfuric Acid	Thioulfate
				SH-Sodium Hydroxide	U-Unpreserved
COMMENTS				site address	
				2170 NE US ST	
				4901 NE 4th St.	
				lot 170 - Mark	
				lot 2644 - AVG	
				6602 SW 4th St	
				1102 70th Ave SE	
				714 NW 84th	
				2102 27th St	
				4235 NW 26th	
				2351 NE 5th St	

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	TTMM					
	DATE	TIME											
	<del>8.30</del>	<del>1100</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Ocala Oaks #1</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1120</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Ocala Oaks #2</del>	<del>X</del>	<del>X</del>					
001	8.30	1230	G	W	4	Arredondo Farms #1	X	X					
002	8.30	1250	G	W	4	Arredondo Farms #2	X	X					
	<del>8.30</del>	<del>1330</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Arredondo Farms #1</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1345</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Arredondo Farms #2</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1500</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Hickory Meadows #1</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1610</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Bellvue #1</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1645</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>West View #1</del>	<del>X</del>	<del>X</del>					
	<del>8.30</del>	<del>1730</del>	<del>G</del>	<del>W</del>	<del>4</del>	<del>Chappell Hill #1</del>	<del>X</del>	<del>X</del>					

Report Page 4 of 7	RELINQUISHED BY: <u>M. March</u>	RELINQUISHED BY: <u>Jerry Lopez</u>	RELINQUISHED BY: <u>Hande to Fedor</u>
	DATE/TIME: <u>8.31.06 1100</u>	DATE/TIME: <u>8/31/06 100</u>	DATE/TIME: <u>8/31/06 1600</u>
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	RECEIVED OR BECAME CUSTODY BY: <u>[Signature]</u>
	DATE/TIME: <u>8/31/06 11:00</u>	DATE/TIME: <u>8/31/06 1200</u>	DATE/TIME: _____



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

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

System Name: Arredondo Farms PWS I.D. #: 2010042

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7117 SW Archer rd

City: Gainesville State: FL ZIP Code: 32608

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

E-Mail Address: na

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 08/30/06 Sample Time: 12:30 PM

Sample Location (be specific): Lot 170 Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: \_\_\_\_\_

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input checked="" type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other
<input type="checkbox"/> Ave Residence Time	
<input type="checkbox"/> Near First Customer	

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

**CERTIFICATION** (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 09/19/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

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

Lab Assigned Report Number or Job ID: 2126680001

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

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

Were any analyses subcontracted? Yes  No

- All 14  
 Partial

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB.

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 13-Sep-06

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

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

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

- Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES  
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Arredondo Farms HAA5/TTHM  
Sample Location: Lot 170 Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2126680001 PWS ID \_\_\_\_\_  
Sampling Date: 8/30/06 12:30  
Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	9/09/06	12:01 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.6		EPA 552.1	0.66	9/09/06	12:01 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.20	U	EPA 552.1	0.20	9/09/06	12:01 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28	U	EPA 552.1	0.28	9/09/06	12:01 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	3.9		EPA 552.1	0.18	9/09/06	12:01 AM	E96080
2456	Total Haloacetic Acids (HAAs)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	2.2		EPA 524.2	0.25	9/06/06	5:42 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	9/06/06	5:42 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.49		EPA 524.2	0.25	9/06/06	5:42 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30	U	EPA 524.2	0.30	9/06/06	5:42 AM	E96080
2950	Total Trihalomethanes	[60]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 9/13/06



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

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

System Name Arredondo Farms PWS I.D. #: 2010042

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7117 SW Archer rd

City Gainesville State: FL ZIP Code: 32608

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

E-Mail Address: n/a

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 08/30/06 Sample Time: 12:50 PM

Sample Location (be specific): Lot 2644 Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 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
- Ave Residence Time
- Near First Customer

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- Quarterly (Which Qtr? \_\_\_\_\_)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: Mark March  
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
 Sampler's E-Mail Address: n/a

**CERTIFICATION** (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH FIELD CODE SIGNATURE  
 Print Name Print Title

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

Signature: \_\_\_\_\_ Date: 09/19/06

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 8/31/06

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

Lab Assigned Report Number or Job ID: 2126680002

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 13-Sep-06

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

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

### COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):  MCL(s) Exceeded  Detection(s)  Incomplete Report  
 Missing Analyte Sheet(s)  Location Unsatisfactory  Analysis Unsatisfactory  
 Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES  
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Arredondo Farms HAA5/TTHM  
Sample Location: Lot 2644 Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2126680002 PWS ID \_\_\_\_\_  
Sampling Date: 8/30/06 12:50  
Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88 U		EPA 552.1	0.88	9/09/06	12:37 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.7		EPA 552.1	0.66	9/09/06	12:37 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.37		EPA 552.1	0.20	9/09/06	12:37 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28 U		EPA 552.1	0.28	9/09/06	12:37 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	4.0		EPA 552.1	0.18	9/09/06	12:37 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	2.1		EPA 524.2	0.25	9/06/06	6:16 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	9/06/06	6:16 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.46		EPA 524.2	0.25	9/06/06	8:18 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	9/06/06	6:16 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 9/13/06

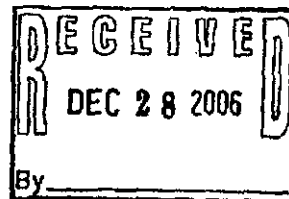


**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: December 15, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 347490310



Client: Aqua Utilities Florida, Inc.  
Workorder ID: Arredondo Farms Asbestos [2127451]  
Received: 12/07/06 13:30

Dear Brian Heath:

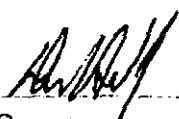
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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FDOH # E96080

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FDOH # E83509

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Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 12/15/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Arredondo Farms Asbestos  
**Received:** 12/07/06 13:30

**[2127451]**

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

<u>HBEL Sample</u>		<u>Method Narratives (If Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

<u>Quality Control Summary</u>			<u>Analytical Issue</u>
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	

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FDOH # E96080  
Printed: 12/15/06

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FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-6884

**CERTIFICATE OF ANALYSIS**

**[2127451]**

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Arredondo Farms Asbestos

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2127451001		Sampled: 12/07/06 7:05		Received: 12/07/06 13:30				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Asbestos		0.16 U	ml/L	0.16	EPA 100.2			12/8/06 16:15	EMS	E87804

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

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 12/15/06



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Phone (772) 465-2400, Ext. 225 / Fax (772) 467-1584

**Chain-of-Custody**  
and  
Agreement to Perform Services

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

Laboratory not responsible for omitted information  
 \_\_\_ FDOH # E96080 \_\_\_ FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lighthouse Acres, FL 33936  
 \_\_\_ FDOH # E83509 \_\_\_ FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Water Utilities  
 Address: PO Box 490310  
Leesburg, Fla. Zip: 34749  
 Phone: 352 303 0718 Fax: \_\_\_\_\_  
 Client Contact: Mark  
 Project Name: Arredondo Farms  
 Sampled By: Mark March

Method(s) of Shipment: Trucks  
 e-mail: Same  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_ Business Days  
 Requires Laboratory Approval

For Lab Use Only  
 Temperature: 8.0°C  
 Custody Seals: Intact (Y/N) Y N  
 pH Checked (Y/N) Y N  
 LAB # 212745

PRESERVATIVE: U  
 ANALYSES REQUESTED: \_\_\_\_\_  
 Preservation Key:  
 H=Hydrochloric Acid P=Phosphoric Acid  
 N=Nitric Acid ST=Sodium Thiosulfate  
 S=Sulfuric Acid  
 SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	COMMENTS
	DATE	TIME					
001	12-7-06	0705	G	SW	1	Arredondo Farms, POE	need asbestos (FDEP)
						PWS # 201 0042	

\* Sample Type: G=Grab C=Composite \*\* Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4	RELINQUISHED BY: <u>M. March</u>	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: <u>[Signature]</u>
	DATE/TIME: <u>12-7-06 1100</u>	DATE/TIME: <u>12/7/06 1:30</u>	DATE/TIME: <u>12/7/06 1600</u>
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY: <u>[Signature]</u>
	DATE/TIME: <u>12/7/06</u>	DATE/TIME: <u>12/7/06 1930</u>	DATE/TIME: <u>12-8-06 1015</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

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

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

System Name: Arredondo Farms PWS I.D. #: 2010642  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 717 Swancker Rd

City: Gainesville State: FL ZIP Code: 32608  
 Phone #: 352-787-0980 Fax #: 352-787-6333  
 E-Mail Address: na

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_  
 Sample Date: 12/07/06 Sample Time: 7:05 AM  
 Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for 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
- Ave Residence Time
- Near First Customer

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- Quarterly (Which Qtr? \_\_\_\_\_)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

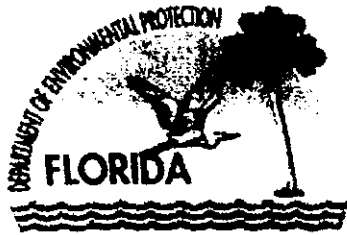
Sampler's Name: Mark March  
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
 Sampler's E-Mail Address: na

**CERTIFICATION** (to be completed by sampler)

I, Mark March (Paul Thompson), field coordinator  
 Print Name Print Title

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

Signature: [Signature] Date: 1/8/06



# Florida Department of Environmental Protection

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

*fw*  
Charlie Crist  
Governor

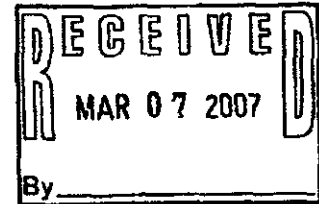
Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Send Via Mail:

February 28, 2007

Mr. Brian Heath, Utility Manager  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, FL 34747-0310



Alachua County – Potable Water  
Sanitary Survey 2007  
Arredondo Estates Water System – PWS ID: 2010041  
Arredondo Farms Water System – PWD ID: 2010042

Dear Mr. Heath:

On January 30, 2007 a Sanitary Survey was performed at the above referenced facilities with the courteous assistance of Mr. Mark March, Operator. The following deficiencies were noted as requiring action to bring the water systems into compliance with Chapter 62 of the Florida Administrative Code.

## Arredondo Estates Water System

1. The concrete pad at each well must be repaired and expanded to a size of 6'x6'x4" to protect both wells from contamination per compliance with Rule 62-532.500(3)(c), FAC. The Well # 2 has a crack on the concrete pad that has not been sealed, and a 'metal grid' beside the well has not been removed. This deficiency was observed previously, and it has not been corrected yet.
2. A well vent must be installed at each well, if they are not artesian wells. This is recommended to allow the well to relief the pressure, and for proper operation of the well.

Two complaints in the Arredondo Estates S/D in the areas of SW 63th Court and SW 66<sup>th</sup> Street were received last month, and the complaints were investigated during the inspections on January 30 and February 8. One complaint was about a 'green' color in the water, and the other about 'white deposits in the water and sickness in the stomach'. Also both persons complained about the utility lack of response to their concerns, and problems with the water bills. After

DOCUMENT NUMBER - DATE

04304 MAY 22 08

FPSC-COMMISSION CLERK

investigation it was confirmed that the utility is installing new water meters in the homes, adjusting the water bills, and increasing the water rate.

To determine if the complaints were due to water quality problems or just the result of the rate increase, an evaluation of the water quality was performed as follows:

- a. An evaluation of the water analysis results on file for the Arredondo Estates Water System was performed. The data on file since 1980 indicates satisfactory water quality at this facility. The data includes analyses for primary inorganics, secondaries, volatile organic chemicals, asbestos, disinfection-by-products, lead & copper, SOCs, etc. All the results available are below the maximum contaminant level (MCL) for each contaminant.
- b. Water samples were collected in the distribution system in the areas of concern during the inspections, and they were evaluated for chlorine residual, total coliform bacteria, suspended solids and odor. The chlorine residual measurements were 0.8-0.9 mg/L that is above the minimum requirement of 0.2 mg/L. The water did not have color or odor. The laboratory analyses indicated no total coliform/fecal bacteria or suspended solids in the water. The whitish deposits when they boil the water are minerals present in the water, and this is very normal in well water in this area, (high hardness). But these minerals are not harmful to the health.
- c. The water pressure was satisfactory. The pressure at the plant effluent was 54 psig, and 35-40 psig in the distribution system. The pressure was above the minimum 20 psig requirement.

In conclusion, the water quality and pressure at the Arredondo Estates Water System were found at satisfactory levels during the inspections, and meets the Department's regulations. This facility with the exception of the above deficiencies was found in good condition. It appears that the proposed water rate increase is creating some disagreement between the residents and the Utility.

#### **Arredondo Farms Water System**

3. A 6'x6'x4" concrete pad on Well #2 shall be constructed immediately to protect this well from contamination. This well does not have a concrete pad as require per Rule 62-532.500(3)(c), FAC. Also the concrete pad on Well #1 must be extended to 6'x6'x4". This deficiency was observed previously, and it has not been corrected.
4. A well vent must be installed at each well, (same as 2 above).
5. The raw water sample tap is located incorrectly after the check valve. It must be relocated between the well and the check valve to allow the collection of raw water (un-chlorinated water).

Please keep a copy of the Operation & Maintenance Manual at each plant site per compliance with Rule 62-555.350, FAC. The manual must contain operation and control procedures, and maintenance and repair procedures for all plant equipment. Some of the manufacturer manuals were available during the inspections. Please verify that a complete O&M Manual is available.

These community water systems must monitor during this year for Nitrate, Nitrite, total coliform bacteria (monthly), and chlorine residual (monthly).

Please provide a written response within 20 days of receipt of this letter detailing how the above deficiencies will be corrected in a satisfactory manner within the next 90 days. Enclosed is a copy of the sanitary survey reports for your records. Please contact me at (904) 807-3303, or [Blanca.Rodriguez@dep.state.fl.us](mailto:Blanca.Rodriguez@dep.state.fl.us) if you have any questions. Your cooperation with the Florida Safe Drinking Water Program is appreciated.

Sincerely,



Blanca R. Rodriguez  
Potable Water Section

BRR:brr

Enclosure: Sanitary Survey Reports

CC: Mr. Mark March, Operator

State of Florida  
Department of Environmental Protection  
Northeast District

# SANITARY SURVEY REPORT

Plant Name Arredondo Farms County Alachua PWS ID # 2010042  
Plant Location 6500 SW Archer Rd., east of I-75 Phone 352-435-4020  
Owner Name Aqua Utilities Florida Inc., Mr. Brian Heath, Manager Phone 352-787-0980  
Owner Address P.O. Box 490310, Leesburg, FL 34749  
Contact Person Mark March/Candice McClure Title operator/office pers. Phone 352-303-0718  
This Survey Date 1/30/07 Last Survey Date 9/9/05 Last C.I. Date 4/6/06

**PWS TYPE & CLASS:** Community - (5C)

### SERVICE AREA CHARACTERISTICS

Mobile home

Food Service:  Yes  No  N/A

### GENERAL INFORMATION

Number of Service Connections 240  
Population Served 600 Basis 2.5/conn.  
Plant Design Capacity 290,000 gpd  
Basis \_\_\_\_\_  
Average Day (from MORs) 69,800 gpd  
Max. Day (from MORs) 187,000 gpd  
Total Storage Capacity 10,000 gallons  
Comments two hydroneupmatic tanks

### LOCATION

Latitude 29° 35' 58" North  
Longitude 82° 25' 04" West  
GPS: Y\_ Date: unk  
Directions: SR 24 (Archer Road). About a mile after Pass I-75. Plant is on the left hand side on Archer Road.

