

PUTNAM COUNTY

**Palm Port WTF
Palm Port WWTF**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 12 of 16**

Part 2 of 5

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

DOCUMENT NUMBER - DATE

04327 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2007

A. Public Water System (PWS) Information

PWS Name: Palm Port		PWS Identification Number: 2540865	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Palm Port		Plant Telephone Number: (352) 787-0980	
Plant Address: East River Drive		City: East Palatka	State: Florida
		Zip Code: 32131	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

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

II Certification by Lead/Chief Operator

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

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

04327 MAY 22 08

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: January, 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										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 (G) 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 (min/L)	Temp of Water (C)	pH of Water if Applicable	Minimum CT Required (min/L)	Operating UV Dose (mW-sec/cm)	Minimum UV Dose Required (mW-sec/cm)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		
1	X	24.0	15,033		1.5									1.1	
2	X	24.0	17,700		1.3									0.9	
3	X	24.0	11,500		1.5									1.1	
4	X	24.0	15,000		1.6									1.2	
5	X	24.0	15,500		1.6									1.2	
6		24.0	13,567												
7		24.0	13,567												
8	X	24.0	13,567		1.3									1.0	
9	X	24.0	10,900		1.3									1.0	
10	X	24.0	17,400		1.5									1.2	
11	X	24.0	14,100		1.3									0.8	
12	X	24.0	18,400		1.5									1.2	
13		24.0	15,633												
14		24.0	15,633												
15	X	24.0	15,633		1.4									0.9	
16	X	24.0	10,100		1.5									1.0	
17	X	24.0	12,500		1.7									1.4	
18	X	24.0	11,800		1.0									0.5	
19	X	24.0	13,400		1.2									0.8	
20		24.0	10,000												
21		24.0	11,000												
22	X	24.0	14,600		1.3									0.9	
23	X	24.0	14,100		1.3									0.9	
24	X	24.0	13,000		1.3									1.0	
25	X	24.0	11,500		1.3									1.1	
26	X	24.0	10,200		1.3									1.1	
27		24.0	14,600												
28		24.0	14,600												
29	X	24.0	14,600		1.4									1.0	
30	X	24.0	8,400		1.2									0.9	
31	X	24.0	14,400		1.3									1.1	
Total			421,933												
Average			13,611												
Maximum			18,400												

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

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: February, 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 at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	5,800		1.3										1.0	
2	X	24.0	12,000		1.5										1.1	
3		24.0	16,567													
4		24.0	16,567													
5	X	24.0	16,567		1.3										1.0	
6	X	24.0	17,400		1.2										0.9	
7	X	24.0	14,900		1.3										0.9	
8	X	24.0	22,000		1.2										0.9	
9	X	24.0	20,700		1.2										0.9	
10		24.0	14,167													
11		24.0	14,167													
12	X	24.0	14,167		1.3										0.9	
13	X	24.0	11,100		1.3										0.9	
14	X	24.0	13,400		1.3										0.9	
15	X	24.0	15,200		1.3										0.9	
16	X	24.0	12,000		1.3										1.0	
17		24.0	15,667													
18		24.0	15,667													
19	X	24.0	15,667		1.3										1.0	
20	X	24.0	8,700		1.3										1.0	
21	X	24.0	18,300		1.4										1.0	
22	X	24.0	11,500		1.3										0.9	
23	X	24.0	15,100		1.4										1.2	
24		24.0	14,333													
25		24.0	14,333													
26	X	24.0	14,333		1.6										1.4	
27	X	24.0	13,700		0.8										0.4	
28	X	24.0	19,700		1.0										0.8	
29		24.0														
30		24.0														
31		24.0														
Total			413,700													
Average			13,345													
Maximum			22,000													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2007

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>		PWS Identification Number: <u>2540865</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>107</u>		Total Population Served at End of Month: <u>375</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>Florida</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>Palm Port</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>East River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</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> / Days 1st Shift
Other Operators:	<u>David Haring</u>	<u>C</u>	<u>14091</u> / Days 1st Shift
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u> / Days 1st Shift

II. Certification by Lead/Chief Operator

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

4/5/07
 Signature and Date

 Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: March, 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 Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at-First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	7,400		1.3								0.9	
2	X	24.0	17,400		1.4								1.0	
3		24.0	12,400											
4		24.0	12,400											
5	X	24.0	12,400		1.2								0.8	
6	X	24.0	11,300		1.1								0.8	
7	X	24.0	10,300		1.3								0.9	
8	X	24.0	14,100		1.4								0.8	
9	X	24.0	15,400		1.6								0.8	
10		24.0	14,067											
11		24.0	14,067											
12	X	24.0	14,067		1.2								0.8	
13	X	24.0	14,200		1.1								0.8	
14	X	24.0	11,600		1.3								0.9	
15	X	24.0	17,400		1.4								1.0	
16	X	24.0	16,200		1.2								0.9	
17		24.0	15,933											
18		24.0	15,933											
19	X	24.0	15,933		1.2								0.9	
20	X	24.0	12,300		1.2								0.8	
21	X	24.0	17,200		1.3								0.8	
22	X	24.0	16,200		1.2								0.8	
23	X	24.0	16,300		1.0								0.7	
24		24.0	17,667											
25		24.0	17,667											
26	X	24.0	17,667		1.3								1.0	
27	X	24.0	15,500		1.5								1.1	
28	X	24.0	13,400		1.4								1.0	
29	X	24.0	17,000		1.6								1.0	
30	X	24.0	12,100		1.6								1.3	
31		24.0	18,233											
Total:			453,733											
Average:			14,637											
Maximum:			18,233											

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

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

Days Plant Started or Operator Visited by	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Peak Flow, mg/L	Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, minutes	Disinfectant Provided 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	UV Dose, mW-sec/cm	Lowest Residual Disinfectant Concentration at Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable	
													UV Dose, mW-sec/cm	CT Calculations
X		27,350	24.0	27,350	1.0									
X		27,350	24.0	27,350	1.0									
X		13,700	24.0	13,700	1.4									0.6
X		13,700	24.0	13,700	1.3									0.8
X		18,100	24.0	18,100	1.3									0.9
X		16,000	24.0	16,000	1.5									1.2
		17,500	24.0	17,500										
X		17,500	24.0	17,500	1.3									0.8
X		17,500	24.0	17,500	1.3									0.8
X		12,000	24.0	12,000	1.3									0.8
X		15,400	24.0	15,400	1.4									0.9
X		11,800	24.0	11,800	1.3									0.8
X		15,500	24.0	15,500	2.0									1.2
		15,500	24.0	15,500										
X		15,500	24.0	15,500	1.3									0.7
X		10,100	24.0	10,100	1.4									0.7
X		17,000	24.0	17,000	1.2									1.0
X		14,400	24.0	14,400	1.5									1.1
X		11,700	24.0	11,700	0.8									0.8
		14,800	24.0	14,800										
X		14,800	24.0	14,800	1.3									0.8
X		13,600	24.0	13,600	1.2									0.8
X		15,700	24.0	15,700	1.3									0.9
X		14,600	24.0	14,600	1.3									0.9
X		15,700	24.0	15,700	1.2									0.8
X		17,233	24.0	17,233	1.2									0.8
		17,233	24.0	17,233										
X		17,233	24.0	17,233	1.2									0.8
		478,700		478,700										
		15,442		15,442										
		27,350		27,350										

* Refer to the instructions for this report to determine which plans must provide this information. DEF Form 62-555 800(3)/Rev/Jan

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: May, 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 Demostate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	15,800		1.2										0.7	
2	X	24.0	17,700		1.0										0.7	
3	X	24.0	19,700		1.2										0.7	
4	X	24.0	19,500		1.2										0.8	
5		24.0	15,333													
6		24.0	15,333													
7	X	24.0	15,333		1.3										0.8	
8	X	24.0	11,200		1.3										0.8	
9	X	24.0	18,700		2.1										1.9	
10	X	24.0	15,900		1.4										0.8	
11	X	24.0	14,700		1.5										1.0	
12		24.0	15,267													
13		24.0	15,267													
14	X	24.0	15,267		1.6										1.2	
15	X	24.0	12,600		1.4										1.0	
16	X	24.0	20,000		1.5										1.2	
17	X	24.0	14,700		1.2										0.8	
18	X	24.0	14,800		1.1										1.0	
19		24.0	14,733													
20		24.0	14,733													
21	X	24.0	14,733		1.0										0.7	
22	X	24.0	12,300		1.0										0.7	
23	X	24.0	14,500		1.6										1.2	
24	X	24.0	10,100		1.7										1.3	
25	X	24.0	14,000		3.5										3.5	
26	X	24.0	12,100		3.5										3.5	
27		24.0	15,550													
28	X	24.0	15,550		0.6										0.3	
29	X	24.0	19,400		0.8										0.4	
30	X	24.0	12,200		1.0										0.5	
31	X	24.0	14,500		1.0										0.5	
Total			471,500													
Average			15,210													
Maximum			20,000													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2007

A. Public Water System (PWS) Information

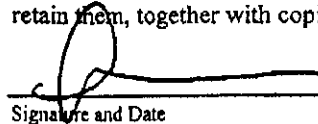
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	107			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

 7/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port June, 2007

III. Daily Data for the Month/Year of: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Other (Describe):
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days Plant Shifted or Started	Days of Operation (Place "X")	Hours in Operation	Net Quantity of Finished Water Produced	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow	Disinfectant Provided Before or at Lowest CT	Disinfectant Concentration (T) at C	Customer Measurement Point During Peak Flow	Flow mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	UV Dose, mW-sec/cm	Lowest UV Dose Provided	UV Dose Required	Minimum UV Dose	System, mg/L	Days of Operation	Month	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, If Applicable																								
																				CT Calculations	UV Dose	CT Calculations																						
1	X			13,500																	13																							
2	X			12,633																																								
3	X			12,633																																								
4	X			11,400																																								
5	X			11,500																																								
6	X			15,300																																								
7	X			11,300																																								
8	X			16,967																																								
9				16,967																																								
10	X			16,967																																								
11	X			14																																								
12	X			11,900																																								
13	X			17,600																																								
14	X			14,600																																								
15	X			14,500																																								
16				20,733																																								
17				20,733																																								
18	X			20,733																																								
19	X			18,200																																								
20	X			15,800																																								
21	X			15,900																																								
22				15,500																																								
23				17,867																																								
24				17,867																																								
25	X			17,867																																								
26	X			17,800																																								
27	X			12,000																																								
28	X			14,700																																								
29	X			11,800																																								
30				13,033																																								
31				24.0																																								
Total																		460,933																										
Average																		14,869																										
Maximum																		20,733																										

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2007

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
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:	107			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980	
Plant Address:	East River Drive			City:	East Palatka	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

 8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: July, 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 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	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Temp of Water, °C		
1		24.0	13,033										
2	X	24.0	13,033		1.2							0.8	
3	X	24.0	13,700		1.2							0.9	
4	X	24.0	15,200		1.3							0.8	
5	X	24.0	13,200		1.2							0.8	
6	X	24.0	17,100		1.2							0.7	
7		24.0	13,767										
8		24.0	13,767										
9	X	24.0	13,767		2.0							1.7	
10	X	24.0	11,700		1.3							0.8	
11	X	24.0	18,900		1.2							0.8	
12	X	24.0	10,600		1.2							0.8	
13	X	24.0	13,100		1.2							0.8	
14		24.0	15,433										
15		24.0	15,433										
16	X	24.0	15,433		1.0							0.5	
17	X	24.0	14,200		1.2							0.7	
18	X	24.0	16,100		1.2							0.8	
19	X	24.0	12,400		1.4							0.9	
20	X	24.0	17,100		1.1							0.7	
21		24.0	17,733										
22		24.0	17,733										
23	X	24.0	17,733		1.1							0.7	
24	X	24.0	9,600		1.0							0.6	
25	X	24.0	13,800		1.2							0.7	
26	X	24.0	12,900		1.3							0.7	
27	X	24.0	13,000		1.2							0.7	
28		24.0	13,933										
29		24.0	13,933										
30	X	24.0	13,933		1.1							0.7	
31	X	24.0	8,700		1.3							0.7	
Total			439,966										
Average			14,192										
Maximum			18,900										

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

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: August, 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 Demstrate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	18,200		1.0										0.6
2	X	24.0	11,700		1.2										0.6
3	X	24.0	15,300		2.5										1.5
4		24.0	13,767												
5		24.0	13,767												
6	X	24.0	13,767		1.0										0.6
7	X	24.0	11,700		1.2										0.7
8	X	24.0	10,000		1.2										0.7
9	X	24.0	13,800		1.1										0.7
10	X	24.0	15,000		1.2										0.7
11		24.0	13,700												
12		24.0	13,700												
13	X	24.0	13,700		1.0										0.6
14	X	24.0	12,700		1.3										0.8
15	X	24.0	14,500		1.0										0.6
16	X	24.0	16,900		1.5										1.0
17	X	24.0	11,700		1.3										0.7
18		24.0	13,833												
19		24.0	13,833												
20	X	24.0	13,833		1.2										0.7
21	X	24.0	11,000		1.2										0.7
22	X	24.0	15,000		1.3										0.9
23	X	24.0	13,800		1.5										1.0
24	X	24.0	12,400		1.5										1.0
25		24.0	12,433												
26		24.0	12,433												
27	X	24.0	12,433		1.2										0.7
28	X	24.0	10,800		1.2										0.7
29	X	24.0	8,800		1.2										0.7
30	X	24.0	11,300		1.4										0.8
31	X	24.0	9,000		2.5										1.7
Total			404,800												
Average			13,058												
Maximum			18,200												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2007