### OPERATION & MAINTENANCE

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number  
Mr. Mark March, C-8573, cell 352-303-0718  
Candice McClure, Office pers., 352-435-4020  
O & M Log:  Yes  No  Not required  
Operator Visitation Frequency  
Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 6 Actual 6  
Non-consecutive Days?  Yes  No  N/A  
MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A

### RAW WATER SOURCE

GROUND; Number of Wells 2  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
Emergency Water Capacity \_\_\_\_\_

### AUXILIARY POWER SOURCE

Yes  None  Not Required  
Source Diesel Generator  
Capacity of Standby (kW) \_\_\_\_\_  
Switchover:  Automatic  Manual  
Standby Plan:  Yes  No  
Hrs Operated Under Load 4 hrs/month  
What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
Satisfy 1/2 max-day demand?  Yes  No  Unk  
Comments \_\_\_\_\_

### TREATMENT PROCESSES IN USE

Disinfection only  
What additional treatment is needed?  
None  
For control of what deficiencies?  
\_\_\_\_\_

### DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter  
Meter Size & Type 3"  
Backflow Prevention Devices:  Yes  No  
Cross-connections none noted  
Written Cross-connection Control Program: Yes  
Coliform Sampling Plan:  Yes  No  N/A  
Comments A new flow meter was installed

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

**GROUND WATER SOURCE**

Well Number (PWS Identification)	Well #1	Well #2		
Well Name (System Identification)	East well	West well		
Year Drilled	1970	1978		
Depth Drilled	150'	143'		
Latitude	29:35:58.42	29:35:58.81		
Longitude	82:25:04.08	82:25:03.555		
GPS (Y or N) / Date (if applicable)	Yes	Yes		
Florida Well ID	Unk	Unk		
Static Water Level	47'	47'		
Actual Yield (if different than rated capacity)				
Strainer	Unk	Unk		
Length (outside casing)	72'	70'		
Diameter (outside casing)	8"	8"		
Material (outside casing)	CT	steel		
Well Contamination History	none	none		
Is inundation of well possible?	no	no		
6' X 6' X 4" Concrete Pad	yes	yes		
SET BACKS	Septic Tank	yes	yes	
	Reuse Water	N/A	N/A	
	WW Plumbing	ok	ok	
	Other Sanitary Hazard	unk	unk	
PUMP	Type	Subm.	Subm.	
	Manufacturer Name	unk	unk	
	Model Number	unk	unk	
	Rated Capacity (gpm)	250	300	
	Motor Horsepower	15	15	
Well casing 12" above grade?	yes	yes		
Well Casing Sanitary Seal	ok	ok		
Raw Water Sampling Tap	ok	ok		
Above Ground Check Valve	yes	yes		
Fence/Housing	fence	fence		
Well Vent Protection	No vent	No vent		

**COMMENTS**

Well #2 does not have the required 6'x6'x4" concrete pad. Install a concrete pad ASAP for protection of the well.



**CHLORINATION (Disinfection)**

Type: Hypo-Chlorination  
 Make Custom Capacity 15 gpd  
 Chlorine Feed Rate 50%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 0.8 Remote 0.8  
 Remote tap location plant effluent/mobile home  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points pre-hydro tank  
 Booster Pump Info \_\_\_\_\_  
 Comments \_\_\_\_\_

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Bloodworm Presence \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated  
 (B) Bladder (C) Clearwell

Tank Type/Number	H	H	
Capacity (gal)	5000	5000	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	yes		
Protected Openings	yes		
PRV/ARV	Both	PRV	
On/Off Pressure	30/55		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Tanks are in serie, Total vol = 10,000 gal  
Good condition.  
Pressure was 38 psig, good.  
 \_\_\_\_\_  
 \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

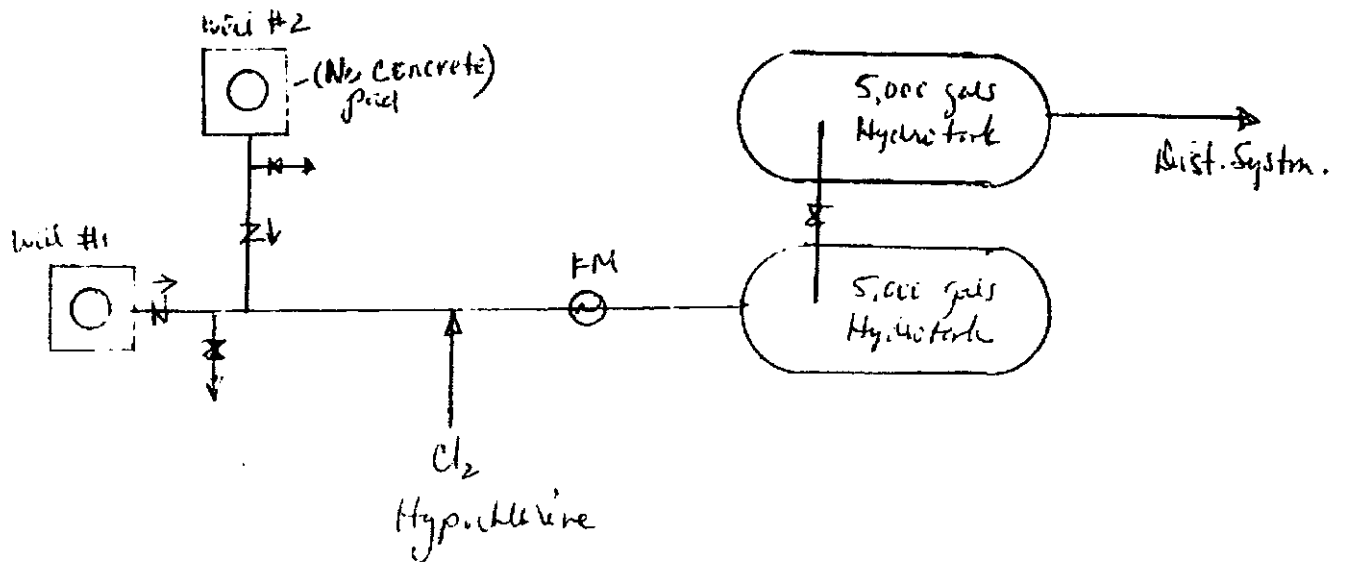
Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Disinfectant Levels	Monthly	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system).
Disinfection Byproducts (DBPs)	2006	2009	TTHMs and HAA5s taken in accordance with your D/DBPR Monitoring Plan
Nitrate & Nitrite (as N)	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Samples taken from each Point of Entry to the distribution System
Synthetic Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system
Radionuclides	2003	N.R.	Taken from each Point of Entry to the distribution system
Secondary Standards	2006	2009	Taken from each Point of Entry to the distribution system
Lead and Copper	2005	2008	Samples taken from pre-approved sample plan sites
Asbestos	Waiver	2011 or waiver	Samples taken from the distribution. Waiver available if there is no asbestos pipe in the distribution system

Unless otherwise noted, all samples shall be representative of each source after treatment.

**SCHEMATIC:**



MONITORING VIOLATIONS	MCL VIOLATIONS
none	none

**DEFICIENCIES:**

1. The Well # 2 does not have a concrete pad. Install a 6'x6'x4" concrete pad to protect this well.

2. Install a vent at each well, if they are artesian wells.

3. Relocate the raw water sample tap between the well and the check valve to allow the collection of un-chlorinated samples.

Inspector

Blanca R. Rodriguez  
Blanca R. Rodriguez

Title

Engineer IV

Date

2/27/2007

Approved by

Title

Date

**A UA**  
Utilities Florida.

Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

June 15, 2007

Blanca Rodriguez  
FDEP Northeast District  
7825 Baymeadows Way  
Suite B200  
Jacksonville, FL 32256-7590

**RE: Reply to Sanitary Survey**  
**Arredondo Estates PWS ID: 2010041**  
**Arredondo Farms PWS ID: 2010042**  
**Alachua County**

Dear Ms. Rodriguez:

The purpose of the correspondence is to provide a written response as requested in your February 28, 2007 letter regarding the public water system sanitary survey conducted at the referenced facility.

Arredondo Estates:

1. The concrete pad has been repaired and expanded to a size of 6'x6'x4" and the metal grid has been removed.
2. The well vent has been installed.

Arredondo Farms

3. The concrete pad for Well #2 has been constructed. However, due to the location of the well, the pad is not 6'x 6'. Rule 62-532.500(3)(c), FAC applies to wells that were "constructed on or after April 1, 2002." Due to the location of the well and the structures on the property, it is not physically possible to increase the pad size to the entire 6' x 6' area.
4. The well vent has been installed.
5. A sampling tap will be installed between the well and check valve as required.

Please note that the requirements for well aprons in Rule 62-532.500(3)(c), FAC and for well vents in Rule 62-555.320(8)(c) do not apply to either of these facilities due to the date in which they were originally constructed and the dates listed in these rules. Aqua Utilities Florida

understands the purpose behind these rules and therefore we did the best we could to retrofit these facilities to comply with the current standards.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

*Patrick Farris*

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

cc: Paul Thompson, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 1/1/07 To: 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Y Mon. Site No. EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.044	0.044	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 I Mon. Site No. EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.4		mg/L	0	Weekly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				2.8	2.8	mg/L	0	Weekly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/02/27

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

Version 22 January 2003

DOCUMENT NUMBER - DATE

04304 MAY 22 8

FPSC-COMMISSION CLERK

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 1/1/07

To: 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement			7.3	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			5.0		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Ar. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 I Mon. Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement				3.0	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			2.2		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			170		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100 PARM Code 00180 I Mon. Site No. CAL-1	Sample Measurement				73%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011315**  
 Month/Year: **From 1/1/07 To: 1/31/07**

Facility Name: **Arredondo Farms Mobile Home Park WWTF**  
 County: **Alachua**

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048				7.4	7.4	2.0			
2	.064				7.5	7.5	2.2			
3	.032				7.4	7.4	2.2			
4	.048	2.0U	3.1	1.0U	7.6	7.6	2.0	3.0		
5	.048				7.4	7.4	2.0			
6	.048									
7	.048						1.8			
8	.032				7.4	7.4	2.0			
9	.032				.5	.5	2.0			
10	.064				7.4	7.4	2.2			
11	.064				7.4	7.4	2.0			
12	.048				7.5	7.5	2.2			
13	.048									
14	.032						2.0			
15	.048				7.4	7.4	2.2			
16	.048				7.3	7.3	2.0			
17	.032				7.4	7.4	2.2			
18	.032	2.0U	2.5	1.0U	7.4	7.4	2.2	0.65	2.2 J	170
19	.056				7.4	7.4	2.0			
20	.056									
21	.032						2.0			
22	.048				7.7	7.7	2.0			
23	.048				7.6	7.6	2.0			
24	.032				7.7	7.7	2.2			
25	.032				7.7	7.7	2.0			
26	.048				7.8	7.8	2.2			
27	.048									
28	.032						1.8			
29	.048				7.6	7.6	1.6			
30	.032				7.6	7.6	2.0			
31	.032				7.4	7.4	1.8			

**Plant Staffing:**

Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson



**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

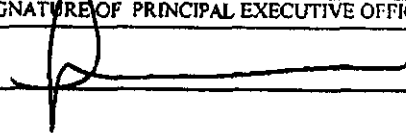
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 2/1/07 To: 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 I Mon.Site No. EFA-1	Sample Measurement	0.044	0.044	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.0		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				1.4		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement				1.55	2.1	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/03/21

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 2/1/07

To: 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement			7.2	7.6	s.u.	0	Daily, five day per week Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			5.1		#/100mL	0	Weekly Grab
	Permit Measurement			200 (An.Avg.)		#/100mL		Weekly Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement			1.2		mg/L	0	Daily, five day per week Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement				3.2	mg/L	0	Weekly Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			330		mg/L	0	Monthly Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			310		mg/L	0	Monthly Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				73%	Percent	0	Monthly Calculated
	Permit Measurement				Report (Mo.Total)	Percent		Monthly Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name: Arredondo Farms Mobile Home Park WWTF

Month/Year: From 2/1/07 To: 2/28/07

County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.080				7.3	7.3	1.2			
2	.056				7.5	7.5	1.6			
3	.056									
4	.032						1.8			
5	.032				7.5	7.5	2.0			
6	.048				7.4	7.4	1.8			
7	.048	2.0U	2.1	1.0U	7.4	7.4	1.8	1.6	330	310
8	.037				7.2	7.2	1.6			
9	.040				7.4	7.4	1.8			
10	.040									
11	.048						2.0			
12	.048				7.6	7.6	2.2			
13	.032				7.5	7.5	1.8			
14	.048				7.5	7.5	1.6			
15	.064				7.4	7.4	1.8			
16	.040				7.5	7.5	2.0			
17	.040									
18	.048						1.8			
19	.032				7.5	7.5	2.2			
20	.048				7.4	7.4	2.0			
21	.048	2.0U	1.0U	1.0U	7.5	7.5	2.2	3.2		
22	.048				7.5	7.5	1.8			
23	.048				7.6	7.6	2.0			
24	.048									
25	.032						1.8			
26	.032				7.5	7.5	1.6			
27	.032				7.5	7.5	1.8			
28	.032				7.6	7.6	2.0			
29										
30										
31										

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

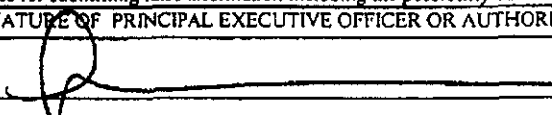
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 3/1/07 To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.043	0.043	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 1 Mon.Site No. EFA-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.5		mg/L	0	Weekly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.75	2.0	mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/04/19

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 3/1/07

To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement				7.4	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement				5.1		#/100mL	0	Weekly	Grab
	Permit Measurement				200 (An.Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement				1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement				200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement				1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement				1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement					4.0	mg/L	0	Weekly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				190		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				110		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement					72%	Percent	0	Monthly	Calculated
	Permit Measurement					Report (Mo.Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315  
 Month/Year: From 3/1/07 To: 3/31/07

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048				7.6	7.6	2.2			
2	.032				7.5	7.5	1.6			
3	.032									
4	.032				7.3	7.3	2.0			
5	.048				7.4	7.4	1.8			
6	.032				7.6	7.6	1.8			
7	.032				7.4	7.4	1.6			
8	.032	2.0U	1.5	1.0U	7.4	7.4	2.0	3.1	190	110
9	.048				7.4	7.4	2.2			
10	.048									
11	.032						2.0			
12	.031				7.5	7.5	2.2			
13	.064				7.4	7.4	2.0			
14	.048				7.6	7.6	2.2			
15	.032				7.4	7.4	2.0			
16	.056				7.5	7.5	2.0			
17	.056									
18	.032						2.0			
19	.048				7.4	7.4	2.0			
20	.048				7.5	7.5	1.8			
21	.032	2.0U	2.0	1.0U	7.4	7.4	2.2	4.0		
22	.048				7.4	7.4	2.0			
23	.056				7.6	7.6	2.0			
24	.056									
25	.032						2.0			
26	.048				7.6	7.6	1.8			
27	.032				7.4	7.4	2.0			
28	.048				7.4	7.4	2.2			
29	.048				7.5	7.5	2.2			
30	.048				7.4	7.4	2.0			
31	.048									

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class <u>    </u>	Certificate No. <u>    </u>	Name: <u>    </u>
Night Shift Operator	Class <u>    </u>	Certificate No. <u>    </u>	Name: <u>    </u>
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 4/1/07 To: 4/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.045		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 I Mon.Site No. EFA-1	Sample Measurement	0.041	0.043	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.0		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement				2.0	<2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				1.7		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement				3.9	3.9	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/05/22

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 4/1/07

To: 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement			7.3	7.5	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			5.1		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An.Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement			1.0	<1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement				1.5	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			280		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			93		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				71%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)	Percent		Monthly	Calculated



**DAILY SAMPLE RESULTS – PART B**

Permit Number: FLA011315

Facility Name: Arredondo Farms Mobile Home Park WWTF

Month/Year: From 4/1/07

To: 4/30/07

County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.032						2.0			
2	.032				7.4	7.4	1.8			
3	.032				7.3	7.3	2.0			
4	.032				7.4	7.4	1.6			
5	.064	<2.0	4.8	<1.0	7.4	7.4	2.0	1.4	280	93
6	.048				7.4	7.4	1.8			
7	.048									
8	.032						2.2			
9	.048				7.4	7.4	2.0			
10	.064				7.4	7.4	2.0			
11	.016				7.4	7.4	2.2			
12	.032				7.3	7.3	2.2			
13	.048				7.4	7.4	2.0			
14	.048									
15	.016						2.0			
16	.032				7.4	7.4	2.2			
17	.048				7.3	7.3	2.2			
18	.048	<2.0	<1.0	<1.0	7.4	7.4	2.0	1.5		
19	.032				7.4	7.4	2.2			
20	.048				7.4	7.4	2.2			
21	.048									
22	.048						1.6			
23	.048				7.4	7.4	2.0			
24	.048				7.5	7.5	2.2			
25	.032				7.4	7.4	1.8			
26	.048				7.4	7.4	2.0			
27	.040				7.4	7.4	2.2			
28	.040									
29	.048						2.0			
30	.032				7.4	7.4	2.2			
31										

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF


COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 5/1/07 To: 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.045		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.044	0.043	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 I Mon.Site No. EFA-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	20	mg/L	0	Weekly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				8.6		mg/L	0	Weekly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				83.06	240	mg/L	4	Weekly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/06/14

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 5/1/07

To: 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon. Site No. EFA-1	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			5.1		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 1 Mon. Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement				3.1	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			230		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			140		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 1 Mon. Site No. CAL-1	Sample Measurement				72%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315  
 Month/Year: From 5/1/07

To: 5/31/07

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.032				7.4	7.4	2.0			
2	.048				7.4	7.4	1.6			
3	.048	<2.0	240	<1.0	7.4	7.4	1.8	3.1		
4	.048				7.4	7.4	2.0			
5	.048									
6	.048						2.0			
7	.032				7.4	7.4	2.2			
8	.032				7.5	7.5	2.0			
9	.048				7.4	7.4	2.2			
10	.032				7.4	7.4	2.2			
11	.048				7.4	7.4	2.0			
12	.048									
13	.048						2.0			
14	.048				7.5	7.5	2.2			
15	.032				7.4	7.4	2.0			
16	.032				7.4	7.4	2.0			
17	.048	<2.0	3.5	<1.0	7.5	7.5	2.2	1.4	230	140
18	.040				7.4	7.4	2.2			
19	.040									
20	.048						1.8			
21	.048				7.5	7.5	2.0			
22	.048				7.4	7.4	2.0			
23	.048				7.4	7.4	2.2			
24	.032				7.4	7.4	1.6			
25	.056				7.5	7.5	2.0			
26	.056									
27	.048						1.8			
28	.048				7.6	7.6	2.0			
29	.032				7.6	7.6	2.2			
30	.048				7.4	7.4	2.2			
31	.048	<2.0	5.7	<1.0	7.4	7.4	2.0	2.2		

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

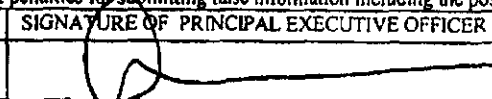
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Y Mon. Site No. EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.043	0.043	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 I Mon. Site No. EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				8.5		mg/L	0	Weekly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.05	1.1	mg/L	0	Weekly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/07/07

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 6/1/07

To: 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			5.1		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An.Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 I Mon.Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement				3.1	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			240		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			120		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 I Mon.Site No. CA1-1	Sample Measurement				71%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)	Percent		Monthly	Calculated

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011315

Month/Year: From 6/1/07

To: 6/30/07

Facility Name:

 Arredondo Farms Mobile Home Park WWTF  
 Alachua

County:

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.032				7.4	7.4	2.0			
2	.032									
3	.048						1.6			
4	.048				7.6	7.6	2.0			
5	.061				7.4	7.4	2.2			
6	.032				7.5	7.5	2.0			
7	.048				7.4	7.4	2.2			
8	.032				7.4	7.4	2.2			
9	.048				7.4	7.4	2.2			
10	.048									
11	.048				7.5	7.5	2.0			
12	.048				7.4	7.4	2.2			
13	.048				7.4	7.4	2.0			
14	.048	<2.0	<1.1	<1.0	7.5	7.5	2.0	1.3	240	120
15	.040				7.4	7.4	2.2			
16	.040									
17	.080						2.0			
18	.032				7.5	7.5	1.8			
19	.032				7.4	7.4	2.0			
20	.048				7.5	7.5	2.0			
21	.048				7.4	7.4	2.2			
22	.048				7.6	7.6	2.0			
23	.048									
24	.032						2.0			
25	.037				7.5	7.5	2.2			
26	.048				7.5	7.5	2.2			
27	.032				7.4	7.4	2.0			
28	.016	<2.0	<1.0	<1.0	7.4	7.4	2.2	3.1		
29	.040				7.4	7.4	2.0			
30	.040									
31										

**Plant Staffing:**

 Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

 Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

 Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

 Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

en Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

MITTEE NAME: Aqua Utilities Florida  
 ILING ADDRESS: PO Box 490310  
 Leesburg, FL 34749

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

ILITY: Arredondo Farms Mobile Home Park WWTF  
 ATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

UNTY: Alachua

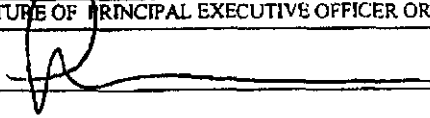
NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 7/1/07

To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
ow	Sample Measurement	0.045		MGD				0	Daily, five days per week	Elapsed time meter
ARM Code 0050 on Site No. BFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
ow	Sample Measurement	0.047	0.045	MGD				0	Daily, five days per week	Elapsed time meter
ARM Code 0050 on Site No. BFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
OD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
ARM Code 0082 on Site No. BFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L	0	Weekly	Grab
ARM Code 0082 on Site No. BFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
slids, Total Suspended	Sample Measurement				8.5		mg/L	0	Weekly	Grab
ARM Code 00530 on Site No. BFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
slids, Total Suspended	Sample Measurement				1.05	<1.1	mg/L	0	Weekly	Grab
ARM Code 00530 on Site No. BFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/07/31

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

revision 22 January 2003

revised 11/21/08 on



CILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
HMP ARM Code: 00400 Site No: EPA-1	Sample Measurement				7.4	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
oliform, Fecal ARM Code: 74055 Site No: EPA-1	Sample Measurement				1.1		#/100mL	0	Weekly	Grab
	Permit Measurement				200 (Ar.Avg.)		#/100mL		Weekly	Grab
oliform, Fecal ARM Code: 74055 Site No: EPA-1	Sample Measurement				1.62	16000	#/100mL	2	Weekly	Grab
	Permit Measurement				200 (Mo. Geo. Mean)	800 (Max.)	#/100mL		Weekly	Grab
otal Residual Chlorine ( For disinfection) ARM Code: 30060 Site No: EPA-1	Sample Measurement				1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement				1.0 (Min.)		mg/L		Daily, five day per week	Grab
itrogen, Nitrate, Total (as N) ARM Code: 00620 Site No: EPA-1	Sample Measurement					1.2	mg/L	0	Weekly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Weekly	Grab
OD, Carbonaceous 5 day, 20C ARM Code: 80082 Site No: INF-1	Sample Measurement				220		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg)		mg/L		Monthly	Grab
olids, Total Suspended ARM Code: 00530 Site No: INF-1	Sample Measurement				160		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg)		mg/L		Monthly	Grab
ercent Capacity (TMADF / ermitted Capacity) x 100 ARM Code: 00180 Site No: GAL-1	Sample Measurement					74%	Percent	0	Monthly	Calculated
	Permit Measurement					Report (Mo. Total)	Percent		Monthly	Calculated

Permit Number: FLA011315  
 Month/Year: From 7/1/07

To: 7/31/07

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048						2.0			
2	.032				7.4	7.4	2.2			
3	.064				7.6	7.6	1.8			
4	.032				7.6	7.6	2.0			
5	.048				7.4	7.4	2.2			
6	.040				7.6	7.6	2.0			
7	.040									
8	.048						1.8			
9	.032				7.4	7.4	2.2			
10	.032				7.5	7.5	2.0			
11	.032				7.4	7.4	2.2			
12	.032	<2.0	<1.0	16000 B	7.5	7.5	2.0	0.69	220	160
13	.048				7.4	7.4	1.8			
14	.055						2.2			
15	.056									
16	.065			<2.0	7.4	7.4	2.2			
17	.032			<1.0	7.4	7.4	2.2			
18	.032			<1.0	7.4	7.4	2.2			
19	.032			<1.0	7.4	7.4	2.2			
20	.064				7.4	7.4	2.2			
21	.056				7.4	7.4	2.2			
22	.056									
23	.064				7.4	7.4	1.8			
24	.048			<1.0	7.5	7.5	2.0			
25	.064			<1.0	7.4	7.4	2.2			
26	.048	<2.0	<1.1	<1.0	7.5	7.5	2.0	1.2		
27	.056				7.4	7.4	1.6			
28	.056									
29	.048						1.8			
30	.032			<2.0	7.4	7.4	2.0			
31	.080			<1.0	7.4	7.4	1.8			

Plant Staffing:

Day Shift Operator Class C  
 Evening Shift Operator Class \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_  
 Lead Operator Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

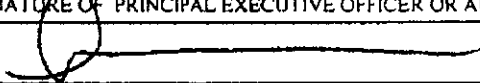
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 8/1/07 To: 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. EFA-1	Sample Measurement	0.045		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 I Mon. Site No. EFA-1	Sample Measurement	0.045	0.045	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				2.0		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA-1	Sample Measurement				<2.0	<2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				8.5		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA-1	Sample Measurement				1.38	1.75	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/09/18

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 8/1/07

To: 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement			7.3		7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			149.2			#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)			#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			1.0		<1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)		800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample Measurement			1.6			mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)			mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement					3.75	mg/L	0	Weekly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement			233			mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			188			mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)			mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100 PARM Code 00180 Mon. Site No. CAL-1	Sample Measurement					75%	Percent	0	Monthly	Calculated
	Permit Measurement					Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011315**

Facility Name:

**Arredondo Farms Mobile Home Park WWTF**

Month/Year: From **8/1/07**

To: **8/31/07**

County:

**Alachua**

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.049				7.5	7.5	2.0			
2	.049				7.4	7.4	2.0			
3	.064				7.4	7.4	2.0			
4	.064									
5	.048						2.0			
6	.048				7.6	7.6	2.0			
7	.064				7.4	7.4	1.8			
8	.048				7.5	7.5	2.0			
9	.048	<2.0	1.75 I	<1.0	7.4	7.4	2.2	3.75		
10	.032				7.4	7.4	2.2			
11	.032									
12	.016						1.8			
13	.048				7.4	7.4	2.0			
14	.032				7.4	7.4	2.0			
15	.016				7.5	7.5	1.8			
16	.016				7.5	7.5	2.0			
17	.088				7.4	7.4	2.2			
18	.088									
19	.032						1.6			
20	.064				7.4	7.4	2.0			
21	.064				7.4	7.4	2.2			
22	.032				7.5	7.5	2.2			
23	.032	<2.0	<1.0	<1.0	7.4	7.4	2.0	1.80	233	188
24	.064				7.4	7.4	2.2			
25	.064									
26	.016						1.8			
27	.048				7.5	7.5	2.0			
28	.016				7.4	7.4	2.0			
29	.016				7.4	7.4	2.2			
30	.064				7.4	7.4	2.0			
31	.048				7.3	7.3	2.2			

**Plant Staffing:**

Day Shift Operator

Class C

Certificate No. 7212

Name: Mark March

Evening Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Class A

Certificate No. 4894

Name: Paul Thompson

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Report Completed and this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT GROUP: Monthly Domestic

FACILITY: Amundson Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

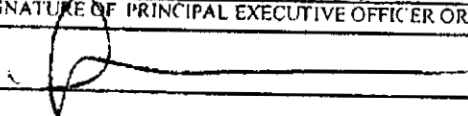
COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/01/07 To: 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 80050 Y Mon Site No. EFA-1	Sample Measurement	.045		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 80050 Y Mon Site No. EFA-1	Sample Measurement	.048	.046	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20°C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				2.0		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20°C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				<2.0	<2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 80530 Y Mon Site No. EFA-1	Sample Measurement				8.5		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 80530 Y Mon Site No. EFA-1	Sample Measurement				<1.0	<1.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/25/07

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

PATCHY NAME: Atterondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 9/1/07

To: 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample type
pH PARM Code 00400 1 Mon. Site No. EFA-1	Sample Measurement			7.3		0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			149.2	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Ar. Avg.)	#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFA-1	Sample Measurement			<1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 1 Mon. Site No. EFA-1	Sample Measurement			1.6	mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)			Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00720 Mon. Site No. EFA-1	Sample Measurement				mg/l	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			203	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			75.4	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)	mg/L		Monthly	Grab
Percent Capacity (EMADP Permitted Capacity) X 100 PARM Code 00180 1 Mon. Site No. CA1-1	Sample Measurement				77%	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011315  
 Month/Year: From 9/1/07 To: 9/30/07

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.040									
2	.048						2.0			
3	.080				7.4	7.4	2.2			
4	.048				7.4	7.4	2.2			
5	.032				7.3	7.3	2.0			
6	.032	<2.0	<1.0	8.0	7.4	7.4	2.2	1.10	203	75.4
7	.055				7.3	7.3	2.0			
8	.056						2.2			
9	.032									
10	.048				7.3	7.3	2.2			
11	.048				7.3	7.3	2.2			
12	.032				7.3	7.3	2.2			
13	.032				7.3	7.3	2.2			
14	.032				7.3	7.3	1.8			
15	.064				7.2	7.2	1.8			
16	.064									
17	.048				7.6	7.6	1.5			
18	.048				7.5	7.5	2.2			
19	.048				7.4	7.4	1.8			
20	.048	2.0	<1.0	<1.0	7.5	7.5	1.5	2.28		
21	.05				7.4	7.4	2.0			
22	.056									
23	.048						1.6			
24	.032				7.4	7.4	2.0			
25	.064				7.4	7.4	2.2			
26	.032				7.3	7.3	2.2			
27	.048				7.4	7.4	2.0			
28	.048				7.4	7.4	2.2			
29	.048									
30	.064									
31										