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>	PWS Identification Number: <u>2540865</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>107</u>	Total Population Served at End of Month: <u>375</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>Florida</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>bheath@aquaaamerica.com</u>	

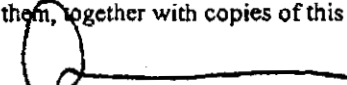
B. Water Treatment Plant Information

Plant Name: <u>Palm Port</u>	Plant Telephone Number: <u>(352) 787-0980</u>
Plant Address: <u>East River Drive</u>	City: <u>East Palatka</u> State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</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>Days 1st Shift</u>
Other Operators	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 10/09/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: September, 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										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 Remote Point in Distribution System, 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	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	9,900												
2		24.0	9,900												
3	X	24.0	9,900			1.3								0.6	
4	X	24.0	11,300			1.4								0.7	
5	X	24.0	11,200			1.4								1.0	
6	X	24.0	19,900			0.5								0.2	
7	X	24.0	7,900			0.8								0.4	
8		24.0	10,567												
9		24.0	10,567												
10	X	24.0	10,567			2.5								1.9	
11	X	24.0	11,500			1.5								0.8	
12	X	24.0	9,300			0.8								1.0	
13	X	24.0	11,300			0.5								0.2	
14	X	24.0	9,400			0.8								0.3	
15		24.0	11,167												
16		24.0	11,167												
17	X	24.0	11,167			1.2								0.7	
18	X	24.0	12,000			1.4								0.7	
19	X	24.0	7,800			1.0								0.6	
20	X	24.0	9,800			1.2								0.7	
21	X	24.0	12,200			1.2								0.7	
22		24.0	15,833												
23		24.0	15,833												
24	X	24.0	15,833			1.2								0.7	
25	X	24.0	13,200			1.3								0.7	
26	X	24.0	12,600			1.2								0.7	
27	X	24.0	10,500			1.2								0.7	
28	X	24.0	9,500			1.3								1.8	
29		24.0	11,567												
30		24.0	11,567												
31		24.0													
Total			344,933												
Average			11,127												
Maximum			19,900												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October, 2007

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>		PWS Identification Number: <u>2540865</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>109</u>		Total Population Served at End of Month: <u>375</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>Florida</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>bheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Palm Port</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>East River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</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>Days 1st Shift</u>
Other Operators	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriot</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 Signature and Date <u>11/08/07</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: 2540865 Plant Name: Palm Port

10. 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 Month	Days Plant Served 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	11,566		1.4									0.8	
2	X	24.0	8,100		1.3									0.8	
3	X	24.0	11,800		1.3									0.8	
4	X	24.0	10,200		1.5									0.7	
5	X	24.0	9,400		1.2									0.6	
6		24.0	12,200												
7		24.0	12,200												
8	X	24.0	12,200		1.3									0.7	
9	X	24.0	11,500		1.2									0.6	
10	X	24.0	7,400		1.5									0.8	
11	X	24.0	13,600		1.5									0.8	
12	X	24.0	11,800		1.8									1.1	
13		24.0	11,533												
14		24.0	11,533												
15	X	24.0	11,533		1.3									1.1	
16	X	24.0	10,100		1.3									0.9	
17	X	24.0	13,800		1.1									1.2	
18	X	24.0	10,400		1.5									1.0	
19	X	24.0	13,000		1.5									1.0	
20		24.0	11,333												
21		24.0	11,333												
22	X	24.0	11,333		1.4									1.0	
23	X	24.0	5,800		1.3									0.9	
24	X	24.0	8,160		1.3									0.7	
25	X	24.0	10,600		1.3									0.7	
26	X	24.0	10,800		1.8									1.3	
27		24.0	12,100												
28		24.0	12,100												
29	X	24.0	12,100		1.4									0.9	
30	X	24.0	14,200		1.3									0.9	
31	X	24.0	9,900		1.2									0.9	
Total			343,626												
Average			11,085												
Minimum			14,200												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2007

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>		PWS Identification Number: <u>2540865</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>109</u>		Total Population Served at End of Month: <u>375</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>Florida</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>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Palm Port</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>East River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u> Zip Code: <u>32131</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operator	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 12/7/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: November, 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 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 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	Minimum UV Dose, mW-sec/cm ²		
	X	24.0	12,300		1.2							0.9	
	X	24.0	10,200		1.2							0.7	
		24.0	12,933										
		24.0	12,933										
	X	24.0	12,933		1.3							1.0	
	X	24.0	12,500		1.4							1.1	
	X	24.0	11,100		1.4							1.0	
	X	24.0	16,700		1.5							0.9	
	X	24.0	15,200		2.0							1.0	
		24.0	14,767										
		24.0	14,767										
	X	24.0	14,767		1.5							1.0	
	X	24.0	16,600		1.5							1.0	
	X	24.0	11,500		1.3							0.9	
	X	24.0	16,400		1.3							0.9	
	X	24.0	11,800		1.6							1.3	
	X	24.0	16,100		3.4							2.8	
		24.0	19,350										
	X	24.0	19,350		1.2							0.6	
	X	24.0	11,600		1.1							0.5	
	X	24.0	11,600		1.3							0.9	
	X	24.0	10,100		1.1							0.7	
	X	24.0	14,900		1.3							1.0	
		24.0	13,400										
		24.0	13,400										
	X	24.0	13,400		3.0							2.0	
	X	24.0	12,900		0.9							0.5	
	X	24.0	9,900		1.8							0.9	
	X	24.0	12,900		1.8							0.7	
	X	24.0	10,600		1.6							0.7	
		24.0											
			406,900										
			13,126										
			19,350										

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2007

A. Public Water System (PWS) Information


PWS Name: Palm Port	PWS Identification Number: 2540865
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: 109	Total Population Served at End of Month: 375
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: Palm Port	Plant Telephone Number: (352) 787-0980			
Plant Address: East River Drive	City: East Palatka State: Florida Zip Code: 32131			
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date  01/09/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: December, 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 Demostate 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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	12,867												
2		24.0	12,867												
3	X	24.0	12,867		1.3								1.1		
4	X	24.0	10,300		1.5								1.2		
5	X	24.0	12,500		1.5								1.3		
6	X	24.0	12,600		1.3								1.0		
7	X	24.0	10,700		1.4								1.1		
8		24.0	14,000												
9		24.0	14,000												
10	X	24.0	14,000		1.4								1.0		
11	X	24.0	13,200		1.2								0.9		
12	X	24.0	9,200		1.3								1.0		
13	X	24.0	9,700		1.3								1.0		
14	X	24.0	12,200		1.3								1.1		
15		24.0	11,933												
16		24.0	11,933												
17	X	24.0	11,933		1.0								0.7		
18	X	24.0	10,000		1.2								0.8		
19	X	24.0	25,200		0.6								0.3		
20	X	24.0	9,400		1.4								1.0		
21	X	24.0	12,400		1.9								1.6		
22		24.0	10,967												
23		24.0	10,967												
24	X	24.0	10,967		1.4								1.0		
25	X	24.0	9,100		1.3								1.0		
26	X	24.0	11,700		1.2								0.9		
27	X	24.0	11,400		1.3								1.0		
28	X	24.0	8,700		1.6								1.0		
29		24.0	11,000												
30		24.0	11,000												
31	X	24.0	11,000		1.5								1.0		
Total			370,600												
Average			11,955												
Maximum			25,200												

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

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

PWS ID: 2540865 Plant Name: Palm Port

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 Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
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C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

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

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

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: January, 2006

A. Public Water System (PWS) Information

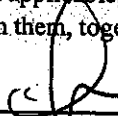
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	107			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	D			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Operator	License No.	License Type	Days Worked	Shift	
Lead/Chief Operator	Paul Thompson	A	725	Day 1st Shift	
Other Operators	David Haring	C	1409	Day 1st Shift	

II. Certification by Lead/Chief Operator

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

 Signature and Date	2/7/06 DOCUMENT NUMBER - DATE	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: January, 2006

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	Time of Day	Volume of Water Treated (gallons)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine (Chloramines) Residual (mg/L)	Temperature (°F)	pH	Total Chlorine Residual (mg/L)	Notes
		24.0	26.050							
X		24.0	26.050							
X		24.0	16.400						0.7	
X		24.0	16.400						1.7	
X		24.0	16.400						1.6	
X		24.0	16.300						1.6	
X		24.0	11.300						1.7	
X		24.0	11.393							
X		24.0	11.393							
X		24.0	11.393						1.6	
X		24.0	13.600						1.3	
X		24.0	13.600						1.6	
X		24.0	13.500						1.6	
X		24.0	13.100						1.8	
X		24.0	15.800							
X		24.0	15.800							
X		24.0	15.800						1.7	
X		24.0	13.300						1.8	
X		24.0	13.200						1.7	
X		24.0	23.400						1.7	
X		24.0	3.700						1.8	
X		24.0	18.567							
X		24.0	18.567							
X		24.0	18.567						2.4	
X		24.0	8.200						2.4	
X		24.0	17.100						2.4	
X		24.0	7.600						2.4	
X		24.0	13.300						2.4	
X		24.0	14.200							
X		24.0	14.200							
X		24.0	14.200						2.0	
X		24.0	14.500						1.7	
Total			462,300							
Average			14,913							
Maximum			26,050							

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: February, 2006

A. Public Water System (PWS) Information

PWS Name: Palm Port	PWS Identification Number: 2540865
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: 107	Total Population Served at End of Month: 375
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

B. Water Treatment Plant Information

Plant Name: Palm Port	Plant Telephone Number: (352) 787-0980
Plant Address: East River Drive	City: East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 120,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operator	License Number
Lead/Chief Operator: Paul Thompson	A 7251 Days 1st Shift
Other Operator: David Haring	C 14091 Days 1st Shift

II. Certification by Lead/Chief Operator

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

[Signature]

3/6/06

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: February, 2006

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 Number	Flow (MGD)	Flow (MG)	Chlorine/Chloramine or UV Dose to Disinfect Four-Log Virus Inactivation, if Applicable										Residual Concentration (mg/L)	Notes		
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm ²)	Other (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)				
1	X	24.0	17,600													0.4	
2	X	24.0	8,300													0.5	
3	X	24.0	15,300													0.3	
4		24.0	14,967														
5		24.0	14,967														
6	X	24.0	14,967													0.3	
7	X	24.0	16,300													0.3	
8	X	24.0	8,100													0.3	
9	X	24.0	11,000													0.3	
10	X	24.0	15,000													0.3	
11		24.0	14,333														
12		24.0	14,333														
13	X	24.0	14,333													0.3	
14	X	24.0	8,000													0.3	
15	X	24.0	16,700													0.3	
16	X	24.0	10,500													0.3	
17	X	24.0	16,100													0.3	
18		24.0	14,067														
19		24.0	14,067														
20	X	24.0	14,067													0.3	
21	X	24.0	16,000													0.3	
22	X	24.0	17,100													0.3	
23	X	24.0	17,000													0.3	
24	X	24.0	8,000													0.3	
25		24.0	13,333														
26		24.0	13,333														
27	X	24.0	13,333													0.3	
28	X	24.0	8,000													0.3	
29		24.0															
30		24.0															
31		24.0															
Total			379,100														
Average			12,229														
Maximum			17,600														

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March 2006

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>	PWS Identification Number: <u>2540865</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>107</u>	Total Population Served at End of Month: <u>375</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>Florida</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>bheath@aquaamerica.com</u>	

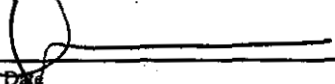
B. Water Treatment Plant Information

Plant Name: <u>Palm Port</u>	Plant Telephone Number: <u>(352) 787-0980</u>
Plant Address: <u>East River Drive</u>	City: <u>East Palatka</u> State: <u>Florida</u> Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>	

Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operator	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 4/6/06 Paul Thompson A7251
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: March, 2006

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 the Month	Time of Day	Flow (MGD)	Flow (MGD) at Plant	Calculations of Dose to Achieve Four-Log Virus Inactivation, if Applicable										Average Residual (mg/L)	Range of Residual (mg/L)	Remarks of Abnormalities, Violations, Report of Maintenance Work, and Investigations in the Water System Components during Operation
					Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant	Flow (MGD) at Plant			
	X	24:0	10,000		1.4											0.3	
	X	24:0	19,300		1.3											0.3	
	X	24:0	12,800		1.3											0.3	
		24:0	15,400														
		24:0	15,400														
	X	24:0	15,400		2.4											1.6	
	X	24:0	16,500		2.4											1.5	
	X	24:0	18,200		2.1											1.5	
	X	24:0	19,500		2.2											1.2	
	X	24:0	9,800		0.6											0.3	
		24:0	15,067														
		24:0	15,067														
	X	24:0	15,067		1.5											0.2	
	X	24:0	15,700		1.3											0.4	
	X	24:0	12,900		1.5											0.4	
	X	24:0	18,500		1.3											0.3	
	X	24:0	16,600		1.4											0.3	
		24:0	15,833														
		24:0	15,833														
	X	24:0	15,833		1.3											0.3	
	X	24:0	20,000		1.3											0.3	
	X	24:0	17,000		1.3											0.3	
	X	24:0	17,000		1.4											0.3	
	X	24:0	8,600		1.3											0.3	
		24:0	15,167														
		24:0	15,167														
	X	24:0	15,167		1.3											0.3	
	X	24:0	18,800		1.1											0.3	
	X	24:0	9,700		1.4											0.3	
	X	24:0	14,900		1.4											0.6	
	X	24:0	17,900		1.3											0.3	
Total			478,100														
Average			15,423														
Maximum			20,000														