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>



**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

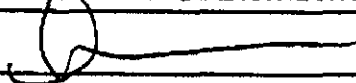
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.045		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	.050	.048	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 1 Mon.Site No. EFA-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	0	Weekly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	4.1	mg/L	0	Weekly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				8.9		mg/L	0	Weekly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				<1.0	11	mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/11/07

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Aronondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: October 1, 2007

To: October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement			7.2	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			149.2		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			<1.0	33	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample Measurement			1.2		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement				1.92	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement			191		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			148		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100 PARM Code 00180 Mon. Site No. CAL-1	Sample Measurement				80%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (M&T total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011315**  
 Month/Year: From **October 1, 2007** To: **October 31, 2007**

Facility Name: **Arredondo Farms Mobile Home Park WWTF**  
 County: **Alachua**

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.064				7.4	7.4	2.0			
2	.048				7.4	7.4	2.2			
3	.032				7.6	7.6	2.2			
4	.048	<2.0	<1.0	<1.0	7.4	7.4	2.0		178	158
5	.064				7.4	7.4	2.2			
6	.064									
7	.048						2.0			
8	.048				7.3	7.3	1.8			
9	.048				7.4	7.4	2.0			
10	.048				7.3	7.3	2.0			
11	.064				7.3	7.3	1.8			
12	.032				7.4	7.4	2.0			
13	.056				7.4	7.4	1.6			
14	.056									
15	.048				7.4	7.4	1.4			
16	.048				7.4	7.4	1.8			
17	.032				7.4	7.4	1.6			
18	.064	4.1	11	33	7.4	7.4	1.2	0.98	204	138
19	.032				7.4	7.4	1.2			
20	.064				7.4	7.4	1.4			
21	.064									
22	.048				7.4	7.4	1.2			
23	.048				7.2	7.2	1.0			
24	.048				7.3	7.3	1.4			
25	.048	2.8	2.0	<1.0	7.4	7.4	2.0	1.92		
26	.060				7.3	7.3	2.2			
27	.060									
28	.048						2.0			
29	.032				7.3	7.3	1.4			
30	.064				7.4	7.4	1.2			
31	.032				7.3	7.3	1.0			

**Plant Staffing:**

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class <u>    </u>	Certificate No. <u>    </u>	Name: <u>    </u>
Night Shift Operator	Class <u>    </u>	Certificate No. <u>    </u>	Name: <u>    </u>
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

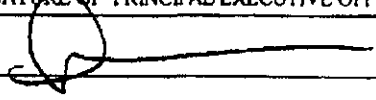
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 11/1/07 To: 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.046		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No: EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.053	0.050	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No: EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No: EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9	5.6	mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No: EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				9.0		mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No: EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				2.28	6.0	mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No: EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/12/17

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 11/1/07

To: 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement			7.3		7.4	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			149.2			#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (An. Avg.)			#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.19		<2.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (Mo. Geo. Mean)		800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6			mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permit Measurement			1.0 (Min.)			mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					3.04	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Measurement					12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			216			mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			148			mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement					76%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permit Measurement					Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name:

Arredondo Farms Mobile Home Park WWTF

Month/Year: From 11/1/07

To: 11/30/07

County:

Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.064	5.6	6.0	<1.0				1.84	216	148
2	.048				7.3	7.3	2.0			
3	.048									
4	.048						2.0			
5	.064				7.4	7.4	2.0			
6	.048				7.3	7.3	1.6			
7	.048				7.4	7.4	1.8			
8	.064	<2.0, J	<1.0	<1.0	7.3	7.3	1.6	1.68		
9	.048				7.4	7.4	1.2			
10	.048									
11	.048						1.8			
12	.064				7.3	7.3	2.0			
13	.032				7.3	7.3	1.6			
14	.064				7.4	7.4	2.2			
15	.048				7.4	7.4	2.0			
16	.048				7.3	7.3	1.8			
17	.048									
18	.048						2.0			
19	.048				7.4	7.4	2.2			
20	.048	<2.0	1.0 I^	<2.0	7.3	7.3	1.6	3.04		
21	.048				7.3	7.3	2.0			
22	.064				7.4	7.4	2.0			
23	.056				7.3	7.3	2.2			
24	.056									
25	.048						1.8			
26	.048				7.4	7.4	2.0			
27	.048				7.3	7.3	2.0			
28	.048				7.3	7.3	2.0			
29	.048	<2.0	<1.1	<1.0	7.4	7.4	1.8	2.0		
30	.056				7.3	7.3	2.2			
31										

Plant Staffing:

Day Shift Operator      Class C  
 Evening Shift Operator      Class \_\_\_\_\_  
 Night Shift Operator      Class \_\_\_\_\_  
 Lead Operator      Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

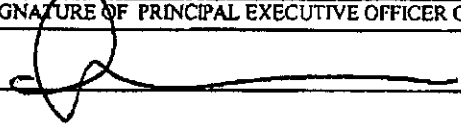
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.046		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.052	0.052	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				8.9		mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.35	1.5	mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

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

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement			7.3	7.4	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			149.2		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			<1.0	<1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample Measurement			2.0		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement				3.3	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement			160		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			120		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100 PARM Code 00180 Mon. Site No. CAL-1	Sample Measurement				86%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated



**DAILY SAMPLE RESULTS – PART B**

Permit Number: **FLA011315**  
 Month/Year: From **12/1/07** To: **12/31/07**

Facility Name: **Arredondo Farms Mobile Home Park WWTF**  
 County: **Alachua**

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.056									
2	.048						2.2			
3	.048				7.3	7.3	2.0			
4	.064				7.3	7.3	2.2			
5	.032				7.4	7.4	2.0			
6	.048	<2.0	1.5	<1.0	7.3	7.3	2.2	3.3	160	120
7	.064				7.4	7.4	2.0			
8	.064									
9	.048						2.2			
10	.048				7.3	7.3	2.0			
11	.054				7.4	7.4	.2			
12	.064				7.3	7.3	2.0			
13	.016				7.3	7.3	2.2			
14	.048				7.4	7.4	2.0			
15	.048									
16	.048						2.2			
17	.064				7.4	7.4	2.0			
18	.048				7.3	7.3	2.2			
19	.048				7.3	7.3	2.2			
20	.064	<2.0	<1.2	<1.0	7.3	7.3	2.0	2.0		
21	.048				7.4	7.4	2.0			
22	.048									
23	.048						2.2			
24	.064				7.3	7.3	2.0			
25	.048				7.3	7.3	2.0			
26	.048				7.4	7.4	2.2			
27	.048				7.3	7.3	2.0			
28	.064				7.4	7.4	2.0			
29	.064									
30	.032						2.0			
31	.064				7.3	7.3	2.2			

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

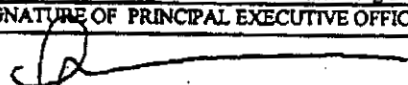
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 1/1/06 To: 1/31/06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		(Mg./AY)	(Mg./AY)		(Mg./L)	(Mg./L)				
Flow	Sample Measurement	0.033		MGD				0	Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.042	0.042	MGD				0	Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9		mg/L	0	Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22	42	mg/L	0	Weekly	Grab
Solids, Total Suspended	Sample Measurement				4.6		mg/L	0	Weekly	Grab
Solids, Total Suspended	Sample Measurement				2.85	4.6	mg/L	0	Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/2/23

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

Version 22 January 2003

DOCUMENT NUMBER-DATE

04304 MAY 22 06

FPSC-COMMISSION CLERK

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 1/1/06

To: 1/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
PARM Code: 00400 Mon. Site No: EPA-1	Permit Measurement							Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			2.0		#/100mL	0	Weekly	Grab
PARM Code: 74055 Mon. Site No: EPA-1	Permit Measurement			200 (Ar-Avg)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code: 74055 Mon. Site No: EPA-1	Permit Measurement			200 (Mo-Co Mean)	800 (Mo-Co)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.0		mg/L	0	Daily, five day per week	Grab
PARM Code: 50060 Mon. Site No: EPA-1	Permit Measurement			1.0 (Min)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.8	mg/L	0	Weekly	Grab
PARM Code: 00620 Mon. Site No: EPA-1	Permit Measurement				120 (Mo-Co)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			350		mg/L	0	Monthly	Grab
PARM Code: 80032 Mon. Site No: INF-1	Permit Measurement			Report (Mo-Avg)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			160		mg/L	0	Monthly	Grab
PARM Code: 00530 Mon. Site No: INF-1	Permit Measurement			Report (Mo-Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				70.6%	Percent	0	Monthly	Calculated
PARM Code: 00180 Mon. Site No: CAL-1	Permit Measurement				Report (Mo-Avg)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name:

Arredondo Farms Mobile Home Park WWTF

Month/Year: From 1/1/06

To: 1/31/06

County:

Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.054						1.6			
2	.045				7.6	7.6	2.0			
3	.048				7.4	7.4	1.6			
4	.037				7.4	7.4	1.6			
5	.042				7.4	7.4	1.4			
6	.061				7.4	7.4	1.6			
7	.061									
8	.038						1.4			
9	.046				7.5	7.5	1.0			
10	.037				7.7	7.7	1.6			
11	.053	2.0U	1.1U	1.0U	7.6	7.6	1.4	1.0	350	160
12	.060				7.5	7.5	1.2			
13	.024				7.4	7.4	1.4			
14	.024									
15	.040						1.6			
16	.054				7.6	7.6	1.6			
17	.026				7.6	7.6	1.4			
18	.042				7.5	7.5	1.4			
19	.037				7.4	7.4	1.6			
20	.038				7.4	7.4	1.2			
21	.039									
22	.043						1.6			
23	.037				7.6	7.6	1.4			
24	.032				7.4	7.4	2.2			
25	.060				7.6	7.6	1.4			
26	.035	42Y	4.6	1.0U	7.4	7.4	1.6	2.8		
27	.038				7.6	7.6	1.6			
28	.039									
29	.037						1.8			
30	.032				7.6	7.6	1.2			
31	.038				7.5	7.5	1.6			

Plant Staffing:

Day Shift Operator Class C

Certificate No. 7212

Name: Mark March

Evening Shift Operator Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator Class A

Certificate No. 4894

Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

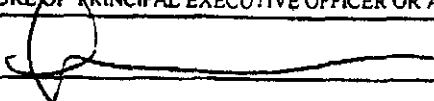
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 2/1/06 To: 2/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .EX.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.034		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 1 Mon.Site No. EFA-1	Sample Measurement	0.038	0.042	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				4.8		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				4.1		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement				1.05	1.1	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/03/23

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 2/1/06

To: 2/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement				7.4	7.7	s.u.	0	Daily, five day per week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement				1.5		#/100mL	0	Weekly	Grab
	Permit Measurement				200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement				1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement				200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample Measurement				1.0		mg/L	0	Daily, five day per week	Grab
	Permit Measurement				1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement					2.0	mg/L	0	Weekly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement				470		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement				480		mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMAADF / Permitted Capacity ) x 100 PARM Code 00180 Mon. Site No. CAL-1	Sample Measurement					70%	Percent	0	Monthly	Calculated
	Permit Measurement					Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Month/Year: From 2/1/06

To: 2/28/06

Facility Name:

Arredondo Farms Mobile Home Park WWTF

County:

Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.034				7.6	7.6	1.6			
2	.034				7.6	7.6	1.6			
3	.045				7.7	7.7	1.8			
4	.045									
5	.038						1.6			
6	.040				7.5	7.5	1.8			
7	.037				7.4	7.4	2.2			
8	.040				7.6	7.6	1.6			
9	.037	2.0U	1.1U	1.0U	7.4	7.4	2.0	1.5	470	480
10	.038				7.5	7.5	1.8			
11	.039									
12	.037						1.4			
13	.034				7.5	7.5	1.0			
14	.062				7.4	7.4	1.4			
15	.027				7.4	7.4	1.6			
16	.030				7.5	7.5	1.8			
17	.029				7.6	7.6	1.6			
18	.029									
19	.037						1.4			
20	.029				7.4	7.4	1.6			
21	.043				7.4	7.4	1.8			
22	.034				7.5	7.5	1.6			
23	.056	2.0U	1.0U	1.0U	7.4	7.4	2.0	2.0		
24	.036				7.5	7.5	2.2			
25	.036									
26	.037						2.0			
27	.042				7.6	7.6	1.2			
28	.038				7.5	7.5	1.6			
29										
30										
31										

Plant Staffing:

Day Shift Operator

Class C

Certificate No. 7212

Name: Mark March

Evening Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator Class

Class A

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Certificate No. 4894

Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

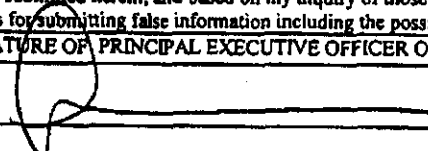
COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/06 To: 3/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.035		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EFA-1	Permit Measurement	0.061		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.041	0.040	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EFA-1	Permit Measurement	0.061	0.060	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8		mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EFA-1	Permit Measurement				20.0		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EFA-1	Permit Measurement				30.0	60.0	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				3.6		mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EFA-1	Permit Measurement				20.0		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0	mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EFA-1	Permit Measurement				30.0	20.0	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/04/12

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



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 3/1/06

To: 3/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EPA-1	Permit Measurement			(Min)	(Max)			Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			200 (Arb. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			200 (Mo. Geo. Mean)	300 (Max)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.4		mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No. EPA-1	Permit Measurement			1.0 (Min)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.0	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EPA-1	Permit Measurement				1.2 (Max)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			310		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			300		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				66%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name: Arredondo Farms Mobile Home Park WWTF

Month/Year: From 3/1/06 To: 3/31/06

County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.038				7.4	7.4	1.8			
2	.038				7.4	7.4	1.4			
3	.049				7.4	7.4	1.6			
4	.049									
5	.035						1.6			
6	.032				7.6	7.6	1.6			
7	.045				7.5	7.5	1.8			
8	.032				7.7	7.7	1.6			
9	.038	2.0U V	1.0U	1.0U	7.6	7.6	2.0	1.7	310V	300
10	.036				7.6	7.6	1.8			
11	.036									
12	.037						1.8			
13	.034				7.5	7.5	1.8			
14	.046				7.6	7.6	2.0			
15	.048				7.6	7.6	1.6			
16	.057				7.5	7.5	1.8			
17	.057				7.6	7.6	1.6			
18	.035									
19	.035						1.8			
20	.040				7.7	7.7	1.6			
21	.038				7.6	7.6	1.8			
22	.042				7.5	7.5	1.6			
23	.032				7.6	7.6	1.8			
24	.042				7.5	7.5	1.6			
25	.043									
26	.037						1.8			
27	.038				7.6	7.6	1.8			
28	.040				7.5	7.5	1.8			
29	.050	2.0U	1.0U	1.0U	7.6	7.6	1.6	2.0		
30	.040				7.6	7.6	1.8			
31	.050				7.6	7.6	1.4			

Plant Staffing:

Day Shift Operator Class C  
 Evening Shift Operator Class \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_  
 Lead Operator Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF


COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.036		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EPA-1	Permit Measurement	0.036 (Mo. Avg)		MGD					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.037	0.039	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EPA-1	Permit Measurement	0.037 (Mo. Avg)	0.039 (Mo. Avg)	MGD					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8		mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EPA-1	Permit Measurement				4.8 (Mo. Avg)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EPA-1	Permit Measurement				2.0 (Mo. Avg)	2.0 (Mo. Avg)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				3.5		mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EPA-1	Permit Measurement				3.5 (Mo. Avg)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.05	1.1	mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EPA-1	Permit Measurement				1.05 (Mo. Avg)	1.1 (Mo. Avg)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/05/10

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 4/1/06

To: 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permitted Measurement			6.0 (Min)	8.0 (Max)			Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permitted Measurement			200 (All-Avg)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permitted Measurement			300 (Mo. Geo. Mean)	800 (Max)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permitted Measurement			1.0 (Min)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.2	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permitted Measurement				12.0 (Mo. Avg)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			390		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. INF-1	Permitted Measurement			1000 (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			190		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INF-1	Permitted Measurement			1000 (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100	Sample Measurement				64%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permitted Measurement				Report (Mo. Avg)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Month/Year: From 4/1/06

To: 4/30/06

Facility Name:

Arredondo Farms Mobile Home Park WWTF  
Alachua

County:

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.050									
2	.030						1.6			
3	.027				7.5	7.5	1.8			
4	.021				7.6	7.6	2.2			
5	.029	2.0U	1.0U	1.0U	7.5	7.5	2.0	2.4		
6	.045				7.6	7.6	1.8			
7	.040				7.7	7.7	2.0			
8	.040									
9	.037						1.8			
10	.043				7.6	7.6	2.2			
11	.038				7.6	7.6	2.4			
12	.046				7.7	7.7	2.2			
13	.040				7.8	7.8	2.0			
14	.031				7.6	7.6	1.8			
15	.032									
16	.038						2.0			
17	.038				7.7	7.7	2.2			
18	.042				7.6	7.6	2.0			
19	.041				7.7	7.7	2.2			
20	.037	2.0U	1.1U	1.0U	7.6	7.6	2.0	3.2	390	190
21	.042				7.6	7.6	1.8			
22	.043									
23	.035				7.5	7.5	2.0			
24	.038				7.4	7.4	1.6			
25	.040				7.6	7.6	2.2			
26	.018				7.4	7.4	2.2			
27	.024				7.5	7.5	2.2			
28	.047				7.4	7.4	2.0			
29	.047									
30	.032				7.4	7.4	2.0			
31										

Plant Staffing:

Day Shift Operator  
Evening Shift Operator  
Night Shift Operator Class  
Lead Operator

Class C  
Class \_\_\_\_\_  
Class A

Certificate No. 7212  
Certificate No. \_\_\_\_\_  
Certificate No. \_\_\_\_\_  
Certificate No. 4894

Name: Mark March  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

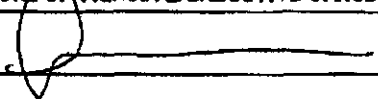
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 5/1/06 To: 5/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon Site No. EFA-1	Permit Measurement								Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.040	0.041	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon Site No. EFA-1	Permit Measurement								Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8		mg/L	0	Weekly	Grab
PARM Code 30082 Mon Site No. EFA-1	Permit Measurement								Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.15	2.3	mg/L	0	Weekly	Grab
PARM Code 30082 Mon Site No. EFA-1	Permit Measurement				3.0 (Mo. Avg)	3.0 (Max)			Weekly	Grab
Solids, Total Suspended	Sample Measurement				3.3		mg/L	0	Weekly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Measurement								Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.3	mg/L	0	Weekly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Measurement				3.0 (Mo. Avg)	3.0 (Max)			Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/06/06

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 5/1/06

To: 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
PARM Code: 00400 Mon. Site No: EPA-1	Permit Measurement							Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Weekly	Grab
PARM Code: 74055 Mon. Site No: EPA-1	Permit Measurement							Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code: 74055 Mon. Site No: EPA-1	Permit Measurement							Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code: 50060 Mon. Site No: EPA-1	Permit Measurement							Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.2	mg/L	0	Weekly	Grab
PARM Code: 00620 Mon. Site No: EPA-1	Permit Measurement							Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190		mg/L	0	Monthly	Grab
PARM Code: 00820 Mon. Site No: EPA-1	Permit Measurement							Monthly	Grab
Solids, Total Suspended	Sample Measurement			100		mg/L	0	Monthly	Grab
PARM Code: 00530 Mon. Site No: EPA-1	Permit Measurement							Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				68%	Percent	0	Monthly	Calculated
PARM Code: 00180 Mon. Site No: CAL-1	Permit Measurement							Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name:

Arredondo Farms Mobile Home Park WWTF

Month/Year: From 5/1/06

To: 5/31/06

County:

Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.038				7.5	7.5	2.2			
2	.043				7.4	7.4	1.8			
3	.043				7.5	7.5	2.0			
4	.054	2.3	1.3	1.0U	7.5	7.5	1.8	1.2	190	100
5	.038				7.6	7.6	1.6			
6	.035									
7	.051				7.6	7.6	1.6			
8	.053				7.5	7.5	2.2			
9	.040				7.5	7.5	2.0			
10	.050				7.4	7.4	2.0			
11	.051				7.6	7.6	2.2			
12	.052				7.5	7.5	2.0			
13	.052									
14	.037						2.2			
15	.053				7.6	7.6	1.8			
16	.034				7.5	7.5	1.6			
17	.042				7.6	7.6	2.0			
18	.056	2.0U	1.1U	1.0U	7.5	7.5	2.0	3.2		
19	.048				7.6	7.6	2.2			
20	.048									
21	.054						2.0			
22	.040				7.6	7.6	2.2			
23	.061				7.6	7.6	1.6			
24	.038				7.5	7.5	2.2			
25	.040				7.5	7.5	2.0			
26	.034				7.6	7.6	2.2			
27	.034									
28	.043						1.8			
29	.045				7.6	7.6	2.0			
30	.030				7.6	7.6	2.0			
31	.058				7.5	7.5	2.2			

Plant Staffing:

Day Shift Operator

Class C

Certificate No. 7212

Name: Mark March

Evening Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Class A

Certificate No. 4894

Name: Paul Thompson



**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 6/1/06 To: 6/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No .Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.039		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 I Mon.Site No. EFA-1	Sample Measurement	0.046	0.043	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				4.8		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				3.3		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement				1.45	1.8	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/07/18

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 6/1/06

To: 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement			7.4	7.7	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			1.5		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement				3.1	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			140		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			90		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				71%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315  
 Month/Year: From 6/1/06

To: 6/30/06

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.058	2.0U	1.1U	1.0U	7.6	7.6	1.6	3.1		
2	.054				7.6	7.6	1.8			
3	.054									
4	.038						2.0			
5	.042				7.7	7.7	1.8			
6	.037				7.5	7.5	2.0			
7	.040				7.5	7.5	2.2			
8	.056				7.6	7.6	2.0			
9	.050				7.5	7.5	2.2			
10	.051									
11	.042						2.0			
12	.046				7.6	7.6	2.2			
13	.067				7.5	7.5	1.8			
14	.042				7.5	7.5	2.0			
15	.072	2.0U	1.8	1.0U	7.6	7.6	2.2	3.1	140	90
16	.045				7.6	7.6	2.0			
17	.045									
18	.038						2.0			
19	.048				7.7	7.7	1.8			
20	.053				7.6	7.6	2.0			
21	.035				7.6	7.6	1.8			
22	.036				7.5	7.5	2.0			
23	.033				7.6	7.6	2.2			
24	.046				7.4	7.4	2.2			
25	.046									
26	.051				7.4	7.4	2.2			
27	.033				7.4	7.4	2.2			
28	.043				7.4	7.4	2.2			
29	.038				7.4	7.4	2.2			
30	.038				7.5	7.5	2.2			
31										

**Plant Staffing:**

Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - FORM 1

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor  
 REPORT GROUP: Monthly Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF


COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EFA-1	Permit Measurement								Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.044	0.045	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code: 50050 Mon. Site No: EFA-1	Permit Measurement								Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.7		mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EFA-1	Permit Measurement				200 (An. Avg)		mg/L	0	Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code: 80082 Mon. Site No: EFA-1	Permit Measurement				800 (Mo. Avg)	600 (Max)	mg/L	0	Weekly	Grab
Solids, Total Suspended	Sample Measurement				3.3		mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EFA-1	Permit Measurement				200 (An. Avg)		mg/L	0	Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0	mg/L	0	Weekly	Grab
PARM Code: 00530 Mon. Site No: EFA-1	Permit Measurement				300 (Mo. Avg)	600 (Max)	mg/L	0	Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/08/16

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 7/1/06

To: 7/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.5	7.6	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EPA-1	Permit Measurement			(Min.)	(Max.)			Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			105.6		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			200		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			50	2500	#/100mL	1	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			(Mo. Geo. Mean)	(Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code 50000 Mon. Site No. EPA-1	Permit Measurement			(Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.6	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EPA-1	Permit Measurement				(Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			200		mg/L	0	Monthly	Grab
PARM Code 30082 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			200		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100	Sample Measurement				75%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name: Arredondo Farms Mobile Home Park WWTF

Month/Year: From 7/1/06 To: 7/31/06

County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048				7.5	7.5	2.2			
2	.048									
3	.037				7.6	7.6	2.2			
4	.050				7.6	7.6	2.0			
5	.045				7.5	7.5	1.8			
6	.060	2.0U	1.0U	2500	7.5	7.5	1.8	1.4	200	200
7	.051				7.6	7.6	2.0			
8	.052									
9	.053						2.0			
10	.035				7.5	7.5	1.6			
11	.038				7.6	7.6	1.6			
12	.037				7.5	7.5	1.8			
13	.048				7.6	7.6	2.0			
14	.050				7.6	7.6	1.6			
15	.050									
16	.040						2.0			
17	.050				7.6	7.6	2.2			
18	.037				7.6	7.6	2.0			
19	.040				7.5	7.5	1.8			
20	.032	2.0U	1.0U	1.0U	7.6	7.6	2.0	2.6		
21	.046				7.6	7.6	1.6			
22	.047									
23	.037						1.8			
24	.037				7.6	7.6	2.0			
25	.045				7.6	7.6	1.6			
26	.035				7.5	7.5	1.6			
27	.037				7.5	7.5	1.8			
28	.040				7.0	7.0	1.6			
29	.040									
30	.042									
31	.040				7.6	7.6	1.6			

Plant Staffing:

Day Shift Operator      Class C  
 Evening Shift Operator      Class \_\_\_\_\_  
 Night Shift Operator      Class \_\_\_\_\_  
 Lead Operator      Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT GROUP: Monthly Domestic

FACILITY LOCATION: Arredondo Farms Mobile Home Park WWTF  
 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

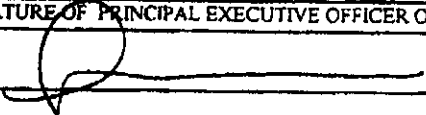
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 8/1/06 To: 8/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	0.041		MGD					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.042	0.044	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	0.042	0.044	MGD					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.7		mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.36	3.1	mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				3.1		mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.3	1.5	mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/09/19

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

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 8/1/06

To: 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.4	7.8	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No: EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	s.u.		Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			105.6		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No: EFA-1	Permit Measurement			200 (An. Avg)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No: EFA-1	Permit Measurement			200 (Mo Geo Mean)	800 (Max)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No: EFA-1	Permit Measurement			1.0 (Min)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.0	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No: EFA-1	Permit Measurement				12.0 (Max)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No: INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			110		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No: INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				73%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No: CAL-1	Permit Measurement				Report (Mo Total)	Percent		Monthly	Calculated



**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name:

Arredondo Farms Mobile Home Park WWTF

Month/Year: From 8/1/06

To: 8/31/06

County:

Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.040				7.6	7.6	2.0			
2	.008				7.6	7.6	1.6			
3	.015	2.0U	1.0U	1.0U	7.8	7.8	2.0	3.0		
4	.016				7.6	7.6	1.8			
5	.016									
6	.062				7.6	7.6	2.0			
7	.037				7.5	7.5	1.6			
8	.056				7.4	7.4	2.0			
9	.068				7.6	7.6	1.8			
10	.080				7.5	7.5	1.8			
11	.030				7.6	7.6	2.0			
12	.030									
13	.022				7.5	7.5	2.0			
14	.056				7.5	7.5	1.8			
15	.042				7.6	7.6	1.6			
16	.040				7.4	7.4	1.8			
17	.038	2.0U	1.4	1.0U	7.5	7.5	2.0	1.5	190	110
18	.054				7.5	7.5	2.0			
19	.054									
20	.038						1.8			
21	.030				7.6	7.6	2.0			
22	.053				7.5	7.5	1.8			
23	.042				7.5	7.5	2.0			
24	.058				7.6	7.6	1.6			
25	.058				7.5	7.5	1.8			
26	.058									
27	.037						1.8			
28	.045				7.5	7.5	2.0			
29	.040				7.6	7.6	1.6			
30	.038				7.5	7.5	1.8			
31	.050	3.1	1.5	1.0U	7.5	7.5	2.0	1.9		

Plant Staffing:

Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

COUNTY: Alachua


NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 9/1/06

To: 9/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.043		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.050	0.045	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0		mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				2.8		mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.7	2.4	mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/10/24

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 9/1/06

To: 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			105.6		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.41	2.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (Mo. Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.0	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			200		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			80		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				75%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315  
 Month/Year: From 9/1/06

To: 9/30/06

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.056				7.5	7.5	2.0			
2	.056									
3	.037						1.8			
4	.060				7.5	7.5	1.6			
5	.043				7.4	7.4	1.8			
6	.035				7.5	7.5	1.8			
7	.059	2.0U	2.4	2.0U	7.6	7.6	2.0	1.6	200	80
8	.058				7.5	7.5	1.8			
9	.058									
10	.038						1.6			
11	.043				7.5	7.5	1.8			
12	.045				7.5	7.5	1.6			
13	.038				7.6	7.6	2.0			
14	.068				7.5	7.5	2.0			
15	.064				7.5	7.5	1.8			
16	.064									
17	.042						1.6			
18	.040				7.4	7.4	2.0			
19	.054				7.5	7.5	1.8			
20	.054	2.0U	1.0U	1.0U	7.4	7.4	2.0	3.0		
21	.049				7.4	7.4	1.6			
22	.046				7.4	7.4	2.2			
23	.056				7.4	7.4	2.0			
24	.056									
25	.053				7.4	7.4	2.2			
26	.048				7.4	7.4	2.0			
27	.054				7.5	7.5	1.8			
28	.037				7.6	7.6	2.0			
29	.045				7.6	7.6	1.8			
30	.048						2.0			
31										

**Plant Staffing:**

Day Shift Operator	Class <u>C</u>	Certificate No. <u>7212</u>	Name: <u>Mark March</u>
Evening Shift Operator	Class _____	Certificate No. _____	Name: _____
Night Shift Operator	Class _____	Certificate No. _____	Name: _____
Lead Operator	Class <u>A</u>	Certificate No. <u>4894</u>	Name: <u>Paul Thompson</u>

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTP  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF


COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 10/1/06 To: 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.043		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon Site No. EPA-1	Permit Measurement	0.043 (An Avg)		MGD					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.049	0.047	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon Site No. EPA-1	Permit Measurement	0.049 (Mo Avg)	0.047 (3 Mo Avg)	MGD					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7		mg/L	0	Weekly	Grab
PARM Code 80082 Mon Site No. EPA-1	Permit Measurement				3.7 (An Avg)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 Mon Site No. EPA-1	Permit Measurement				2.0 (Mo Avg)	2.0 (Max)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.5		mg/L	0	Weekly	Grab
PARM Code 00530 Mon Site No. EPA-1	Permit Measurement				1.5 (An Avg)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0	mg/L	0	Weekly	Grab
PARM Code 00530 Mon Site No. EPA-1	Permit Measurement				1.0 (Mo Avg)	1.0 (Max)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/11/21

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTP

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 10/1/06

To: 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.4	7.6	s.u.	0	Daily, five day per week	Grab
PARM Code 00400 Mon. Site No. EPA-1	Permit Measurement			7.0 (Min)	8.5 (Max)	s.u.		Daily, five day per week	Grab
Coliform, Fecal	Sample Measurement			105.2		#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Measurement			200 (Mo Geo Mean)	800 (Max)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection)	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
PARM Code 50060 Mon. Site No. EPA-1	Permit Measurement			1.0 (Min)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.0	mg/L	0	Weekly	Grab
PARM Code 00620 Mon. Site No. EPA-1	Permit Measurement				120 (Max)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140		mg/L	0	Monthly	Grab
PARM Code 30082 Mon. Site No. INEPA-1	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			86		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. INEPA-1	Permit Measurement			Report (Mo. Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100	Sample Measurement				78%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. CAL-1	Permit Measurement				Report (Monthly)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315

Facility Name: Arredondo Farms Mobile Home Park WWTF

Month/Year: From 10/1/06 To: 10/31/06

County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.050									
2	.043				7.6	7.6	2.0			
3	.053				7.5	7.5	2.0			
4	.066				7.5	7.5	2.2			
5	.064	2.0U	1.0U	1.0U	7.6	7.6	1.8	1.6	140	86
6	.048				7.5	7.5	1.6			
7	.048									
8	.042						2.0			
9	.038				7.4	7.4	2.0			
10	.045				7.5	7.5	2.2			
11	.066				7.5	7.5	2.0			
12	.040				7.4	7.4	2.0			
13	.054				7.4	7.4	1.8			
14	.054									
15	.045						2.0			
16	.061				7.4	7.4	2.2			
17	.058				7.5	7.5	2.0			
18	.053				7.4	7.4	2.2			
19	.038	2.0U	1.0U	1.0U	7.6	7.6	2.0	3.0		
20	.035				7.5	7.5	1.8			
21	.053				7.5	7.5	2.4			
22	.052									
23	.041				7.5	7.5	2.0			
24	.043				7.5	7.5	1.6			
25	.046				7.5	7.5	1.6			
26	.036				7.5	7.5	2.0			
27	.057				7.5	7.5	2.0			
28	.050				7.5	7.5	2.0			
29	.050									
30	.047				7.5	7.5	2.2			
31	.041				7.5	7.5	2.2			

Plant Staffing:

Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

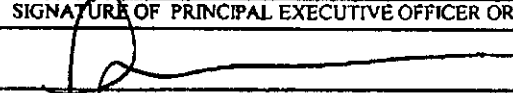
COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 11/1/06 To: 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	0.060 (An. Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow	Sample Measurement	0.043	0.047	MGD				0	Daily, five days per week	Elapsed time meter
PARM Code 50050 Mon. Site No. EFA-1	Permit Measurement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7		mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.3		mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement				1.05	1.1	mg/L	0	Weekly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/12/20

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



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD From: 11/1/06 To: 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 Mon. Site No. EFA-1	Sample Measurement			7.3	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			105.2		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An. Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EFA-1	Sample Measurement				3.0	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement			190		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			120		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity ) x 100 PARM Code 00180 Mon. Site No. CAL-1	Sample Measurement				78	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo. Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011315**

Facility Name:

**Arredondo Farms Mobile Home Park WWTF**

Month/Year: From **11/1/06** To: **11/30/06**

County:

**Alachua**

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048				7.5	7.5	2.2			
2	.046				7.5	7.5	2.2			
3	.037				7.5	7.5	2.2			
4	.045				7.5	7.5	1.6			
5	.045									
6	.035				7.4	7.4	2.0			
7	.059				7.4	7.4	1.8			
8	.043				7.5	7.5	2.2			
9	.040	2.0 U	1.1 U	1.0 U	7.5	7.5	2.2	1.5	190	120
10	.045				7.4	7.4	1.8			
11	.045									
12	.067						1.8			
13	.038				7.4	7.4	2.0			
14	.046				7.4	7.4	2.2			
15	.053				7.3	7.3	2.0			
16	.050				7.4	7.4	1.8			
17	.036				7.6	7.6	1.8			
18	.036									
19	.035				7.4	7.4	2.0			
20	.037				7.4	7.4	2.2			
21	.032	2.0 U	1.0 U	1.0 U	7.5	7.5	2.0	3.0		
22	.037				7.5	7.5	1.8			
23	.029				7.4	7.4	2.0			
24	.035				7.5	7.5	2.2			
25	.040						2.0			
26	.040									
27	.046				7.6	7.6	2.6			
28	.054				7.5	7.5	2.2			
29	.048				7.5	7.5	1.8			
30	.053				7.4	7.4	2.0			
31										

Plant Staffing:

Day Shift Operator

Class C

Certificate No. 7212

Name: Mark March

Evening Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator

Class \_\_\_\_\_

Certificate No. \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Class A

Certificate No. 4894

Name: Paul Thompson

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, FL, 32256-7590

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

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arrodondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, FL 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS GREATER THAN 0.030 MGD ADF

COUNTY: Alachua

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: 12/1/06 To: 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.043		MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	0.060 (An.Avg.)		mgd					Daily, five days per week	Elapsed time meter
Flow PARM Code 50050 I Mon.Site No. EFA-1	Sample Measurement	0.044	0.045	MGD				0	Daily, five days per week	Elapsed time meter
	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.7		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement				2.0	2.0	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				1.4		mg/L	0	Weekly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Weekly	Grab
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement				2.25	3.1	mg/L	0	Weekly	Grab
	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Weekly	Grab

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

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

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: 12/1/06

To: 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement			7.3	7.6	s.u.	0	Daily, five day per week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		Daily, five day per week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			105.2		#/100mL	0	Weekly	Grab
	Permit Measurement			200 (An.Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement			1.0	1.0	#/100mL	0	Weekly	Grab
	Permit Measurement			200 (Mo Geo Mean)	800 (Max.)	#/100mL		Weekly	Grab
Total Residual Chlorine ( For Disinfection) PARM Code 50060 I Mon.Site No. EFA-1	Sample Measurement			1.6		mg/L	0	Daily, five day per week	Grab
	Permit Measurement			1.0 (Min.)		mg/L		Daily, five day per week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement				3.8	mg/L	0	Weekly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			170		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			100		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg)		mg/L		Monthly	Grab
Percent Capacity (TMADE / Permitted Capacity ) x 100 PARM Code 00180 I Mon.Site No. CAL-1	Sample Measurement				75%	Percent	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)	Percent		Monthly	Calculated

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011315  
 Month/Year: From 12/1/06 To: 12/31/06

Facility Name: Arredondo Farms Mobile Home Park WWTF  
 County: Alachua

	Flow (mgd)	CBOD (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s.u.) MIN	pH (s.u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.048				7.6	7.6	2.2			
2	.048									
3	.048				7.5	7.5	1.6			
4	.032				7.5	7.5	1.6			
5	.064				7.5	7.5	2.0			
6	.032				7.4	7.4	1.8			
7	.032	2.0U	1.4	1.0U	7.4	7.4	2.0	3.8		
8	.056				7.5	7.5	1.6			
9	.056									
10	.032						1.6			
11	.032				7.4	7.4	2.0			
12	.048				7.3	7.3	1.8			
13	.048				7.4	7.4	2.0			
14	.048				7.5	7.5	1.8			
15	.056				7.4	7.4	2.0			
16	.056									
17	.032						1.8			
18	.048				7.4	7.4	2.0			
19	.048				7.5	7.5	2.0			
20	.048				7.4	7.4	2.2			
21	.032	2.0U	3.1	1.0U	7.4	7.4	1.8	2.6	170	100
22	.048				7.5	7.5	2.0			
23	.048									
24	.032						1.6			
25	.032				7.3	7.3	2.0			
26	.048				7.4	7.4	2.2			
27	.064				7.4	7.4	2.0			
28	.048				7.3	7.3	1.8			
29	.040				7.3	7.3	2.2			
30	.040									
31	.032						1.6			

Plant Staffing:  
 Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class C  
 Class \_\_\_\_\_  
 Class \_\_\_\_\_  
 Class A

Certificate No. 7212  
 Certificate No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_  
 Certificate No. 4894

Name: Mark March  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: Paul Thompson



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

AquaSource Utility, Inc.

**PERMIT NUMBER:**

FLA011315

**PROJECT NUMBER:**

FLA011315-001-DW3P

**ISSUANCE DATE:**

January 27, 2003

**EXPIRATION DATE:**

January 26, 2008

**RESPONSIBLE AUTHORITY:**

Mr. Glenn LaBrecque,  
Southeast Regional Vice President  
AquaSource Utility, Inc.  
6960 Professional Parkway, Suite 400  
Sarasota, Florida 34240  
941-907-7400

FEB - 3 2003

**FACILITY:**

Arredondo Farms Mobile Home Park WWTF  
7117 Southwest Archer Road  
Gainesville, Florida 32608  
Alachua County  
Latitude 29° 35' 50" North and Longitude 82° 25' 25" West

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

**TREATMENT FACILITIES:**

An existing 0.060 million-gallons-per-day (mgd) annual average daily flow (AADF) permitted capacity activated sludge wastewater treatment facility (WWTF) consisting of a splitter box, six 5,000-gallon aeration basins for a total aeration volume of 30,000 gallons, two 7,412-gallon clarifiers for a total clarifier volume of 14,824 gallons, a 2,244-gallon chlorine contact chamber, and a 1,500-gallon digester. The WWTF shall be operated in the extended aeration process mode for average daily flows of less than 0.030 mgd and in the conventional activated sludge process mode for average daily flows from 0.030 mgd through 0.060 mgd. Residuals are taken to the Central Process Residuals Management Facility (RMF) in Ocala, Florida.

**REUSE:**

**Land Application:** An existing 0.060 mgd AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of a Part IV rapid-rate land application system located approximately at latitude 29° 35' 50" North and longitude 82° 25' 25" West.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements and other conditions set forth in pages 1 through 18 of this permit.

"More Protection, Less Process"

Printed on recycled paper.

PERMITTEE: AquaSource Utility, Inc.

FACILITY: Arredondo Farms Mobile Home Park WWTF

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 PROJECT NUMBER: FLA011315-001-DW3P  
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**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

1. EXTENDED AERATION. During the period beginning on the issuance date and lasting through the expiration date of this permit when the facility is operating in the extended aeration process mode with average daily flows of 0.030 mgd and less, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.030	Report	-	-	Daily, five days per week	Elapsed time meters	EFA-1	See Conditions I. A. 3. and I. A. 5.
BOD, Carbonaceous, five-day, 20° C	mg/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	S. U.	Range	-	-	-	6.0 to 8.5	Daily, five days per week	Grab	EFA-1	
Coliform, Fecal	# / 100 mL	Maximum	See Permit Condition I. A. 6.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	Daily, five days per week	Grab	EFA-1	See Condition I. A. 7.
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1	
Percent Capacity (TMADF / Permitted Capacity) x 100,	Percent	Maximum	-	Report (Mo. Total)	-	-	Monthly	Calculated	CAL-1	

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2. CONVENTIONAL ACTIVATED SLUDGE. During the period beginning on the issuance date and lasting through the expiration date of this permit when the facility is operating in the conventional activated sludge process mode with average daily flows of greater than 0.030 mgd to 0.060 mgd, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.060	Report	-	-	Daily, five days per week	Elapsed time meters	EPA-1	See Conditions I. A. 3. and I. A. 5.
BOD, Carbonaceous, five-day, 20° C	mg/L	Maximum	20.0	30.0	45.0	60.0	Weekly	Grab	EPA-1	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	45.0	60.0	Weekly	Grab	EPA-1	
pH	S. U.	Range	-	-	-	6.0 to 8.5	Daily, five days per week	Grab	EPA-1	
Coliform, Fecal	# / 100 mL	Maximum	See Permit Condition I. A. 6.				Weekly	Grab	EPA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Daily, five days per week	Grab	EPA-1	See Condition I. A. 7.
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Weekly	Grab	EPA-1	
Percent Capacity (TMADF / Permitted Capacity) x 100.	Percent	Maximum	-	Report (Mo. Total)	-	-	Monthly	Calculated	CAL-1	



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- When the average daily flow as quantified by any five consecutive daily flow measurements exceeds 0.030 mgd, the mode of operation shall be changed to the conventional activated sludge process.

When the facility is operated in the conventional activated sludge process mode and the average daily flow as quantified by any five consecutive daily flow measurements is 0.030 mgd or less, the mode of operation shall be changed to the extended aeration process.

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

MONITORING LOCATION SITE NUMBER	DESCRIPTION OF MONITORING LOCATION
EFA-1	Effluent After disinfection and prior to discharge
CAL-1	Calculated value

- Elapsed time meters shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of ten samples of reclaimed water, each collected on a separate day during a period of thirty consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of thirty consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for thirty samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510] [62-600.440(4)(c)]
- When the facility is operated in the extended aeration process mode, a minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow.

When the facility is operated in the conventional activated sludge process mode, a minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow.

[62-610.510] [62-600.440(4)(b)]

- When a year of continuous operation as a conventional activated sludge process without violations can be documented, the permittee may submit DEP Form 62-620.910(9), Application for Minor Revision to a Wastewater Facility or Activity Permit, together with the application fee, for the reduction of the frequency of monitoring.

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**B. Other Limitations and Monitoring and Reporting Requirements**

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

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
BOD, Carbonaceous, five-day, 20° C	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	
Solids, Total Suspended	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	

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

MONITORING LOCATION SITE NUMBER	DESCRIPTION OF MONITORING SITE
INF-1	Influent prior to treatment

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with Title 40 of the Code of Federal Regulation Part 136 (cited as "40 CFR 136"). Parameters which must be monitored as a result of a ground water discharge (that is, underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
5. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
6. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Northeast District Office of the Department DEP Form 62-620.910(10), Discharge Monitoring Report (DMR), in accordance with the frequencies specified by the REPORT type (that is, monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMRs attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT TYPE	MONITORING PERIOD	DUE DATE
Monthly or Toxicity	first day of month - last day of month	28th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 - June 30	July 28
	July 1 - September 30	October 28
	October 1 - December 31	January 28
Semiannual	January 1 - June 30	July 28
	July 1 - December 31	January 28
Annual	January 1 - December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR(s) and shall submit the completed DMR(s) to the Northeast District Office of the Department at the address specified in Permit Condition I. B. 7. by the twenty-eighth day of the month following the month of operation.