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: April, 2006

A. Public Water System (PWS) Information

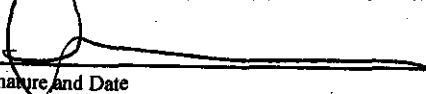
PWS Name: Palm Port		PWS Identification Number: 2540865	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Deesburg	State: Florida
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: Palm Port		Plant Telephone Number: (352) 787-0980	
Plant Address: East River Drive		City: East Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	David Haring	C	14091
	Ralph Marriott	C	7527

II. Certification by Lead/Chief Operator

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

Signature and Date:  5/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: April, 2006

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	Disinfection Type	Disinfectant Concentration (mg/L)	Disinfectant Residual (mg/L)	GI Calculations, or VDBS, to Demonstrate Four-Log Virus Inactivation, if Applicable				Minimum Disinfectant Concentration (mg/L)	Minimum Disinfectant Residual (mg/L)	Notes
				Disinfectant Concentration (mg/L)	Disinfectant Residual (mg/L)	GI	VDBS			
1		24.0	18,700							
2		24.0	18,700							
3	X	24.0	18,700							
4	X	24.0	9,800		1.3					0.4
5	X	24.0	24,600		1.1					0.3
6	X	24.0	15,200		1.4					0.3
7	X	24.0	14,800		1.3					0.3
8		24.0	15,733							
9		24.0	15,733							
10	X	24.0	15,733		1.4					0.3
11	X	24.0	14,700		1.5					0.4
12	X	24.0	9,200		1.3					0.3
13	X	24.0	21,900		1.3					0.4
14	X	24.0	12,200		1.4					0.3
15		24.0	16,867							
16		24.0	16,867							
17	X	24.0	16,867		1.3					
18	X	24.0	15,100		1.3					0.3
19	X	24.0	15,700		1.2					0.4
20	X	24.0	12,300		1.2					0.3
21	X	24.0	20,000		1.2					0.3
22		24.0	15,433							
23		24.0	15,433							
24	X	24.0	15,433		1.2					1.2
25	X	24.0	14,500		1.7					0.5
26	X	24.0	15,200		1.5					1.0
27	X	24.0	12,900		1.4					1.1
28	X	24.0	14,800		1.7					0.8
29		24.0	16,067							
30		24.0	16,067							
31		24.0								
Sum			475,233							
Average			15,330							
Minimum			24,600							

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>	PWS Identification Number: <u>2540865</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>107</u>	Total Population Served at End of Month: <u>375</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>Florida</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>bheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Palm Port</u>	Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>East River Drive</u>	City: <u>East Palatka</u>	State: <u>Florida</u>	Zip Code: <u>32131</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Operator Name	License No.	Days 1st Shift	
<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	
<u>David Haring</u>	<u>C</u>	<u>14001</u>	
<u>Ralph Marriott</u>	<u>C</u>	<u>7527</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 6/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
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:	107			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com			Contact Person's Fax Number:	(352) 787-6333

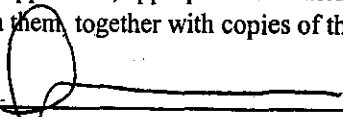
B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive	City:	East Palatka	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	

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

II. Certification by Lead/Chief Operator

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

Signature and Date:  7/6/06 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: June, 2006

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 Demstrate 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/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	12,600		1.5									0.7	
2	X	24.0	15,000		0.8									0.3	
3		24.0	14,300												
4		24.0	14,300												
5	X	24.0	14,300		0.6									0.3	
6	X	24.0	9,600		0.6									0.2	
7	X	24.0	18,600		0.8									0.3	
8	X	24.0	18,100		0.8									0.3	
9	X	24.0	14,700		3.5									3.0	
10		24.0	13,000												
11		24.0	13,000												
12	X	24.0	13,000		0.6									0.3	
13	X	24.0	10,300		0.8									0.3	
14	X	24.0	13,200		0.6									0.2	
15	X	24.0	13,600		3.5									3.5	
16	X	24.0	11,300		3.5									3.5	
17		24.0	12,100												
18		24.0	12,100												
19	X	24.0	12,100		1.8									1.1	
20	X	24.0	11,000		1.3									1.0	
21	X	24.0	11,400		1.3									1.5	
22	X	24.0	10,600		0.8									0.4	
23	X	24.0	10,200		1.1									0.5	
24		24.0	13,567												
25		24.0	13,567												
26	X	24.0	13,567		1.3									0.7	
27	X	24.0	14,200		1.0									0.7	
28	X	24.0	11,100		1.0									0.7	
29	X	24.0	12,900		1.1									0.7	
30	X	24.0	14,900		1.0									0.7	
31		24.0													
Total			392,200												
Average			12,652												
Maximum			18,600												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name: Palm Port		PWS Identification Number: 2540865	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Palm Port		Plant Telephone Number: (352) 787-0980	
Plant Address: East River Drive		City: East Palatka	State: Florida
		Zip Code: 32131	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	David Haring	C	14091
	Ralph Marriott	C	7527

II. Certification by Lead/Chief Operator

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

 Signature and Date 8/8/06

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: July, 2006

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 Name or Station	Hours in Operation	Net Quantity of Water Produced (gal)	Chlorine Calculations or Test Data to Demonstrate Four-Log Virus Inactivation, if Applicable										Average Residual Concentration (mg/L) in Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Disinfectant Residual (mg/L) Before Distribution	Disinfectant Concentration Measurement Point (mg/L) Before Distribution	Disinfectant Concentration Measurement Point (mg/L) After Distribution	Minimum Disinfectant Concentration (mg/L) Required	Disinfectant Concentration (mg/L) at End of Distribution System	Disinfectant Concentration (mg/L) at End of Distribution System	Disinfectant Concentration (mg/L) at End of Distribution System	Disinfectant Concentration (mg/L) at End of Distribution System	Disinfectant Concentration (mg/L) at End of Distribution System	Disinfectant Concentration (mg/L) at End of Distribution System		
1		24.0	15,800												
2		24.0	15,800												
3	X	24.0	15,800			1.2							0.7		
4	X	24.0	14,100			1.3							0.7		
5	X	24.0	17,400			1.4							1.2		
6	X	24.0	15,900			1.0							0.6		
7	X	24.0	11,100			1.3							1.1		
8		24.0	12,967												
9		24.0	12,967												
10	X	24.0	12,967			2.5							2.0		
11	X	24.0	18,000			0.6							0.3		
12	X	24.0	16,900			0.8							0.4		
13	X	24.0	18,600			1.5							0.8		
14	X	24.0	13,600			2.0							1.5		
15		24.0	14,167												
16		24.0	14,167												
17	X	24.0	14,167			1.5							0.8		
18	X	24.0	16,100			1.0							0.8		
19	X	24.0	6,900			1.3							1.0		
20	X	24.0	12,500			1.5							0.9		
21	X	24.0	13,900			2.5							1.5		
22		24.0	13,833												
23		24.0	13,833												
24	X	24.0	13,833			2.5							2.0		
25	X	24.0	14,600			1.2							0.6		
26	X	24.0	13,800			1.0							0.4		
27	X	24.0	11,200			1.2							0.5		
28	X	24.0	11,200			1.5							0.9		
29		24.0	12,567												
30		24.0	12,567												
31	X	24.0	12,567			1.4							0.9		
Total			433,800												
Average			13,994												
Maximum			18,600												

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

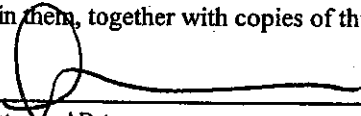
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	107			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquamerica.com				

B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980	
Plant Address:	East River Drive	City:	East Palatka	State:	Florida	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Operator Name	License Number	License Class	Days Worked	Shift(s) Worked		
Paul Thompson	7251	A		Days 1st Shift		
David Haring	14091	C		Days 1st Shift		
Ralph Marriott	7527	C		Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Signature and Date:  8/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: August, 2006

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	Time	Flow (MGD)	Temperature (°F)	Free Chlorine (mg/L)				Combined Chlorine (mg/L)				Total Residual Chlorine (mg/L)	pH	Remarks			
					At Plant	At Storage	At Distribution	At Consumer	At Plant	At Storage	At Distribution	At Consumer						
X		24.0	12,100					1.3								0.9		
X		24.0	11,600					1.3									0.8	
X		24.0	13,800					1.0									0.4	
X		24.0	13,400					2.0									1.1	
		24.0	13,433															
		24.0	13,433															
X		24.0	13,433					1.3										0.8
X		24.0	13,100					1.0										0.4
X		24.0	10,900					1.3										0.8
X		24.0	16,500					1.5										0.8
X		24.0	15,700					1.5										0.9
		24.0	12,800															
		24.0	12,800															
X		24.0	12,800					1.3										0.8
X		24.0	11,400					1.3										0.8
X		24.0	16,300					1.3										0.8
X		24.0	13,700					1.3										0.8
X		24.0	13,200					1.8										1.2
		24.0	13,800															
		24.0	13,800															
X		24.0	13,800					1.8										1.2
X		24.0	12,900					1.2										0.7
X		24.0	11,300					1.5										1.0
X		24.0	13,900					1.2										0.9
X		24.0	14,900					1.3										1.0
		24.0	12,500															
		24.0	12,500															
X		24.0	12,500					0.9										0.5
X		24.0	15,600					1.2										0.6
X		24.0	14,600					1.2										0.7
X		24.0	10,900					1.3										0.7
			411,400															
			13,271															
			16,500															

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2006

A. Public Water System (PWS) Information

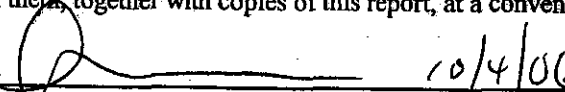
PWS Name: Palm Port	PWS Identification Number: 2540865		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Consecutive		
Number of Service Connections at End of Month: 107	Total Population Served at End of Month: 375		
PWS Owner: Aqua Utilities, Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Palm Port	Plant Telephone Number: (352) 787-0980		
Plant Address: East River Drive	City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Days (0) / Shift(s) Worked			
Operator Name	License Number	Days Worked	Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7577	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  10/4/06
 Printed or Typed Name: Paul Thompson
 License Number: A7251

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: September, 2006

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)	Chlorine (mg/L)	pH	Temperature (°F)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Residual (mg/L)	Notes
X	24.0	6,300										
X	24.0	13,633										0.7
X	24.0	13,623										
X	24.0	13,643										0.5
X	24.0	16,400										0.7
X	24.0	10,100										0.7
X	24.0	14,200										0.7
X	24.0	13,800										0.7
X	24.0	12,333										
X	24.0	12,333										
X	24.0	12,333										0.4
X	24.0	13,700										0.6
X	24.0	13,700										0.5
X	24.0	11,200										0.6
X	24.0	14,100										1.3
X	24.0	13,967										
X	24.0	13,967										0.6
X	24.0	11,000										0.7
X	24.0	15,700										0.7
X	24.0	10,600										0.4
X	24.0	14,700										0.4
X	24.0	15,300										
X	24.0	15,300										0.6
X	24.0	10,900										0.6
X	24.0	19,500										0.5
X	24.0	25,400										0.5
X	24.0	15,000										0.6
X	24.0	15,333										
		413,733										
		13,346										
		25,400										

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October 2006

A. Public Water System (PWS) Information

PWS Name:	<u>Palm Boro</u>	PWS Identification Number:	<u>2540865</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>107</u>	Total Population Served at End of Month:	<u>375</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 490910</u>	City:	<u>Deerburg</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	State:	<u>Florida</u>
Contact Person's E-Mail Address:	<u>bheath@aquafinmedical.com</u>	Zip Code:	<u>34749</u>
		Contact Person's Fax Number:	<u>(352) 787-6333</u>

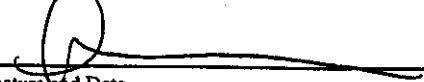
B. Water Treatment Plant Information

Plant Name:	<u>Palm Boro</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>East Palatka Drive</u>	City:	<u>East Palatka</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	<u>Florida</u>
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>170,000</u>	Zip Code:	<u>32131</u>
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u> </u>	Plant Class (per subsection 62-699.310(4), F.A.C.):	<u>C</u>

Operator Name	License Class	License Number	Days 1st Shift Worked
<u>Paul Thompson</u>	<u>A</u>	<u>751</u>	<u> </u>
<u>David Haring</u>	<u>C</u>	<u>1006</u>	<u> </u>
<u>Ralph Marzotti</u>	<u>C</u>	<u>7577</u>	<u> </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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date  11/3/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: **2540865** Plant Name: **Palm Port**

III. Daily Data for the Month/Year of: **October, 2006**

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	Hour	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Flow (MGD)	Temperature (°F)	pH	Total Chlorine (mg/L)	Residual (mg/L)
10/1	00:00	2.40	0.00	0.00				2.40	0.5
X	04:00	2.40	0.00	0.00				2.40	0.6
X	08:00	2.40	0.00	0.00				2.40	0.9
X	12:00	2.40	0.00	0.00				2.40	0.9
X	16:00	2.40	0.00	0.00				2.40	0.9
X	20:00	2.40	0.00	0.00				2.40	0.7
X	24:00	2.40	0.00	0.00				2.40	0.7
X	00:00	2.40	0.00	0.00				2.40	0.9
X	04:00	2.40	0.00	0.00				2.40	1.0
X	08:00	2.40	0.00	0.00				2.40	0.9
X	12:00	2.40	0.00	0.00				2.40	1.0
X	16:00	2.40	0.00	0.00				2.40	1.0
X	20:00	2.40	0.00	0.00				2.40	0.7
X	24:00	2.40	0.00	0.00				2.40	1.5
X	00:00	2.40	0.00	0.00				2.40	
X	04:00	2.40	0.00	0.00				2.40	0.6
X	08:00	2.40	0.00	0.00				2.40	1.1
X	12:00	2.40	0.00	0.00				2.40	0.6
X	16:00	2.40	0.00	0.00				2.40	0.6
X	20:00	2.40	0.00	0.00				2.40	0.6
X	24:00	2.40	0.00	0.00				2.40	0.7
X	00:00	2.40	0.00	0.00				2.40	0.7
		508,000							
		16,387							
		23,600							