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

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7. Unless specified otherwise in this permit, all reports and other information required by this permit, including twenty-four-hour notifications, shall be submitted to or reported to, as appropriate, the Northeast District Office of the Department at the address specified below:

Northeast District Office  
Florida Department of Environmental Protection  
7825 Baymeadows Way, Suite B-200  
Jacksonville, Florida 32256-7590

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

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Central Process Residuals Management Facility (RMF), Ocala, Florida, Permit Number FLA010776, or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 and 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

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6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

SOURCE FACILITY

RESIDUALS MANAGEMENT FACILITY OR  
TREATMENT FACILITY

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

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

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

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

#### Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 3.0 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The rapid infiltration basins normally shall be loaded for seven days and shall be rested for seven days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]

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5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and .414]*
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Northeast District Office of the Department within twenty-four hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

#### V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of an operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility when it is operated in the extended aeration process mode and is a Category II, Class C facility when it is operated in the conventional activated sludge process mode. At a minimum, operators with appropriate certification must be on the site as follows:

A Class C, or higher, operator 0.5 hour per day for five days per week and one visit each weekend. The lead operator must be a Class C, or higher, operator.

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

2. An operator meeting the lead operator classification level of the treatment facility shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the treatment facility shall be performed by the permittee or his representative or agent five days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, pH, Total Residual Chlorine (For Disinfection) are monitored in accordance with Part I of this permit. *[62-699.311(1)]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

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- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to twenty-four-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

This section is not applicable to this facility.

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

#### VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using DEP Forms 62-620.910(1) and (2), Application Forms 1 and 2A, no later than 180 days prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]

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3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8)] [62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in treatment plant discharges having temperatures above 40° C.[62-604.130(4)]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [62-600.400(2)(b)]
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]



PERMITTEE: AquaSource Utility, Inc.  
FACILITY: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315  
PROJECT NUMBER: FLA011315-001-DW3P  
ISSUANCE DATE: January 27, 2003  
EXPIRATION DATE: January 26, 2008

9. The permittee shall provide adequate notice to the Department of the following:
- a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

*[62-620.625(2)]*

#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, F.S. Any permit noncompliance constitutes a violation of Chapter 403, F.S., and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

PERMITTEE: AquaSource Utility, Inc.

PERMIT NUMBER: FLA011315

FACILITY: Arredondo Farms Mobile Home Park WWTF

PROJECT NUMBER: FLA011315-001-DW3P

ISSUANCE DATE: January 27, 2003

EXPIRATION DATE: January 26, 2008

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the premises of the permittee where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

PERMITTEE: AquaSource Utility, Inc.  
FACILITY: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315  
PROJECT NUMBER: FLA011315-001-DW3P  
ISSUANCE DATE: January 27, 2003  
EXPIRATION DATE: January 26, 2008

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

PERMITTEE: AquaSource Utility, Inc.  
FACILITY: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315  
PROJECT NUMBER: FLA011315-001-DW3P  
ISSUANCE DATE: January 27, 2003  
EXPIRATION DATE: January 26, 2008

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

*[62-620.610(17)]*

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on DEP Form 62-620.910(10), Discharge Monitoring Report (DMR).
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Florida Department of Health (FDOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220 and 62-160.330, F.A.C.

*[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than fourteen days following each schedule date. *[62-620.610(19)]*

PERMITTEE: AquaSource Utility, Inc.

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20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within twenty-four hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within twenty-four hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a. 4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER 800-320-0519, as soon as practical, but no later than twenty-four hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

- a) Name, address, and telephone number of person reporting;
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;

PERMITTEE: AquaSource Utility, Inc.  
FACILITY: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315  
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ISSUANCE DATE: January 27, 2003  
EXPIRATION DATE: January 26, 2008

- i) Description of area affected by the discharge, including name of water body affected, if any; and
  - j) Other persons or agencies contacted.
2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1. above, shall be provided to the Department within twenty-four hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within twenty-four hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

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

22. Bypass Provisions.

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

PERMITTEE: AquaSource Utility, Inc.  
FACILITY: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315  
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- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

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

[62-620.610(23)]

Executed in Jacksonville, Florida.

*RAE*  
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

*Jerry M. Owen*  
Jerry M. Owen, P.E.  
Water Facilities Administrator

FILING AND ACKNOWLEDGEMENT  
FILED, on this date, pursuant to §120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

*Judith H. Thomson* 1/28/03  
Clerk Date

DATE: 1-28-03

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT**

When Completed mail report to: Department of Environmental Protection, Northeast District Office, 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7590

PERMITTEE NAME: AquaSource Utility, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway, Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTF  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, Florida 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: FOR FLOWS OF 0.030 MGD ADF AND LESS

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code: 80050 Mon. Site No: BFA-1	Permit Requirement						Daily, five days per week	Elapsed time meter
Flow	Sample Measurement							
PARM Code: 80050 Mon. Site No: BFA-1	Permit Requirement						Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code: 80082 Mon. Site No: BFA-1	Permit Requirement						Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code: 80082 Mon. Site No: BFA-1	Permit Requirement			2000 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code: 00830 Mon. Site No: BFA-1	Permit Requirement			2000 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code: 00130 Mon. Site No: BFA-1	Permit Requirement			3000 (Max)	mg/L		Monthly	Grab

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

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

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



**DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTP

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R-001

FOR FLOWS OF 0.030 MGD ADF AND LESS

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code: 06400 Mon. Site No: EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S. U.	Daily, five days per week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code: 74055 Mon. Site No: EFA-1	Permit Requirement			200 (Max.)	# / 100 mL		Monthly	Grab
Coliform, Fecal	Sample Measurement							
PARM Code: 74055 Mon. Site No: EFA-1	Permit Requirement			200 (Max.)	800 (Max.)	# / 100 mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code: 50060 Mon. Site No: EFA-1	Permit Requirement						Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code: 00670 Mon. Site No: EFA-1	Permit Requirement						Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code: 80082 Mon. Site No: INF-1	Permit Requirement						Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code: 90930 Mon. Site No: INF-1	Permit Requirement						Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement							
PARM Code: 00180 Mon. Site No: CAT-1	Permit Requirement						Monthly	Calculated

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT**

When Completed mail this report to: Department of Environmental Protection, Northeast District Office, 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7590

PERMITTEE NAME: AquaSource Utility, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway, Suite 400  
 Sarasota, Florida 34240

PERMIT NUMBER: FLA011315

LIMIT: Final  
 CLASS SIZE: Minor

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Arredondo Farms Mobile Home Park WWTP  
 LOCATION: 7117 Southwest Archer Road  
 Gainesville, Florida 32608

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: **FOR FLOWS GREATER THAN 0.030 MGD ADF**

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. EPA-I	Permit Requirement						Daily, five days per week	Elapsed time meter
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. EPA-I	Permit Requirement						Daily, five days per week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EPA-I	Permit Requirement			20.0 (Mg/L)			Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EPA-I	Permit Requirement			20.0 (Mg/L)	60.0 (Mg/L)		Weekly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. EPA-J	Permit Requirement			20.0 (Mg/L)	60.0 (Mg/L)		Weekly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. EPA-J	Permit Requirement			20.0 (Mg/L)	60.0 (Mg/L)		Weekly	Grab

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

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

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

**DISCHARGE MONITORING REPORT PART A DRAFT (Continued)**

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF

PERMIT NUMBER: FLA011315

MONITORING GROUP NUMBER: R-001

FOR FLOWS GREATER THAN 0.030 MGD ADF

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code: 00400 Mon. Site No. EPA-I	Permit Requirement						Daily, five days per week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code: 74055 Mon. Site No. EPA-I	Permit Requirement			200 (MFA) (MFA)	#/100 ml		Weekly	Grab
Coliform, Fecal	Sample Measurement							
PARM Code: 74055 Mon. Site No. EPA-I	Permit Requirement			200 (MFA) (MFA) 800 (MFA)	#/100 ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code: 50060 Mon. Site No. EPA-I	Permit Requirement				mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code: 00620 Mon. Site No. EPA-I	Permit Requirement						Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code: 80082 Mon. Site No. INF-I	Permit Requirement			Report			Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code: 00530 Mon. Site No. INF-I	Permit Requirement			Report			Monthly	Grab
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement							
PARM Code: 00180 Mon. Site No. CAL-I	Permit Requirement			Report	Percent		Monthly	Calculated

### DAILY SAMPLE RESULTS - PART B

Facility ID: FLA011315  
 Month/Year: From: \_\_\_\_\_ To: \_\_\_\_\_

FACILITY NAME: Arredondo Farms Mobile Home Park WWTF  
 COUNTY: Alachua

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH (s. u.) MIN	pH (s. u.) MAX	Total Residual Chlorine (mg/L)	Total Nitrate Nitrogen (as N) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
STORET	50050	80082	00530	74055	00400	00400	50060	00620	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1										
2										
3										
4										
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29										
30										
31										
Total										
Mo.										

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts--A, B, C, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

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

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

### PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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

## DAILY SAMPLE RESULTS

- Year:** Enter the month and year during which the data on this report were collected and analyzed.
- Three-month Average Daily Flow:** Calculate and enter the three-month average daily flow to the treatment facility.
- (TMADF/Permitted Capacity) x 100:** Divide the three-month average daily flow by the permitted capacity of the treatment facility, multiply by 100, and enter this value.
- Daily Monitoring Results:** Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated.
- Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.
- Type of Effluent Disposal or Reclaimed Water Reuse:** Enter the type of effluent disposal or reclaimed water reuse (e.g. surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, underground injection).
- Limited Wet Weather Discharge Activated:** If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.860, F.A.C., check 'Not Applicable.' If the plant activated the wet weather discharge during the reporting month, check 'Yes' and attach PART C - LIMITED WET WEATHER DISCHARGE.

### PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

- Month/Year:** Enter the month and year during which the data on this report were collected and analyzed.
- Rainfall Information:** Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
- Date:** Enter the date on which the discharge occurred.
- Duration of Discharge:** Enter the number of hours, to the nearest 0.1 of an hour (0.1 hr. = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.
- Gallons Discharged:** Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in duration of discharge. Show the units as millions of gallons (mg), accurate to the nearest 0.01.
- Average Discharge Flow Rate:** Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
- Average Upstream Flow Rate:** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
- Stream Dilution Factor:** Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.
- CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.
- TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
- Total P:** Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year (multiplied by 100%).
- Reason for Discharge:** Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

### PART D - GROUND WATER MONITORING REPORT

- Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
- Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
- Sampling Methods:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
- Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
- Preservatives Added:** State what preservatives were added to the sample.
- Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
- Analysis Result/Units:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Enter the units associated with the results of the analysis.
- Detection Limits/Units:** Record the detection limits of the analytical methods used and the units associated with them.
- Comments and Explanations:** Use this space to make any comments on or explanations of results which are unexpected. If more space is needed, reference all attachments in this area.

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DOMESTIC WASTEWATER FACILITY PERMIT  
STATEMENT OF BASIS**

PERMIT NUMBER: FLA011315  
FACILITY NAME: Arredondo Farms Mobile Home Park WWTF  
FACILITY LOCATION: Gainesville, Alachua County  
NAME OF PERMITTEE: AquaSource Utility, Inc.  
PERMIT WRITER: Robert H. Lear

**GENERAL DESCRIPTION:**

This facility had a history of exceeding the limitations for total suspended solids (TSS) and fecal coliform. After the submission of the application, the applicant failed to respond adequately to the Request for Additional Information concerning the ability of the facility to operate satisfactorily in the conventional activated sludge process mode. The Department denied the permit. The applicant petitioned the denial and submitted additional information concerning the WWTF. After several postponements were granted by the OGC, the applicant agreed to withdraw from the hearing process and accept a permit which included an Order to provide for corrections. The applicant also reorganized the operating staff to provide improved control of operations at the facility.

Following consideration of the inclusion of an Order as an addition to the permit, the Department decided to create a permit which included the following:

1. Operation in the convention activated sludge process mode at an average daily flow of greater than 0.030 mgd to 0.060 mgd.
2. More-frequent monitoring when the conventional activated sludge process mode is employed.
3. Minimum Total Residual Chlorine for disinfection of 1.0 mg/L when the conventional activated sludge process mode is employed to better protect the environment.
4. Expectation of the permittee submitting an application for a permit revision for the reduction of the frequency of monitoring with a year of operation as a conventional activated sludge process without violations.

Therefore, additional pages for discharge requirements and DMRs have been included in the permit.

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

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

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

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.060	Annual Average	62-600.400(3)(b) FAC
BOD, Carbonaceous, five-day, 20C (mg/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a.
	30.0	Monthly Average	FAC
	45.0	Weekly Average	62-600.740(1)(b)1.b. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.c. FAC 62-600.740(1)(b)1.d. FAC
Solids, Total Suspended (mg/L)	20.0	Annual Average	62-610.510 & 62-600.740(1)(b)1.a.
	30.0	Monthly Average	FAC
	45.0	Weekly Average	62-600.740(1)(b)1.b. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.c. FAC 62-600.740(1)(b)1.d. FAC
pH (S. U.)	6.0 to 8.5	Minimum and Maximum	62-600.445 FAC
Total Residual Chlorine (For Disinfection) (mg/L)	0.5	Minimum	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N) (mg/L)	12.0	Single Sample Max.	62-610.510(1) FAC

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

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
BOD, Carbonaceous, five-day, 20° C (mg/L)	Report	Monthly Average	62-601.300(1)FAC
Solids, Total Suspended (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Monitoring Frequency and Sample Type	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Location	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62- 610.568, 62-610.613 FAC and/or BPJ of permit writer



2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility is transport to Central Process Residuals Management Facility (RMF), Ocala, Merion County, Florida, Permit Number FLA010776, or disposal in a Class I or II solid waste landfill.

3. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

4. INDUSTRIAL PRETREATMENT REQUIREMENTS

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

5. APPLICABLE RULES

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

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

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

<u>Chapter</u>	<u>Effective Date</u>
62-4	07-08-02
62-160	04-09-02
62-302	05-15-02
62-520	12-09-96
62-522	08-27-01
62-550	11-27-01
62-600	12-24-96
62-601	12-24-96
62-602	02-06-02
62-610	08-08-99
62-620	04-17-02
62-625	01-08-97
62-640	03-30-98
62-650	12-26-96
62-699	07-05-01

b. FS refers to various portions of the Florida Statutes

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

d. BPJ refers to Best Professional Judgment

6. PROPOSED SCHEDULE FOR PERMIT ISSUANCE

Notice of Draft Permit to applicant	December 20, 2002
Notice of Permit Issuance	January 27, 2002



Jeb Bush  
Governor

# Department of Environmental Protection

Northeast District  
7825 Baymeadows Way, Suite B-200  
Jacksonville Florida 32256-7590

Colleen M. Castille  
Secretary

In the Matter of an  
Application for Permit by:

December 16, 2005

Aqua Utilities Florida, Inc  
Mr. Brain Heath  
Area Manager  
PO Box 490310  
Leesburg, FL 347432

PA File No FLA011315-003-DW3  
Alachua County  
Arredondo Farm MHP WWTF  
FLA011315

## NOTICE OF PERMIT REVISION

Enclosed is a revision to Permit Number FLA011315, issued under section(s) 403 of the Florida Statutes.

The revision includes a modification of Section II, Residuals Management Requirements to transport domestic wastewater residuals to American Pipe & Tank, Inc., Residuals Management Facilities (FLA356697 and FLA010776), or a DEP-permitted RMF, or a DEP-permitted WWTF. Attach the modified pages 1 and 7 to the permit, as they become a part thereof. All other portions of the permit remain in effect and are fully enforceable.