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name: Palm Port		PWS Identification Number: 2540865	
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: 107		Total Population Served at End of Month: 375	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Palm Port		Plant Telephone Number: (352) 787-0980	
Plant Address: East River Drive		City: East Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32131	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

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

II. Certification by Lead/Chief Operator

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

12/6/06	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of: November, 2006

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 Plant Started or Visited by Operator (Place, ATX #)	Hours plant in Operation	Net Quantity of Purchased Water (gallons)	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	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at first customer during Peak Flow (mg/L)	Disinfectant Contact Time (T) at first measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at first Customer During Peak Flowing (min/L)	Temp of Water (°C) if Applicable	Minimum CT Required (min)	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)			
	X	24.0	12,300		1.3									0.7	
	X	24.0	17,800		1.3									0.8	
	X	24.0	13,800		1.7									1.2	
	X	24.0	9,100		1.2									0.6	
		24.0	18,550												
	X	24.0	18,550		1.2									0.7	
	X	24.0	18,500		1.2									0.7	
	X	24.0	13,900		1.3									0.9	
	X	24.0	16,000		1.4									1.0	
	X	24.0	18,300		1.2									0.9	
		24.0	15,233												
		24.0	15,233												
	X	24.0	15,233		1.3									0.9	
	X	24.0	12,100		1.1									0.7	
	X	24.0	14,000		0.6									0.9	
	X	24.0	12,100		0.8									0.6	
	X	24.0	11,500		1.6									1.0	
		24.0	14,933												
		24.0	14,933												
	X	24.0	14,933		1.5									1.0	
	X	24.0	48,900		0.8									0.4	
	X	24.0	48,600		0.8									0.5	
	X	24.0	50,400		0.9									0.4	
	X	24.0	51,100		0.6									0.3	
	X	24.0	15,000		1.9									1.1	
		24.0	14,650												
	X	24.0	14,650		1.7									1.2	
	X	24.0	12,100		0.8									0.4	
	X	24.0	10,700		1.2									0.8	
	X	24.0	12,000		1.4									1.0	
		24.0													
			575,100												
			18,552												
			51,100												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Palm Port</u>		PWS Identification Number: <u>2540865</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>107</u>		Total Population Served at End of Month: <u>375</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>Florida</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>Palm Port</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>East River Drive</u>		City: <u>East Palatka</u>	State: <u>Florida</u>
		Zip Code: <u>32131</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>170,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Operator	Name	License Class	License Number
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>
Other Operator	<u>David Haring</u>	<u>C</u>	<u>14091</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</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 and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1/8/07
 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 ID:	2540865	Plant Name:	Palm Port
---------	---------	-------------	-----------

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 Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
--------------------	---

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

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

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

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



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822 Ext. 30
Laboratory No. FA3265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM BACTERIA
Page 1 (and 2) of 2 (Page 1 of 1)

FOR LAB USE ONLY

RECEIVED BY: *[Signature]*

TIME RECEIVED / DATE RECEIVED AND ANALYZED: **DEC 19 '07 PH 2:50**

SAMPLE PRESERVATION: ON ICE NOT ON ICE **7** °C

DISINFECTANT CHECK: NOT DETECTED _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S)

DATE STATE NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____ NOTIFIED BY: _____

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

PAID CHECK OR RECEIPT

SYSTEM NAME: **PALM PORT** PWS ID: **2540865** SYSTEM PHONE: **386-329-1122**

SYSTEM ADDRESS: **EAST RIVER RD. EAST PALATKA FL** COUNTY: **PUTNAM**

CLIENT: **AQUA UTILITIES** COLLECTOR: **RAPH MARCOTT / DAN O'NEILL** COLLECTOR PHONE: **386-937-1091**

TYPE OF SUPPLY (Check Box): Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Other

REASON FOR SAMPLING (Check Box): Routine Compliance Repeat Replacement Main Clearance Well Survey Other: **PLANT ANNUAL**

SAMPLE COLLECTION DATE(S): **12/18/07 & 12/19/07** REMARKS: **Boil Water Notice Results to Customer**

Day 1 Day 2

TO BE COMPLETED BY SAMPLE COLLECTOR						TO BE COMPLETED BY LAB			
Sample No.	Sample Point (Location or Street Address)	Collection Time	Sample Type	Disinfectant Residual (mg/L)	Lab Sample Number	Test Equipment	E. coli	Total Coliform	Dist. Qualifier
501	115 LAW CREEK DAY 1	9:40am	D	1.0	M0720170	A			
502	114 MAGNOLIA DAY 1	10:15am	D	1.0	M0720171	A			
503	115 LAW CREEK DAY 2	7:45am	D	0.3	M0720172	A			
504	114 MAGNOLIA DAY 2	8:00am	D	0.2	M0720173	A			
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)					0.615	Time(s) Analyzed: 7:26pm			

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is: A certified operator (# **C017**) Employed by a certified lab Supervised by a cert. operator (# _____) Employed by DEP or DOH

Michael Moore 12/21/07
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAP standards. Results are confidential and exempt from public release. If a complaint is received, DEP Sample Type Order # _____, Disinfectant Residual Report # _____, or Sample Collection Report # _____, call the DEP at (352) 625-2822. Certified in Florida as a Laboratory Code # 0000000000.

The results presented herein relate only to the samples submitted. If you have any questions regarding this report, please call Lisa Seaton at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT:

AQUA UTILITIES
P.O. BOX 490310
LEESBURG FL 34748

DEP/DOH USE ONLY

Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

DOCUMENT NUMBER DATE
04327 MAY 22 88
FPSC-COMMISSION CLERK

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33836 FDOH # E85370
 18331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Lab Receipt Date and Time: 12/12/07 12:00
 Received for Laboratory By: [Signature]
 Analysis Date and Time: 12/12/07 16:45
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 7°C
 Disinfectant Check Not Detected >0.1 mg/l

HBEL Report Number: 2190213 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Colibert Membrane Filtration PWS I.D. 2540865

System Name: Palm Port

System Address: East River Rd

City: East Palatka

Collector: R. Marriott

Relinquished By: R. Marriott Received By: [Signature]

Date/Time: 12-12-07 10:00 AM Date/Time: 12/12/07

Type of Supply: Community Water System Private Well Noncommunity Water System Swimming Pool Nontransient-Noncommunity Water System Bottled Water Limited Use System Other

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

Sample Collection Date(s): 12-11-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colibert) SM9223B
 Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colibert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2190213001
	A			1002
	A			2190213003

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
4	Well	2:30 PM	R	none	
5	114 Magnolia	2:40 PM	D	0.9	
6	115 Cow Creek	2:45 PM	D	1.0	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.95

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: A certified operator (# 02527) 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 Fl,
490310 (PO Box)
Leesburg Fl, 34748



Page 1 of 1

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

Report authorized by: [Signature] Technical Director or Designee
 Date: 12/12/07 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: _____

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

Public Water System Information (to be completed by sampler)

System Name: Paul Port PWS ID #: 2540865
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: East River drive
City: East Palatka State: FL ZIP Code: 32131
Phone #: 352-787-0080 Fax #: 352-787-10333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 48927DW1 Location Code (if known): 118 Orange WQP
Sample Date: 9/24/07 Sample Time: 12:15 AM PM (circle one)
Sample Location (be specific): 118 Orange
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.3

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

* See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(2) for requirements and
NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.
for nitrate or nitrate MCL exceedances.

Sampler's Name: Ralph Marriott
Sampler's Phone #: 352-787-0080 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

PAUL THOMPSON FOR RALPH MARRIOTT FIELD COORDINATOR
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.
Signature: [Signature] Date: 10/12/07

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 48927DW1

Report Number: 48927
Date Sample Received: 09/26/07

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

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

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

Certification

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

Signature: 

Date: 10/09/07

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

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Secondary Contaminants: 62-550.320 Lab ID: 48927DW1 PWS ID: Palm Port Sample ID: 116 Orange WQP

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1016	Calcium	N/A	mg/L	0.167		EPA200.7	0.100	09/26/07		E83018
1055	Sulfate	250	mg/L	47.6		EPA300.0	20.0	10/05/07		E83018
1930	Total Dissolved Solids	500	mg/L	532		SM2540C	2.50	09/25/07		E83018

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

Flowers Chemical Labs-South
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

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

www.flowerslabs.com



Client: ALF Putnam Co. Project Name: Palm Port
 Address: PO BX 490310 Contact: Paul Thompson P.O.#
Leesburg FL 34748 FCL Lab Coordinator
 Phone: 386-329-9122 Requested Due Date
 Sampled By (PRINT): Ralph Marriott

PICK UP

Sampler Signature: Ralph Marriott Date Sampled: 9-24-07
 PRESERVATIVES: None
 ANALYSES REQUEST: Conductivity, Calcium, Alkalinity, TDS, Sulfate
 COMMENTS: 10

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅			
1	<u>116 Orange WQP</u>	<u>9-24-07</u>	<u>12:15 PM</u>	<u>DW</u>	<u>48927 DW1</u>	<input checked="" type="checkbox"/>					<u>Conductivity, Calcium, Alkalinity, TDS, Sulfate</u>	<u>Cl₂-0.8 pH 7.3</u>	
2													
3													
4													
5													
6													
7													
8													
9													
10													

Retinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Retinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>Ralph Marriott</u>	<u>9-25-07</u>	<u>10:20</u>	<u>Paul</u>	<u>9-25/07</u>		<u>Paul</u>	<u>9-25/07</u>		<u>S. Parks</u>	<u>9/25/07</u>	<u>14:28</u>

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

Public Water System Information (to be completed by sampler)

System Name: Palm Port PWS ID #: 2540865

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

Address: East River Dr

City: East Palatka State: FL ZIP Code: 32131

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

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47221DW1 Location Code (if known): POE

Sample Date: 8/29/07 Sample Time: 9:05 AM PM (circle one)

Sample Location (be specific): _____

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

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

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements

attach a results page for each site.

for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson

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 (Print Name) field coordinator (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 47221DW1

Report Number: 47221
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 82-550, F.A.C. (check all that apply)

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

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

Signature:



Date: 09/06/07

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

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

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 47221DW1 PWS ID: 2540865 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018

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

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

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



www.flowerslabs.com

Client: AQUA UTILITIES - PUTNAM COUNTY	Project Name: PALM PORT PWS 10TH 2540865
Address: P.O. Box 490310 LEESBURG, FL 34748	Contact: PAUL THOMPSON
Phone: 386-937-1143 FAX 386-329-9977	Requested Due Date: 10/07
Sampled By (PRINT): PAUL THOMPSON	P.O. #: PICK UP

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅			
1	P.O.E.	8/29/07	9:05	DW	47221 DW1						X NOV/NOV		
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation: [Signature]	Date: 8/29/07	Time: 11:00	Accepted By / Affiliation: [Signature]	Date: 8-29	Time: 11:40	Relinquished By / Affiliation: [Signature]	Date: 8-29	Time: 2:37	Accepted By / Affiliation: [Signature]	Date: 8/29/07	Time: 1:44
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• WHITE - Original - To Be Returned

• YELLOW - Duplicate

Rev 06/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: June 21, 2007

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port WTP TDS DE

[2128916]

Received: 6/15/07 12:20

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: 6/21/07



Page 1 of 4

**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: Palm Port WTP TDS DE
Received: 6/15/07 12:20

[2128916]

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

Quality Control Summary

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

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: 6/21/07



**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

[2128916]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port WTP TDS DE

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128916001		Sampled: 06/15/07 7:30		Received: 06/15/07 12:20				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Total Dissolved Solids		520	mg/L	5.0	EPA 160.1	WCDE16226		06/19/07 14:54	PA	E83509

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

5600 US 1 North
Fort Pierce, FL 34946
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: 6/21/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Chain of Custody
and
Agreement to Perform Services

**USE BALL-POINT-PEN
OR 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 Lehigh Acres, FL 33938



FDOH # E83509 ____ FDOH # E84418
4155 St. Johns Pkwy. 16331 Cortez Blvd.
Suite 1300 Brooksville, FL 34601
Sanford, FL 32771

Company: Aqua Utilities Fl.

Address: 930 S. SR. A Suite #3

Palatka Fl. Zip: 32122

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Palm Port WTP

Sampled By: R. Marriott

Method(s) of Shipment: _____

e-mail: _____
Standard Laboratory Turn Around Time

Or
Rush in _____ Business Days
Requires Laboratory Approval

Temperature: _____ pH: _____
Microbiological: _____
Analytical: _____
LAB # 228914

PRESERVATIVE			

ANALYSES REQUESTED			

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION	COMMENTS
501	6-15-07	7:30 AM	G	DW	1	PDE	All Samples Iced

* 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 <u>4 of 4</u>	RELINQUISHED BY <u>R. Marriott</u>	RELINQUISHED BY <u>David Perry</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>6-15-07 9:00 AM</u>	DATE/TIME <u>6-15-07 10:30</u>	DATE/TIME <u>6/15/07 12:00</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>
DATE/TIME <u>6-15-07/0900</u>	DATE/TIME <u>6/15/07</u>	DATE/TIME <u>6/15/07</u>	

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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: Palm Port WTP TDS DE
Sample Location: POE Grab
Sample Number: 2128916001
Sampling Date: 6/15/07 7:30
Date Received: 6/15/07 12:20

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1930	Total Dissolved Solids	[500]	mg/L	520		EPA 160.1	5.0	6/19/07 14:54	E83509

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, 7, *, are unacceptable for compliance with 62-550. Results qualified with e, 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: 6/21/07

**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: PALM PART PWS I.D. #: 2540865
System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
Address: SBT RIVER ROAD

City: SBT PALATKA State: FL ZIP Code: _____
Phone #: 386 937-1143 Fax #: 386-329-9977
E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
Sample Date: 06/15/07 Sample Time: 7:30 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)	Reason(s) for Sample (Check all that apply)	
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u>)	
<input checked="" 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: RALPH MARIOTT
Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON (FOR RALPH MARIOTT) ALLS 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: 6/26/07

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 #: E83509
 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: 6/15/07

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

Lab Assigned Report Number or Job ID: 2128916001

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
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorate
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<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: 21-Jun-07

* 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: _____



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: Palm Port

SYSTEM PWS ID #: 2540865

REPORT DATE: 3/16/07

SUBMISSION #: 072708

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 !



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 1 of 3; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 2540865 System Name: Palm Port Sample Number: 1
Sample Date: 2/28/07 Sample Time: 455 PM Sample Location: Pont of Entry
Laboratory Assigned Submission Number: 072708 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Secondaries, 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 Saupp*

Date: March 16, 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: Palm Port
PWS ID: 2540865
Submission Number: 072708

**SECONDARY CONTAMINANTS
62-550.320**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1830	Total Dissolved Solids	500	mg/L	498		SM2540C	10	3/8/07		E83265



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

072708

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 Fla
Mailing Address: 430 S. SR. 19 Suite #3
Palatka Fla 32127
Telephone: 386-329-1122 Fax 386-329-9977

PUBLIC WATER SYSTEM INFORMATION:

System Name: Palm Port PWS ID No. 2540865
Physical Address: East River Rd Phone No. same
East Palatka Fla
Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 2-28-07 4:55PM
Sample Location (be specific): Point of Entry
Sampler Name and Phone (please print): Ralph Marriatt same px
Signature: Ralph Marriatt Title: operator
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 Date Time Condition
Sampler Relinquished: Ralph Marriatt 3-1-07 8:30AM good
Transporter Relinquished: David Hoang 3-1-07 0930 OK

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: _____
 Pesticides and PCBs:
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: TDS
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: TDS

FIELD TEST RESULTS (if applicable):

Chlorine Residual: 6.0 pH: 7.1
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: [Signature] Date 3-1-07 Time 9:25 AM Condition icy
Lab Number: 072708

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

Comments: _____
Temp = 4C

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

072708

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

System Name: Palm Port PWS I.D. #:

2	5	4	0	8	6	5
---	---	---	---	---	---	---

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

Address: East River Rd

City: East Palatka State: Fla ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Location Code (if known): _____

Sample Date: 2-28-07 Sample Time: 4:55 PM AM PM (Circle One)

Sample Location (be specific): Point of entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.1

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? 1st)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other: _____
- 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 exceedances.

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

Sampler's Name: Ralph Marriott

Sampler's Phone #: Same ↑ Sampler's Fax #: Same

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ralph Marriott (Print Name), operator (Print Title)

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

Signature: Ralph Marriott Date: 2-28-07

**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: October 20, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port TDS DE
Received: 10/11/06 12:15

[2127059]


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: 10/20/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port TDS DE
Received: 10/11/06 12:15

[2127059]

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>		Method Narratives (If Applicable)	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	Quality Control Summary	<u>Analytical Issue</u>
---------------	-------------------	----------------	--------------------------------	-------------------------

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: 10/20/06



Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port TDS DE

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127059001						Sampled: 10/10/06 13:25		Received: 10/11/06 12:15			
Sample ID: POE Grab						Matrix: Water					Results reported on Wet Weight Basis
Total Dissolved Solids		500	mg/L	5.0	EPA 160.1	WCDE15256		10/12/06 15:40	RM	E83509	

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





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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 34948 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities Fla.
 Address: 930 S. SR 19 Suite #3
Palatka Fla Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Palm Port

Sampled By: R. Marriott

Method(s) of Shipment: _____

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

490C For Lab Use Only

Temperature Checked Y N
 Custody Seals Intact Y N A
 pH Checked Y N

PRESERVATIVE

U									
---	--	--	--	--	--	--	--	--	--

ANALYSES REQUESTED

--	--	--	--	--	--	--	--	--	--

TPS ✓

LAB # 2127059

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

COMMENTS

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
201	10-10-06	1:25 PM	G	DW	1	POE

* 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>R. Marriott</u> DATE/TIME <u>10-11-06 10:15 AM</u>	RELINQUISHED BY <u>[Signature]</u> DATE/TIME <u>10/11/06 12:15</u>	RELINQUISHED BY _____ DATE/TIME _____
RECEIVED BY <u>[Signature]</u> DATE/TIME <u>10/11/06</u>	RECEIVED BY _____ DATE/TIME _____	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u> DATE/TIME <u>10-11-06 12:15</u>

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

United States 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: Palm Port PWS I.D. #: 2540865
System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
Address: East River Drive
City: East Palatka State: FL ZIP Code: 32931
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: 10/10/06 Sample Time: 1:25 PM
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)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" 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: RALPH MARRIOTT
Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON for RALPH MARRIOTT AWD 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: 11/3/06

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 #: E83509
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: 10/11/06

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

Lab Assigned Report Number or Job ID: 2127059001

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 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"/> Chlorate |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <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: 20-Oct-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) 467-2400, Ext. 255 Fax: (772) 467-584

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client: Aqua Utilities Florida, Inc. Workorder: Palm Port TDS DE
Sample Location: POE Grab
Sample Number: 2127059001
Sampling Date: 10/10/06 13:25
Preservative: Nitric Acid or None
Date Received: 10/11/06 12:15

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1930	Total Dissolved Solids [500]	500	mg/L	EPA 160.1	5.0	10/12/06	E83509

Southeast Florida
FDOH # E96080

Central Florida
FDOH # E83509

Northeast Florida FDOH # E82417

Southwest Florida
FDOH # E85370

West Central Florida
FDOH # E84416

Printed: 10/20/06



**HARBOR BRANCH
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LABORATORIES, INC.**

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

Date issued: October 13, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port 6444 DW-Scan
Received: 9/19/06 11:50

[2126845]

Dear Brian Heath;

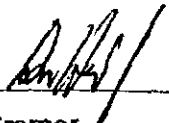
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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
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FDOH # E96080

4165 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: 10/13/06



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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port 6444 DW Scan
Received: 9/19/06 11:50

[2126845]

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
2126845001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Method	HBEL Batch	Analyte	Quality Control Summary	Analytical Issue
EPA 505	PEST4794	2126845001 Decachlorobiphenyl	Surrogate - Outside acceptance Limits.	

The above due to matrix effects.

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FDOH # E85370

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 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126845]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126845001						Sampled: 09/19/06 8:00 Received: 09/19/06 11:50				
Sample ID: POE Grab						Matrix: Water Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15153		09/19/06 15:15	PA	E83509
pH	Q	7.41	SU	0.200	EPA 150.1	WCDE15155		09/20/06 14:47	PA	E83509
Total Dissolved Solids		510	mg/L	5.0	EPA 160.1	WCDE15177		09/22/06 15:07	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Barium		0.015	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Copper		0.018	mg/L	0.0014	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Iron		0.044	mg/L	0.025	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Sodium		72	mg/L	0.50	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Zinc		0.013	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:49	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 12:00	DM	E96080
Lead		0.0022	mg/L	0.00061	EPA 200.9	META8156		10/3/06 12:34	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8163		10/6/06 9:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8162		10/5/06 11:25	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:31	DM	E96080
Chloride		140	mg/L	5.0	EPA 300.0	IC6955		09/25/06 18:50	JL	E96080
Fluoride		0.20	mg/L	0.011	EPA 300.0	IC6952		09/20/06 13:30	JL	E96080
Nitrate as N		0.042	mg/L	0.0030	EPA 300.0	IC6952		09/20/06 13:30	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6952		09/20/06 13:30	JL	E96080
Sulfate		73	mg/L	1.4	EPA 300.0	IC6955		09/25/06 18:50	JL	E96080
Surfactants as LAS, Mol.wt.340		0.11	mg/L	0.042	EPA 425.1	WCDE15170	09/20/06 13:45	09/20/06 14:30	RM	E83509
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4802	09/29/06 10:33	09/29/06 23:50	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0046	EPA 504.1	PEST4802	09/29/06 10:33	09/29/06 23:50	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
Endrin		0.098 U	ug/L	0.098	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4794	09/25/06 13:52	09/26/06 2:41	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080

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

CERTIFICATE OF ANALYSIS

[2126845]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52	WR	E96080
Carbolaran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2338		10/3/06 17:16	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2338		10/3/06 17:16	JJM	E96080
Glyphosate		2.8 U	ug/L	2.8	EPA 547	HPLC2337		09/28/06 16:52	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2443	09/22/06 11:53	10/4/06 20:57	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2336	09/25/06 7:53	09/26/06 14:54	JJM	E96080
Gross Alpha		4.7 +/- 1.4	pCi/L		EPA 900.0	KNL1360		10/3/06 8:00	KNL	E84025
Radium 226		0.9 U +/- 0.6	pCi/L		EPA 903.1	KNL1360		10/5/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.7	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1032		09/26/06 9:48	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26304		09/20/06 13:30	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26357	10/2/06 9:00	10/2/06 14:56	GG	E96080

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CERTIFICATE OF ANALYSIS

[2126845]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Lab Analyst	ID
Laboratory ID: 2126845002					Sampled: Received: 09/19/06 11:50				
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	VOC2700	09/29/06 1:25	WR	E96080	
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,1-Dichloroethane	0.23 U	ug/L	0.23	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
cis-1,2-Dichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Tetrachloroethane	0.24 U	ug/L	0.24	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
trans-1,2-Dichloroethane	0.35 U	ug/L	0.35	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2700	09/29/06 1:25	WR	E96080	
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2700	09/29/06 1:25	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
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 FDOH # E96080

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 FDOH # E84418

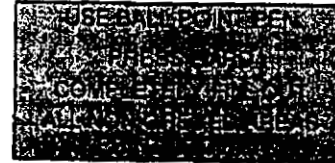
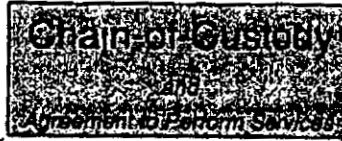
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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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Phone: (772) 465-2400 Ext. 285 Fax: (772) 467-5844



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 33939
FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771
FDOH # E84418 16331 Cortez Blvd. Brooksville, FL 34601

Company: AQUA Utilities
Address: 930 SOUTH SR 19 Suite 3
PALMKA FL Zip: 32177
Phone: 386-329-1122 Fax: 386-329-9977
Client Contact: PAUL THOMPSON
Project Name: Palm Port #6444
Sampled By: David Hering

Method(s) of Shipment: _____
Standard Laboratory Turn Around Time _____
Or _____
Rush in _____ Business Days
Requires Laboratory Approval

PRESERVATIVE	
HNO ₃	HCl

ANALYSES REQUESTED	
10-2 Metals	1
Cyanide	1
As	1
Cr	1
Pb	1
TDs	1
Color	1
Alkalinity	1
Hardness	2
Res. VC's	3

Preservation Key

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

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED							COMMENTS	
	DATE	TIME					10-2 Metals	Cyanide	As	Cr	Pb	TDs	Color		Alkalinity
001	19 Sep 06	0800	G	ow	11	POE	1	1	1	1	1	1	2	3	Collection Time is when last sample collected
002					3	Trip Blank									

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

Report Page 6 of 6	RELINQUISHED BY <u>David Hering</u>	RELINQUISHED BY <u>J. Cook → Rdx</u>	RELINQUISHED BY
	DATE/TIME <u>9/19/06 1150</u>	DATE/TIME <u>9/19/06 1600</u>	DATE/TIME
	RECEIVED BY <u>D.H.</u>	RECEIVED BY	RECEIVED BY
	DATE/TIME <u>9/19/06 1150</u>	DATE/TIME	DATE/TIME



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 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain of Custody
 and
 Agreement to Perform Services

USE BAILEY POINT PIER
 COMPOSITE SAMPLES
 SUBMITTED TO THESE LABS

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 18331 Cortez Blvd. Brooksville, FL 34601



Company: AQUA Utilities
 Address: 930 South SR 19 Suite 3
PALMHA FL Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: Paul Thompson
 Project Name: Palmha #6444
 Sampled By: David Hering

Method(s) of Shipment: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval

PRESERVATIVE

--	--	--	--	--	--	--	--

ANALYSES REQUESTED

--	--	--	--	--	--	--	--

Preservation Key

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

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED								COMMENTS
	DATE	TIME					504	515.1	525.2	531.1	547	549	549	549	
10015	19 Sept	0800	G	DW	14	POE	3	1	1	1	1	3	1	3	Collection Time is when Last Sample Collected