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

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

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

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

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

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

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

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

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

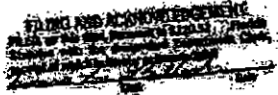
Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

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

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

Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the clerk of the Department.

Executed in Jacksonville, Florida.



STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

A handwritten signature in black ink, appearing to read "Vincent A. Seibold", is written over a horizontal line.

Vincent A. Seibold, P.E.  
Water Facilities Administrator

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed by certified mail before the close of business on December 16, 2005 to the listed persons.

A handwritten signature in black ink, appearing to read "James C. Boyd", is written over a horizontal line.

Clerk

December 16, 2005

Date

Copies furnished to:

James C. Boyd, P.E.- Boyd Environmental Engineering  
Alachua County Environmental Protection Department  
Alachua County Health Department  
Central District - Residuals Coordinator



# Department of Environmental Protection

Jeb Bush  
Governor

Northeast District  
7825 Baymeadows Way, Suite B-200  
Jacksonville Florida 32256-7590

Colleen M. Castille  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**  
AquaSource Utility, Inc.

**PERMIT NUMBER:** FLA011315  
**PA FILE NUMBER:** FLA011315-001-DW3P  
**ISSUANCE DATE:** January 27, 2003  
**EXPIRATION DATE:** January 26, 2008  
**REVISION DATE:** December 16, 2005

**RESPONSIBLE AUTHORITY:**  
Brent Heath  
Arca Manager  
AquaSource Utility, Inc.  
PO BOX 490310  
Leesburg, Florida 34749  
(352) 787-0980

**FACILITY:**

Arredondo Farms Mobile Home Park WWTF  
7117 Southwest Archer Road  
Gainesville, FL 32608  
Alachua County  
Latitude: 29° 35' 50" N Longitude: 82° 25' 25" W

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

**TREATMENT FACILITIES:**

To operate an existing 0.060 million gallons per day (mgd) annual average daily flow (AADF) permitted capacity activated sludge wastewater treatment facility (WWTF) consisting of a splitter box, six 5,000-gallon aeration basins with a total volume of 30,000 gallons, two 71412-gallons clarifiers for a total clarifier volume of 14,824 gallons, a 2,244-gallons chlorine contact chamber, and a 1,500 gallons digester with a volume of approximately 1,500 gallons. The WWTF shall be operated as an extended aeration facility for average daily flows of less than 0.030 mgd and in the conventional activated sludge process mode for average daily flows from 0.030 mgd through 0.060 mgd. The residuals are transported to American Pipe & Tank, Inc., Residuals Management Facilities (FLA356697 and FLA010776), or a DEP-permitted RMF, or a DEP-permitted WWTF for further treatment and final disposal.

**REUSE:**

**Land Application:** An existing 0.06 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of Part IV rapid-rate land application system located approximately at latitude 29° 35' 50" N, longitude 82° 25' 25" W.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements and other conditions set forth in Pages 1 through 18 of this permit.

PERMITTEE: AquaSource Utility, Inc.

PERMIT NUMBER: FLA011315

FACILITY: Arredondo Farms Mobile Home Park WWTF

REVISION DATE: December 16, 2005

EXPIRATION DATE: January 26, 2008

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

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

Phone Number - 904-807-3300

FAX Number - 904-448-4366

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility shall be transport to American Pipe & Tank, Inc., Residuals Management Facilities (412 Biosolids Processing-FLA356697 and Central Process-FLA010776), or a DEP-permitted WWTF, or a DEP-permitted RMF, and/or disposal in a Class I or II solid waste landfill. If the facility changes the residuals treatment facility, a written agreement between the facility and the new residuals treatment facility shall be submitted to the Department at least 30 days prior to the transport of residuals. [62-640.880(3)(c)]
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

WASTE WATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

PLANT CONDITION DURING INSPECTION

Facility Name: Arredondo Farm WWTP Insp. Date: 5/10/07 Time In: \_\_\_\_\_

Facility ID# FLA011315 Time Out: \_\_\_\_\_

Lift Stations: Total # 1 # Pumps \_\_\_\_\_ Alarms (A/N): red light out of service Comments: \_\_\_\_\_

Influent: Screening Bar Screen Removal (Y/N): Y Comments: clean

Aeration: Color Brown - h. Brown Mixing Adequate of Aeration basins 6

Comments: Satisfactory

Blowers: # 2 On Timers? (Y/N): Y Condition: Blower #2 out of service

Clarifiers: # 2 Blanket depth: Adequate ft. Weirs level? (Y/N): Y Filters? (Y/N): N

Appearance: Satisfactory - clean

Chlorine Contact Chamber: Baffled? (Y/N): \_\_\_\_\_ Condition: \_\_\_\_\_

Disinfection/Dechlor Methods: liquid Cl - solution Brought in. TRC sample results \_\_\_\_\_

If Gas, (Y/N): W/A Chained? W/A Auto. Switchover/scales? \_\_\_\_\_ Alarms? \_\_\_\_\_ Exhaust fan? \_\_\_\_\_ Respiratory/Emergency \_\_\_\_\_

Digester: Freeboard: \_\_\_\_\_ ft. Land Appl. Site To RMF?: American Pipe & Tank

Sludge Beds #: W/A Appearance: W/A Auto sludge - 1 sk. 27-cck 3/4, 2007

Effluent Pump #: 1 Alarms? (A/N): \_\_\_\_\_ Comments: Just took out both effluent pumps + put in gravity flow

Outfall Appearance: 2 unc - evap pond - clean East pond

Land Application (circle one) Ponds / Drainfield / Sprayfield If Ponds: # 2 Freeboard 8-10'

Appearance/Comments: clean

Records Reviewed (Check): DMR \_\_\_\_\_ Permit \_\_\_\_\_ Lab Sheet \_\_\_\_\_ COC's \_\_\_\_\_ Calibration logs \_\_\_\_\_

On Site Log Includes (Y/N): Bound? Y In/Out Times? F Flow/TRC/pH results? F

Maintenance Actions? Y Are Readings Taken on Days Operator is Not Present? Y - Paul Thompson

Lead Operator: Mark March # Staff \_\_\_\_\_ # Certified Staff \_\_\_\_\_ Hours Staffed 6 days, 1-1.5 hrs

Process Control: Target MLSS 1000 + settleable mg/l, Last MLSS Tree cuts sporadically for trash mg/l Sludge Wasting Freq. Days

Flow Measurement: Type ET Pumps Date Calibrated Oct 06 - calibrated Current Flow \_\_\_\_\_ Condition \_\_\_\_\_

Access: Forward Locked?: Y last RPZ Insp. Date 10/27/06

Observations: WRTE in use as a preservative on chain of custody for

also written data qualitative in DMR sheets for 3rd daily

chits some sludge on ground by digester -

Audible alarm works - red light out of service on Lift station

RPZ data clock needs to be fixed

Aqua Utilities will call Jeff regard change of pump #2 grant

Inspector's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Onsite personnel and Signature: \_\_\_\_\_ Date: 5.10.07

Mark March (904) 807-3338 FAX 904-448-4366  
Azeem Syed SA: 05/04/07 permit satisfactory CLM





Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

T: 352.787.0980  
F: 352.787.6333  
[www.aquautilitiesflorida.com](http://www.aquautilitiesflorida.com)

February 15, 2008

Stacie Greco  
Senior Environmental Specialist  
Alachua County Environmental Protection Department  
201 SE 2<sup>nd</sup> Avenue Suite 201  
Gainesville, FL 32601

**RE: Reply to Compliance Evaluation Inspection  
Arredondo MHP WWTP (ACEPD #1702)  
Facility ID No. FLA011315  
Alachua County**

Dear Ms. Greco:

Thank you for your inspection on December 20, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The bucket for screening wastes is now covered.
2. The latest RPZ inspection is enclosed.
3. Both ponds will be cleaned within 14 days from this letter.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at [PAFarris@aquaamerica.com](mailto:PAFarris@aquaamerica.com). Thank you.

Sincerely,

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

Enclosure: RPZ inspection

cc: Paul Thompson, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail

**Ken's Bush Hog Service**  
 KBHS, LLC - Utility Maintenance  
 1700 Eaton Drive  
 Clearwater, Florida 33756

BACKFLOW PREVENTION DEVICE

TEST AND MAINTENANCE REPORT

To: Aqua Utilities Florida - Arredondo Farms  
 (water purveyor or regulatory agency)

Attn: Cross-connection Control Section

The cross-connection control device detailed hereon has been tested and maintained as required by the rules or regulations of \_\_\_\_\_ (purveyor or regulatory agency) and is certified to comply with these rules or regulations.

Make of device: Wilkins-Zurn Size 1/2"

Model Number: 975XL located at: Wastewater Treatment Plant

Serial Number: 1560371

Pressure drop across first check valve: 9.2 PSI. 2<sup>nd</sup> check valve: \_\_\_\_\_ psi

Reduced Pressure Devices

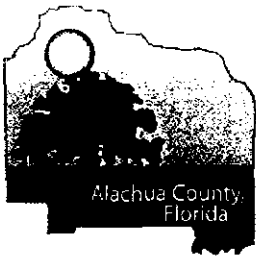
Pressure Vacuum Breaker

	Double check devices		Relief Valve	Pressure Vacuum Breaker	
	1 <sup>st</sup> check	2 <sup>nd</sup> check		Air Inlet	Check Valve
Initial Test	DC- Closed tight <input checked="" type="checkbox"/> RP - <u>9.2</u> psid Leaked <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> RP - <u>1.8</u> psid Leaked <input type="checkbox"/>	Opened at <u>3.0</u> psid	Opened at _____ psid Did not open	_____ psid Leaked <input type="checkbox"/>
Repairs & Materials Used	_____	_____	_____	_____	_____
Test After Repair	DC- Closed Tight <input type="checkbox"/> RP - _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	_____ psid

The above is certified to be true.

Firm Name: Ken's Bush Hog Service  
 Firm Address: 1700 Eaton Drive  
Clearwater FL 33756

Certified Tester: *Dave McCumber*  
 DATE McCumber  
 Cert. Tester No. 3441 Date: 1/24/08



# Alachua County Environmental Protection Department

Chris Bird, Director

July 2, 2007

Brian Heath  
PO Box 490310  
Leesburg, FL 34749

**Sent Certified Mail  
Received Receipt  
Requested**

Re: Arredondo MHP WWTP (ACEPD #1702)  
FDEP Permit FLA011315

Dear Mr. Heath:

This letter is in reference to an inspection conducted at the Arredondo Mobile Home Park WWTP on December 20, 2007. Enclosed you will find a copy of the Alachua County Environmental Protection Department Wastewater Compliance Inspection Report.

Effluent samples were not collected for analyses. I was unable to inspect the log book for the facility because it was not on-site. The following plant deficiencies were noted at the time of the inspection:

1. The bucket with screening wastes was uncovered
2. The RPZ inspection tag was either not attached to the device or unreadable. Please make sure this is inspected on an annual basis.
3. It appeared that there were solids in the western pond. If untreated wastewater or solids are discharged on site our office needs to be contacted immediately.

Thank you for your cooperation. **Please provide a written notice to this office within fifteen (15) days of receiving this letter indicating what actions you have taken to address the deficiencies noted above and the actions you have taken to prevent this violation from occurring in the future.** Please feel free to contact me at (352) 264-6829 between 8:30 am and 5:00 pm Monday through Friday.

Sincerely,

Stacie Greco  
Senior Environmental Specialist

SG/sg  
enclosures

cc: Tom Kallemeyn, FDEP, Jacksonville, Domestic Waste  
Mark March, Lead Operator

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201 SE 2<sup>nd</sup> Avenue Suite 201 ■ Gainesville, Florida 32601 ■ Tel. (352) 264-6800 ■ Fax (352) 264-6852  
Suncom 651-6800 ■ TDD (352) 491-4430  
Home Page: [www.environment.alachua.fl.us](http://www.environment.alachua.fl.us)

An Equal Opportunity Employer M.F.V.D.





Alachua County Environmental Protection Department  
 201 SE 2nd Ave., Suite 201 Gainesville, FL 32601 Tel: (352)264-6800 Fax (352)264-6852  
**WASTEWATER COMPLIANCE INSPECTION REPORT**  
**FACILITY AND INSPECTION INFORMATION**  
**PLANT CONDITION DURING INSPECTION**

Facility Name: Attedondo Insp. Date: 12/20/07 Time In: 19:05  
 FDEP Facility ID# \_\_\_\_\_ ACEPD Facility # \_\_\_\_\_ Time Out: 12:25  
 Lift Station: Total # 1 # Pumps \_\_\_\_\_ Alarms (A/V) A/V Comments: \_\_\_\_\_  
 Influent: Screening B Grit Removal (Y/N) N Comments: \_\_\_\_\_  
 Aeration: Color light brown Mixing OK # of Aeration basins 6  
 Comments: lots of light billowy foam  
 Blowers: # \_\_\_\_\_ On Timers (Y/N) Y Condition: \_\_\_\_\_  
 Clarifiers: # 2 Blanket Depth: ? FL Weirs level? (Y/N) Y Filters? (Y/N) N  
 Appearance: clean - some pin floc  
 Chlorine Contact Chamber: Baffled? (Y/N): N Condition: OK - some grease  
 Disinfection/Dechlor. Methods: Liquid TRC Sample Results: N/A  
 If Gas, (Y/N): Chained? \_\_\_\_\_ Auto. Switch over/scales? \_\_\_\_\_ Alarms? \_\_\_\_\_ Exhaust fan? \_\_\_\_\_  
 Respiratory/Emergency? \_\_\_\_\_  
 Digester: Freeboard: ~.5 ft. Land Appl. Site/To RMF?: Hauled  
 Sludge Beds # : NR Appearance: \_\_\_\_\_  
 Effluent Pump # : 2 Alarms? (A/V) \_\_\_\_\_ Comments: I think using gravity now  
 Outfall Appearance: OK Samples Collected for Lab Analyses? (Y/N) \_\_\_\_\_  
 Land Application (circle one) Ponds / Drainfield / Sprayfield If Ponds # 2 Freeboard ~.5 ft.  
 Appearance/Comments: Western Pond looks like it has solids in it.  
 Records Reviewed (Check): DMR \_\_\_\_\_ Permit \_\_\_\_\_ Lab Sheet \_\_\_\_\_ COC's \_\_\_\_\_ Calibration Logs \_\_\_\_\_  
 On Site Log Includes (Y/N) : Bound? \_\_\_\_\_ In/Out Times? \_\_\_\_\_ Flow/TRC/pH results? \_\_\_\_\_  
 Maintenance Actions ? \_\_\_\_\_ Are Readings Taken on Days Operator is Not Present? \_\_\_\_\_ Not on site  
 Lead Operator: Mark Mach  
 Flow Measurement: Type \_\_\_\_\_ Date Calibrated \_\_\_\_\_ Current Flow \_\_\_\_\_ Condition \_\_\_\_\_  
 Access: Y Locked? Y Last RPZ insp. Date NO tag  
 Observations: Bucket w/ screenings is uncovered - please cover  
Solids in Western Pond???  
 Effluent Permit Violations: When was RPZ inspected?  
 Inspector's Signature: [Signature] Date: 12/20/07