* 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 5 of 5	RELINQUISHED BY <u>David Hering</u>	RELINQUISHED BY <u>Dr. Gekker Feder</u>	RELINQUISHED BY _____
	DATE/TIME <u>19 Sept 06 11:50</u>	DATE/TIME <u>9/19/06 1600</u>	DATE/TIME _____
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY _____	RECEIVED BY _____
	DATE/TIME <u>9/19/06 1150</u>	DATE/TIME _____	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: Polun Port PWS I.D. #: 2540865

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: East River Drive

City: East Palatka State: FL ZIP Code: 32131

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: 09/19/06 Sample Time: 8:00 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)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" 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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, David Haring, Senior Facility Operator
Print Name Print Title

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

Signature: David Haring Date: 19 Oct 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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126845001

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129, E84025
 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-Oct-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: _____

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INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Palm Port 6444 DW Scan
Sample Location: POE Grab
Sample Number: 2126845001
Sampling Date: 9/19/06 8:00
Date Received: 9/19/06 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.042		EPA 300.0	0.0030	9/20/06 13:30	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/20/06 13:30	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.015		EPA 200.7	0.0018	9/28/06 14:49	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 14:49	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	9/28/06 14:49	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	10/02/06 14:56	E96080
1025	Fluoride	[4]	mg/L	0.20		EPA 300.0	0.011	9/20/06 13:30	E96080
1030	Lead	[0.015]	mg/L	0.0022	I	EPA 200.8	0.00061	10/03/06 12:34	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/29/06 12:31	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	9/28/06 14:49	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	10/06/06 9:18	E96080
1052	Sodium	[160]	mg/L	72		EPA 200.7	0.50	9/28/06 14:49	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 12:00	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 14:49	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.8	0.0010	10/05/06 11:25	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, M, 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: 10/13/06



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SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Palm Port 6444 DW Scan
Sample Location: POE Grab
Sample Number: 2126845001
Sampling Date: 9/19/06 8:00
Date Received: 9/19/06 11:50

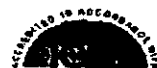
Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 14:49	E96080
1017	Chloride	[250]	mg/L	140		EPA 300.0	5.0	9/25/06 18:50	E96080
1022	Copper	[1]	mg/L	0.018		EPA 200.7	0.0014	9/28/06 14:49	E96080
1025	Fluoride	[2]	mg/L	0.20		EPA 300.0	0.011	9/20/06 9/20/06	E96080
1028	Iron	[0.3]	mg/L	0.044	I	EPA 200.7	0.025	9/28/06 14:49	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	9/28/06 14:49	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 14:49	E96080
1055	Sulfate	[250]	mg/L	73		EPA 300.0	1.4	9/25/06 18:50	E96080
1095	Zinc	[5]	mg/L	0.013	I	EPA 200.7	0.010	9/28/06 14:49	E96080
1905	Color	[15]	CU	3.0	I	SM2120 B	1.8	9/20/06 13:30	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	9/19/06 15:15	E83509
1925	pH	[6.5-8.5]	SU	7.41	Q	EPA 150.1	0.200	9/20/06 14:47	E83509
1930	Total Dissolved Solids	[500]	mg/L	510		EPA 160.1	5.0	8/22/06 15:07	E83509
2905	Foaming Agents	[0.5]	mg/L	0.11	I	EPA 425.1	0.042	9/20/06 14:30	E83509

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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Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Palm Port 6444 DW Scan
Sample Location: POE Grab
Sample Number: 2126845001
Sampling Date: 9/19/06 8:00
Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.098	U	EPA 505	0.098	0.39	9/25/06	9/26/06 2:41	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.019	U	EPA 505	0.019	0.076	9/25/06	9/26/06 2:41	E96080
2015	Methoxychlor	[40]	ug/L	0.042	U	EPA 505	0.042	0.17	9/25/06	9/26/06 2:41	E96080
2020	Toxaphene	[3]	ug/L	0.58	U	EPA 505	0.58	2.3	9/25/06	9/26/06 2:41	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/26/06	10/03/06 22:04	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	9/25/06	9/26/06 14:54	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/22/06	10/04/06 20:57	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/28/06 16:52	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/27/06	10/03/06 10:52	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/03/06 17:16	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/27/06	10/03/06 10:52	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	9/27/06	10/03/06 10:52	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 22:04	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 22:04	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	9/27/06	10/03/06 10:52	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/03/06 17:16	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/27/06	10/03/06 10:52	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/27/06	10/03/06 10:52	E96080
2065	Heptachlor	[0.4]	ug/L	0.035	U	EPA 505	0.035	0.14	9/25/06	9/26/06 2:41	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.026	U	EPA 505	0.026	0.10	9/25/06	9/26/06 2:41	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/26/06	10/03/06 22:04	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/26/06	10/03/06 22:04	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/27/06	10/03/06 10:52	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/27/06	10/03/06 10:52	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	9/26/06	10/03/06 22:04	E96080
2383	PCB	[.5]	ug/L	0.13	U	EPA 505	0.13	0.52	9/25/06	9/26/06 2:41	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0020	U	EPA 504.1	0.0020	0.0080	9/29/06	9/29/06 23:50	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0046	U	EPA 504.1	0.0046	0.018	9/29/06	9/29/06 23:50	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.52	9/25/06	9/26/06 2:41	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 62-180, 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.

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FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/13/06



VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Palm Port 6444 DW Scan
Sample Location: POE Grab
Sample Number: 2126845001
Sampling Date: 9/19/06 8:00
Date Received: 9/19/06 11:50

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	9/29/06 0:52	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/29/06 0:52	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 0:52	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 0:52	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/29/06 0:52	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 0:52	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/29/06 0:52	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/29/06 0:52	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 0:52	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/29/06 0:52	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/29/06 0:52	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/29/06 0:52	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 0:52	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/29/06 0:52	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/29/06 0:52	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/29/06 0:52	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080

Reporting Format 62-650.730
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, M, 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
DOH # 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: 10/13/06



KNL Laboratory Services, Inc.
 2742 N. Florida Ave.
 P.O. Box 1833
 Tampa, FL 33601
 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
 62-550.310(6)
 Client ID: 2126845 001

KNL Report Number/Job ID: 8949
 PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	4.7		EPA 900.0	1.5	3	1.4	10-03-06	0800	E84025
4020	Radium-226		pCi/L	0.9	u	EPA 903.0	0.9	1	0.6	10-05-06	1500	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	10-5-06	1400	E84025

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

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

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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126845002

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, E84025

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-Oct-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: _____

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: Palm Port 6444 DW Scan
Sample Location: TRIP BLANK
Sample Number: 2126845002
Sampling Date:
Date Received: 9/19/06 11:50

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	9/29/06 1:25	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/29/06 1:25	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:25	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:25	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/29/06 1:25	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/29/06 1:25	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/29/06 1:25	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/29/06 1:25	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 1:25	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/29/06 1:25	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/29/06 1:25	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/29/06 1:25	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/29/06 1:25	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/29/06 1:25	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/29/06 1:25	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/29/06 1:25	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/29/06 1:25	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: 10/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-6884

Date issued: October 9, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port 6444 THM/HAA5 [2126797]
Received: 9/13/06 12:45

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: 10/9/06



**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: Palm Port 6444 THM/HAA5
Received: 9/13/06 12:45

[2126797]

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>		Method Narratives (If Applicable)	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

<u>Method</u>			Quality Control Summary
<u>HBEL Batch</u>	<u>Analyte</u>		<u>Analytical Issue</u>

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 10/9/06

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. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126797]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 THM/HAA5

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126797001 Sample ID: Trip Blank						Sampled: Matrix: Water		Received: 09/13/06 12:45 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 11:48	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2697		09/26/06 11:49	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 11:49	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2697		09/26/06 11:49	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2697		09/26/06 11:49	WR	E96080
Laboratory ID: 2126797002 Sample ID: 115 Cow Creek Grab						Sampled: 09/12/06 16:35 Matrix: Water		Received: 09/13/06 12:45 Results reported on Wet Weight Basis		
Bromodichloromethane		5.0	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 12:23	WR	E96080
Bromoform		23	ug/L	0.41	EPA 524.2	VOC2697		09/26/06 12:23	WR	E96080
Chloroform		1.8	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 12:23	WR	E96080
Dibromochloromethane		18	ug/L	0.30	EPA 524.2	VOC2697		09/26/06 12:23	WR	E96080
Total THMs		46	ug/L	0.50	EPA 524.2	VOC2697		09/26/06 12:23	WR	E96080

¹Result 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.

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

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

FDH # E96080 FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936
FDH # E83509 FDOH # E84418
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
Deltona, FL 32725 Spring Hill, FL 34607



Company: AQUA UTILITIES

Address: 930 SW 8th St. R. 19 Suite 3

PALATKA, FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: PAUL THOMPSON

Project Name: PALM PART # 6444

Sampled By: PAUL THOMPSON

Method(s) of _____
Shipment: _____

e-mail: _____
Standard Laboratory Turn Around Time _____

Or _____
Rush in _____ Business Days
Requires Laboratory Approval

Temperature Checked		Custody Seals Intact		pH Checked	
<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	N
PRESERVATIVE					

LAB # 226297

ANALYSES REQUESTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report			COMMENTS
	DATE	TIME					THM	HAAS	
001	9/12/06	4:35pm				Trip Blank	X	X	
002	9/12/06	4:35pm	G	GW	4	15' low creek	X	X	du - 0.6

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

4 of 4 Report Page	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>9/13/06 8:00</u>	DATE/TIME <u>9/13/06 12:45</u>	DATE/TIME <u>9-14-06 10:10</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>9/13/06</u>	DATE/TIME <u>9-13-06 12:45</u>	DATE/TIME <u>9.14.06 10:31</u>

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

CHAIN PAGE 1 of 1

**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: Dalum Post PWS I.D. #: 2540865

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: East River Drive

City: East Palatka State: FL ZIP Code: 32131

Phone #: 352-787-0980 Fax #: 352-787-1333

E-Mail Address: na

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): 0.6 mg/L Field pH: _____

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

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input checked="" type="checkbox"/> Quarterly (which Qtr? <u>3rd</u>) |
| <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 checked="" 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: Paul Thompson

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, 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: 10/19/06

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: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126797001

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
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <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: 09-Oct-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 Palm Port 6444 THM/HAA5
 Sample Location: Trip Blank Disinfectant Residual (mg/L) _____
 Sample Number: 2126797001 PWS ID _____
 Sampling Date: _____
 Date Received: 9/13/06 12:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Analysis Lab ID
2941	Chloroform	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	9/26/06	11:49 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	9/26/06	11:49 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	9/26/06	11:49 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30	U	EPA 524.2	0.30	9/26/06	11:49 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 1996, 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: 10/9/06

**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: 09/12/06 Sample Time: 4:35 PM

Sample Location (be specific): 115 Cow Creek Grab

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: _____

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: 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: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126797002

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> |
| | | | <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: 09-Oct-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 Palm Port 6444 THM/HAA5
 Sample Location: 115 Cow Creek Grab Disinfectant Residual (mg/L) _____
 Sample Number: 2126797002 PWS ID _____
 Sampling Date: 9/12/06 16:35
 Date Received: 9/13/06 12:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Analysis Lab ID
2941	Chloroform	[N/A]	ug/L	1.8		EPA 524.2	0.25	9/26/06	12:23 PM	E96080
2942	Bromoform	[N/A]	ug/L	23		EPA 524.2	0.41	9/26/06	12:23 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	5.0		EPA 524.2	0.25	9/26/06	12:23 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	16		EPA 524.2	0.30	9/26/06	12:23 PM	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 62-160, 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: 10/9/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 HAYVIEW BOULEVARD, DUNEDIN, FL 33427 TEL: 813-255-1844 FAX: 813-255-2710



Harbor Branch Environmental Laboratory
 2126 773- 2126 798
 Sample ID: 2126 797 002B

September 29, 2006
 Sample No.: 63442.08
 PWS ID: _____

Disinfectant Residual (mg/L): _____

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	Analysis		DOM Lab Certification #
				Result	Qualifier*			Date	Analysis Time	
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:40	E84129
2451	Dichloroacetic Acid	N/A	µg/L	2.2	I	EPA 552.2	1	09/29/06	04:40	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1.3	I	EPA 552.2	1	09/29/06	04:40	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1.4	I	EPA 552.2	1	09/29/06	04:40	E84129
2454	Dibromoacetic Acid	N/A	µg/L	12		EPA 552.2	1	09/29/06	04:40	E84129
2456	Total Haloacetic Acids	60	µg/L	16.9		EPA 552.2	1	09/29/06	04:40	E84129

* Qualifiers:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- 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

001714

Receiving Laboratory: SAL

The samples are to be shipped by FEDEX to arrive on 9/15/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS
PROJECT NAME: <u>HAAS</u>						PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G, Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₈ = ST, H ₂ SO ₄ = 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	MODEL SAMPLE ID	# Bottles				
01	DW	9/12/06	0940	G	2126-773001B	1	✓			7x 50ml a6 Nitric
02		9/12/06	1110		2126-774002	1	✓			3x 100ml a6 Nitric
03		9/12/06	0940		2126-775001B	1	✓			
04		9/12/06	0850		2126-776002	1	✓			
05		9/12/06	0925		2126-777001B	1	✓			
06		9/12/06	0925		2126-778002	1	✓			
07		9/12/06	0845		2126-779001B	1	✓			
08		9/12/06	1505		2126-796001B	1	✓			
09		9/12/06	1635		2126-797002B	1	✓			
10	DW	9/12/06	1535	G	2126-798001B	1	✓			
RELINQUISHED BY:		DATE		TIME		RECEIVED BY:		DATE		TIME
<u>Handwritten to Fed Ex</u>		9-14-06		1600		Fed Ex				
RELINQUISHED BY:		DATE		TIME		LABORATORY NAME AND RECEIVED BY:		DATE		TIME
Fed Ex						L. Nordmark		9/15/06		0820

**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: June 8, 2006

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 TTHM

[2125743]

Received: 5/17/06 14:00

Dear Brian Heath;

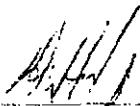
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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 3460
FDOH # E84418

Printed: 6/8/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Quality Control Summary

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 TTHM

[2125743]

Received: 5/17/06 14:00

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

Quality Control Summary

Method HBEL Batch Analyte Analytical Issue

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: 6/8/06

Page 2 of 4

**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

[2125743]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Balch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125743001						Sampled: 05/16/06 16:35		Received: 05/17/06 14:00			
Sample ID: 115 Cow Creek Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		3.4	ug/L	0.25	EPA 524.2	VOC2639		05/30/06 17:09	WR	E96080	
Bromoform		11	ug/L	0.41	EPA 524.2	VOC2639		05/30/06 17:09	WR	E96080	
Chloroform		1.1	ug/L	0.25	EPA 524.2	VOC2639		05/30/06 17:09	WR	E96080	
Dibromochloromethane		8.8	ug/L	0.30	EPA 524.2	VOC2639		05/30/06 17:09	WR	E96080	
Total THMs		24	ug/L	0.50	EPA 524.2	VOC2639		05/30/06 17:09	WR	E96080	
Laboratory ID: 2125743002						Sampled: Matrix: Water		Received: 05/17/06 14:00			
Sample ID: Trip Blank						Results reported on Wet Weight Basis					
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/30/06 17:45	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2639		05/30/06 17:45	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/30/06 17:45	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2639		05/30/06 17:45	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2639		05/30/06 17:45	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.

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: 6/8/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 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 Lehigh Acres, FL 33936
 ✓ FDOH # E83509 ___ FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: ACWA UTILITIES
 Address: 930 SW 11th St. R. 19 Suite 3
PALATKA, FL Zip: 32177
 Phone: 386-329-1122 Fax: 386-329-9977
 Client Contact: PAUL THOMPSON
 Project Name: PALM PART # 6444
 Sampled By: PAUL THOMPSON

Method(s) of Shipment: _____

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

For Lab Use Only

Temperature Checked Y N
 Custody Seals Intact Y N
 pH Checked Y N

LAB # 2125743

PRESERVATIVE									
AsCL									
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

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	S	T	M	L	P	S	U	COMMENTS
	DATE	TIME												
001	5/16/06	1:35	G	DW	3	115 Cow Creek	X							
002					3	TRIP BLANK	X							CL - 0.2

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

Report Page 4 of 7	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME 5/17/06	DATE/TIME 5-17-06	DATE/TIME 5-18-06 1600
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
	DATE/TIME 5-17-06 1015	DATE/TIME 5-17-06 1400	DATE/TIME 5-19-06 10:00

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: Palm Port PWS I.D. #: 2|5|4|0|8|6|5
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: East River Drive

City: East Palatka State: FL ZIP Code: 32131
 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: 05/16/06 Sample Time: 4:35 PM

Sample Location (be specific): 115 Cow Creek Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 mg/L Field pH: 7.5

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u>)
<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 checked="" 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: PAUL THOMPSON
 Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977
 Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, 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: 6/19/06

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: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/17/06

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

Lab Assigned Report Number or Job ID: 2125743001

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 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: _____

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: 08-Jun-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) 467-1584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Palm Port 6444 TTHM
 Sample Location: 115 Cow Creek Grab Disinfectant Residual (mg/L)
 Sample Number: 2125743001 PWS ID
 Sampling Date: 5/16/06 16:35
 Date Received: 5/17/06 14:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[N/A]	ug/L	1.1		EPA 524.2	0.25	5/30/06	5:09 PM	E96080
2942	Bromoform	[N/A]	ug/L	11		EPA 524.2	0.41	5/30/06	5:09 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	3.4		EPA 524.2	0.25	5/30/06	5:09 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	8.8		EPA 524.2	0.30	5/30/06	5:09 PM	E96080
2950	Total Trihalomethanes	[B0]	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: 8/8/06



**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: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/17/06

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

Lab Assigned Report Number or Job ID: 2125743002

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 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: _____

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: 08-Jun-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) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Palm Port 6444 TTHM
 Sample Location: Trip Blank Disinfectant Residual (mg/L)
 Sample Number: 2125743002 PWS ID
 Sampling Date:
 Date Received: 5/17/06 14:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	(N/A)	ug/L	0.25	U	EPA 524.2	0.25	5/30/06	5:45 PM	E96080
2942	Bromoform	(N/A)	ug/L	0.41	U	EPA 524.2	0.41	5/30/06	5:45 PM	E96080
2943	Bromodichloromethane	(N/A)	ug/L	0.25	U	EPA 524.2	0.25	5/30/06	5:45 PM	E96080
2944	Dibromochloromethane	(N/A)	ug/L	0.30	U	EPA 524.2	0.30	5/30/06	5:45 PM	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 62-160, 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
Printed: 6/8/06

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 3460
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: March 14, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Port 6444 THM/HAA5
Received: 2/22/06 12:40

[2124848]

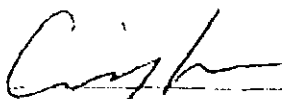
Dear Brian Heath;

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 2002 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. John's Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

Printed: 3/14/06



**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: Palm Port 6444 THM/HAA5
Received: 2/22/06 12:40

[2124848]

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

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

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

4155 St. John's Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 3460
FDOH # E84418

Printed: 3/14/06

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 THM/HAA5

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2124848001						Sampled: 02/21/06 11:00		Received: 02/22/06 12:40			
Sample ID: 115 Cow Creek						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		4.6	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 21:09	WR	E96080	
Bromoform		25	ug/L	0.41	EPA 524.2	VOC2604		02/28/06 21:09	WR	E96080	
Chloroform		1.8	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 21:09	WR	E96080	
Dibromochloromethane		14	ug/L	0.30	EPA 524.2	VOC2604		02/28/06 21:09	WR	E96080	
Total THMs		45	ug/L	0.50	EPA 524.2	VOC2604		02/28/06 21:09	WR	E96080	
Dibromoacetic Acid		5.2	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	
Dichloroacetic Acid		1.7	ug/L	0.66	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	
Monobromoacetic Acid		0.67	ug/L	0.28	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	
Total HAAs		7.8	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	
Trichloroacetic acid		0.26	ug/L	0.20	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080	

Laboratory ID: 2124848002						Sampled: 02/21/06 11:00		Received: 02/22/06 12:40			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080	

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

**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: Palm Port PWS I.D. #: 2154018615

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: East River Drive

City: East Palatka State: FL ZIP Code: 32131

Phone #: 352-787-0980 Fax #: 352-781-6333

E-Mail Address: NA

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 02/21/06 Sample Time: 11:00 AM

Sample Location (be specific): 115 Cow Creek

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids) 0.2 mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input checked="" type="checkbox"/> Quarterly (Which Qtr? <u>1st</u>)
<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: Paul Thompson

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

CERTIFICATION (to be completed by sampler)

I, 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: 2/23/06

**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: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/22/06

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

Lab Assigned Report Number or Job ID: 2124848001

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> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input 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: 14-Mar-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 Palm Port 6444 THM/HAA5
 Sample Location: 115 Cow Creek Disinfectant Residual (mg/L)
 Sample Number: 2124848001 PWS ID
 Sampling Date: 2/21/06 11:00
 Date Received: 2/22/06 12:40

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	3/04/06	9:48 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.7		EPA 552.1	0.66	3/04/06	9:48 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.26		EPA 552.1	0.20	3/04/06	9:48 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.67		EPA 552.1	0.28	3/04/06	9:48 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	5.2		EPA 552.1	0.18	3/04/06	9:48 AM	E96080
2456	Total Haloacetic Acids (THAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	1.8		EPA 524.2	0.25	2/28/06	9:09 PM	E96080
2942	Bromoform	[NA]	ug/L	25		EPA 524.2	0.41	2/28/06	9:09 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	4.6		EPA 524.2	0.25	2/28/06	9:09 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	14		EPA 524.2	0.30	2/28/06	9:09 PM	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 62-160, 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
 Printed: 3/14/06

4155 St. John's Pkwy, Suite 1300
 Sanford, FL 32771
 FDOH # E83509



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

2514 Osawaw Boulevard
 Spring Hill, FL 34607
 FDOH # E84418

**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) | Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | 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** | 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: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/22/06

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

Lab Assigned Report Number or Job ID: 2124848002

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 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 type="checkbox"/> All 14 |
| | | | <input 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: 14-Mar-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) 467-1584

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Palm Port 6444 THM/HAA5
 Sample Location: Trip Blank Disinfectant Residual (mg/L) _____
 Sample Number: 2124848002 PWS ID _____
 Sampling Date: _____
 Date Received: 2/22/06 12:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	2/28/06	9:43 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	2/28/06	9:43 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	2/28/06	9:43 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30	U	EPA 524.2	0.30	2/28/06	9:43 PM	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 62-160, 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

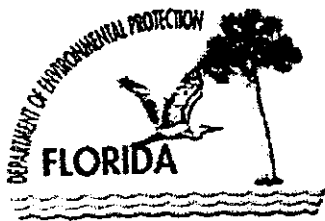
4155 St. John's Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/14/06





Florida Department of Environmental Protection

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

Charlie Crist
Governor
Jeff Kottkamp
Lt. Governor
Michael W. Sole
Secretary

September 12, 2007

SENT VIA EMAIL: cmmclure@aquaamerica.com

Ms. Candice McClure
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, FL 34749

Putnam County - Potable Water
Sanitary Survey 2007
Palm Port WTP // PWS ID: 2540865

Dear Ms. McClure:

On August 2, 2007, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code:

1. There was a threaded tap at the water treatment plant without a hose bib vacuum breaker (HBVB). Ensure that all threaded taps at the water treatment plant are downward facing and provide hose bib vacuum breakers (HBVBs) or remove the threads on all taps to prevent any possible contamination of the water supply. *FAC rule 62-555.360*

As a reminder, this system is required to monitor for the following parameters during 2007: Nitrate/Nitrite, Disinfection Byproducts once during the months of July through September, Lead and Copper Tap Sampling once during the months of June through September, and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis. In addition, please provide a copy of the Bacteriological and Cross Connection Control Plans so that the Department files for the system are complete. The plans were observed during the inspection, but are not on file at the Department.

Please provide a written response within 15 days of receipt of this letter detailing how all deficiencies will be addressed within the next 30 days. Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,

Ben Piltz
Environmental Specialist I

BRR: BLP: bp
cc: Mr. Paul Thomson, Operator, Aqua Utilities Florida, Inc. via pdthompson@aquaamerica.com

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

DOCUMENT NUMBER - DATE

04327 MAY 22 80

FPSC-COMMISSION CLERK

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

Plant Name Palm Port Subdivision WTP County Putnam PWS ID # 2540865
Plant Location 355 East River Road, East Palatka, FL 32131 Phone -
Owner Name Aqua Utilities Florida, Inc. // Ms. Candice McClure Phone 352-435-4020
Owner Address Post Office Box 490310, Leesburg, FL 34749
Designated Rep. Ms. Candice McClure Title Owner Phone 352-435-4020
Facility Contact Mr. Paul Thompson Title Operator Phone 386-937-1143
This Survey Date 8/2/07 Last Survey Date 3/3/04 Last C.I. Date 3/29/06

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS
Residential Subdivision

Food Service: Yes No N/A

GENERAL INFORMATION
Number of Service Connections 102
Population Served 357 Basis estimate
Plant Design Capacity 37,100 gpd
Basis Aerator is limiting capacity.
Average Day (from MORs) 14,192 gpd
Max. Day (from MORs) 18,900 gpd
Total Storage Capacity 18,800 gallons
Comments Based upon July, 2007 MOR data.

LOCATION
Latitude 29° 40' 59.69" North
Longitude 81° 37' 23.18" West
GPS: Yes Date: 07/97
Directions US Hwy 17 south to Putnam County Blvd. Turn west on East River Road and the plant is on the left.

OPERATION & MAINTENANCE
Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson A-7251

O&M Log: Yes No O&M Manual: Yes No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 5 Actual 5
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Complete operations, maintenance & equipment logs on site with sampling plans.

RAW WATER SOURCE
 GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE
 Yes None Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy 1/2 max-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE
Hypochlorination and aeration
What additional treatment is needed?
No additional treatment is required.
For control of what deficiencies?
-

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer Turbine Mtr.
Backflow Prevention Devices: Yes No
Cross-connections threaded tap at hydrotank.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: Yes No
Comments _____

GROUND WATER SOURCE

Well Number (PWS Identification)	2540865		
Well Name (System Identification)	1		
Year Drilled	Unknown		
Depth Drilled	265'		
Latitude	29° 40' 59.697" N		
Longitude	81° 37' 23.189" W		
GPS (Y or N) / Date (if applicable)	Y - 7/97		
Florida Well ID	AAC1900		
Static Water Level	Artesian		
Actual Yield (if different than rated capacity)			
Strainer	Unknown		
Length (outside casing)	Unknown		
Diameter (outside casing)	6"		
Material (outside casing)	Steel		
Well Contamination History	None		
Is inundation of well possible?	No		
6' X 6' X 4" Concrete Pad	OK		
SET BACKS	Septic Tank	OK	
	Reuse Water	OK	
	WW Plumbing	OK	
	Other Sanitary Hazard	OK	
PUMP	Type	Centrifugal	
	Manufacturer Name	Goulds	
	Model Number	GT30	
	Rated Capacity (gpm)	80	
	Motor Horsepower	3	
Well casing 12" above grade?	OK		
Well Casing Sanitary Seal	OK		
Raw Water Sampling Tap	Smooth/downturned		
Above Ground Check Valve	Solenoid valve		
Fence/Housing	OK		
Well Vent Protection	Not required.		

COMMENTS No hazards observed within setback distances.

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
 Make 2 Stenner pumps Capacity 17 gpd (each)
 Chlorine Feed Rate 45%, 65%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant UU1.53 Remote .99
 Remote tap location Cowcreek Wastewater Plant
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Pre/Post aeration/GST.
 Booster Pump Info Booster not installed in system.
 Comments _____

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated
 (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	GST/3	H	
Capacity (gal)	6,000X3	5,000	
Material	Conc	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	N/A	S.G.	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	ARV	PRV	
On/Off Pressure	-	40/50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	
Last Inspection Date (for tanks with access manholes)	Unk	Unk	

Comments _____

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

AERATION (Gases, Fe, & Mn Removal)
 Type UUCascade Capacity 46 gpm
 Aerator Condition Good
 Bloodworm Presence None observed.
 Visible Algae Growth None observed.
 Protective Screen Condition OK
 Comments Aerator is in good condition.

HIGH SERVICE PUMPS

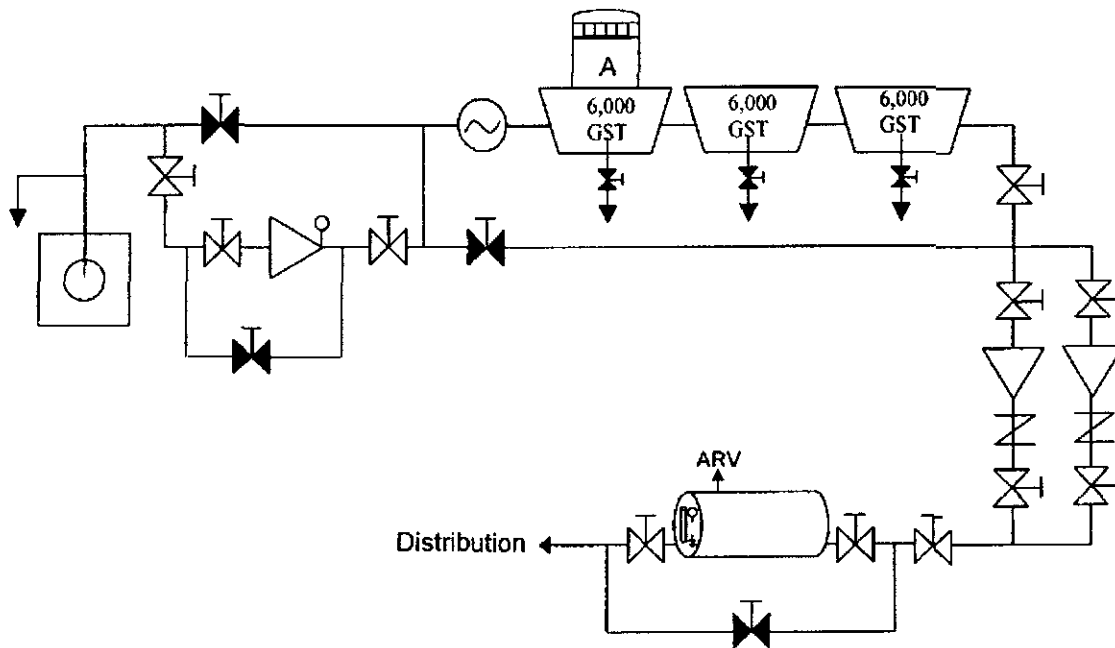
Pump Number	1	2	
Type	Centr	Centr	
Make	Goulds	Goulds	
Model	3456	3456	
Capacity (gpm)	140	140	
Motor HP	7.5	7.5	
Date Installed	Unknown	Unknown	
Maintenance	Good	Good	

Comments The high service pumps appear to be in good condition.

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.
Disinfection Byproducts (DBPs)	2006	2007	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2006	2007	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2006 set 2007 TDS	2009 set Q-TDS	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2004	2007	Samples taken from pre-approved sample plan sites.
Asbestos	-	Waiver expires 12/2007	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.

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

SCHEMATIC (not to scale):





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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 11, 2007

Ben Piltz
Environmental Specialist I
FDEP Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville FL 32256-4366

**RE: Reply to Sanitary Survey
Palm Port
PWS ID No. 2540865
Putnam County**

Dear Mr. Piltz:

Thank you for your inspection on August 2, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. Hose bib vacuum breakers have been installed on all threaded taps at the water treatment plant.

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

Sincerely,

A handwritten signature in cursive script that reads "Patrick A. 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 B200, Jacksonville, 32256-7890

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

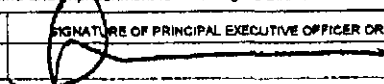
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 01/01/2007 To: 01/31/07

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		14.0	14.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		388-937-1143	08/01/09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-ROL An-Avg. is the average of the current monthly average and the preceding 11 months' average.

NELAC CERTIFICATION NUMBER(S): _____

DOCUMENT NUMBER-DATE

04327 MAY 22 8 1

FPSC-COMMISSION CLERK

Revision 1/10/09

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 01/01/2007

To: 01/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.06	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.014	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				45.7%		Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)		Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 01/01/2007

To: 01/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00820	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.030		
2				7.2	2.2		0.019		
3				7.3	2.0		0.012		
4				7.3	2.2		0.014		
5				7.3	2.2		0.017		
6				7.2	2.2+		0.014		
7							0.018		
8				7.2	2.2		0.018		
9	14.0	4.8	1U	7.2	2.2	0.06U	0.013	210	220
10				7.3	1.2		0.018		
11				7.4	2.2		0.008		
12				7.3	2.2		0.017		
13				7.5	2.2		0.011		
14							0.016		
15				7.4	2.2		0.016		
16				7.4	2.2		0.014		
17				7.4	2.2		0.014		
18				7.4	2.2		0.014		
19				7.5	2.2		0.014		
20				7.4	2.2		0.011		
21							0.015		
22				7.5	2.2		0.015		
23				7.5	2.2		0.011		
24				7.5	2.2		0.018		
25				7.5	2.2		0.013		
26				7.5	2.2		0.015		
27				7.3	2.2+		0.011		
28							0.018		
29				7.4	2.2		0.018		
30				7.4	2.2		0.016		
31				7.4	2.2		0.014		
Total							0.468		
Mo.Avg.	14.0	4.8	1U	7.4	1.9		0.015	7	7

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

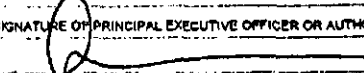
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 01/01/2007 To: 01/31/07

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		14.0	14.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (McGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.3	7.5	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Paul Thompson, Lead Operator		386-937-1143	07/02/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll-Av-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 01/01/2007

To:

01/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.6 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.06	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.003	0.010	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33.3%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 01/01/2007 To: 01/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.5	2.2		0.007		
2				7.4	2.2		0.003		
3				7.4	2.2		0.002		
4				7.5	2.2		0.003		
5				7.4	2.2		0.003		
6							0.002		
7							0.002		
8				7.5	2.2		0.002		
9	14.0	4.8	1U	7.4	2.2	0.06U	0.002	210	220
10				7.4	2.2		0.004		
11				7.4	2.2		0.003		
12				7.4	2.2		0.002		
13							0.002		
14							0.002		
15				7.4	2.2		0.003		
16				7.4	2.2		0.002		
17				7.4	2.2		0.003		
18				7.5	2.2		0.002		
19				7.3	2.2		0.002		
20							0.003		
21							0.003		
22				7.3	2.2		0.002		
23				7.3	2.2		0.002		
24				7.3	2.2		0.003		
25				7.4	2.2		0.003		
26							0.003		
27							0.003		
28							0.003		
29				7.3	2.2		0.002		
30				7.4	2.2		0.002		
31				7.4	2.2		0.002		
Total							0.082		
Mo. Avg.	14.0	4.8	1U	7.4	1.6		0.003	7	7

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

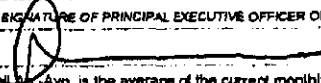
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 02/01/2007 To: 02/28/07

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		1.3	1.3	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.2	7.5	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	02/03/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-RBL-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 02/01/2007 To: 02/28/07

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.6 mg/L	1	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		0.5 (Min) mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		3.50 mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement		12.0 Max mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	mgd	0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)	mgd		Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014 0.010	mgd	0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg) mgd		Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		240 mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		Report (Mo.Avg.) mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		210 mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement		Report (Mo.Avg.) mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		34.4% Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement		Report (Mo.Total) Percent		Monthly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 03/01/2007 To: 03/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			4.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2	7.4	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/04/19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An.-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD—From: 03/01/2007 To: 03/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.59	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.011	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				300		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				360		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					35.6%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 03/01/2007

 To: 03/31/2007

 County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2		0.010		
2				7.3	2.2		0.016		
3				7.3	2.2+		0.024		
4							0.016		
5				7.3	2.2		0.016		
6				7.4	2.2		0.014		
7	2U	1.1U	1U	7.4	2.2	0.59	0.012	300	360
8				7.4	2.2		0.016		
9				7.4	2.2		0.017		
10				7.4	2.2		0.010		
11							0.017		
12				7.4	2.2		0.017		
13				7.2	2.2		0.013		
14				7.3	2.2		0.015		
15				7.3	2.2		0.017		
16				7.3	2.2		0.019		
17				7.3	2.2		0.015		
18							0.020		
19				7.3	2.2		0.020		
20				7.4	2.2		0.012		
21				7.4	2.2		0.017		
22				7.4	2.2		0.013		
23				7.4	2.2		0.014		
24				7.3	2.2+		0.011		
25							0.018		
26				7.2	2.2		0.018		
27				7.3	2.2		0.012		
28				7.3	2.2		0.013		
29				7.4	2.2		0.016		
30				7.4	2.2		0.012		
31				7.3	2.2+		0.013		
Total							0.471		
Mo. Avg.	2U	1.1	1U	7.3	1.9	0.02	0.015	10	12

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12478</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: _____	Certification No.: _____	Name: _____
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

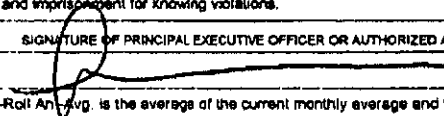
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD—From: 04/01/2007 To: 04/30/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			3.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			3.8	3.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/05/22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 04/01/2007 To: 04/30/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.19	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				270		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				470		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					47.8%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 04/01/2007 To: 04/30/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1							0.010		
2				7.2	2.2		0.010		
3				7.2	2.2		0.012		
4	<2.0	3.8	<1.0	7.2	2.2	0.19	0.011	270	470
5				7.2	2.2		0.016		
6				7.5	2.2		0.015		
7				7.3	2.2		0.015		
8							0.015		
9				7.4	2.2		0.015		
10				7.5	2.2		0.012		
11				7.4	2.2		0.014		
12				7.5	2.2		0.013		
13				7.2	2.2		0.013		
14				7.3	2.2		0.014		
15							0.018		
16				7.2	2.2		0.018		
17				7.3	2.2		0.008		
18				7.3	2.2		0.019		
19				7.4	2.2		0.014		
20				7.5	2.2		0.011		
21				7.4	2.2+		0.012		
22							0.015		
23				7.3	2.2		0.015		
24				7.3	2.2		0.012		
25				7.3	2.2		0.014		
26				7.4	2.2		0.013		
27				7.4	2.2		0.016		
28				7.5	2.2+		0.023		
29							0.014		
30				7.3	2.2		0.014		
31									
Total							0.421		
Mo.Avg.	2U	3.8	1U	7.3	1.7	0.01	0.014	9	15

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

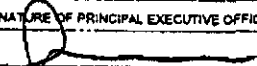
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 05/01/2007 To: 05/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.1	2.1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (NoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2	7.4	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/06/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An -Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 05/01/2007 To: 05/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.10	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014 mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd				Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				47.8%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA011742**

 Facility: **Palm Port WWTP**

 MONITORING PERIOD From: **05/01/2007**

 To: **05/31/2007**

 County: **Putnam**

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1	
1				7.3	2.2		0.016			
2				7.2	2.2		0.013			
3				7.3	2.2		0.013			
4				7.3	2.2		0.019			
5				7.4	2.2		0.015			
6							0.016			
7				7.2	2.2		0.016			
8				7.3	2.2		0.011			
9	<2	2.1	<1 Y	7.2	2.2	0.10	0.018	180	220	
10				No Flow due to pump Out				0.021		
11				7.4	2.2		0.013			
12				7.3	2.2		0.010			
13							0.017			
14				7.3	2.2		0.017			
15				7.3	2.2		0.013			
16				7.3	2.2		0.010			
17				7.4	2.2		0.017			
18				7.3	2.2		0.014			
19				7.3	2.2		0.015			
20							0.014			
21				7.3	2.0		0.014			
22				7.3	2.2		0.011			
23				7.4	2.2		0.016			
24				7.4	2.2		0.012			
25				7.4	2.2		0.013			
26				7.4	2.2		0.011			
27							0.016			
28				7.3	2.2		0.016			
29				7.3	2.2		0.017			
30				7.4	2.2		0.011			
31				7.3	2.0		0.013			
Total							0.445			
Mo. Avg.	2U	2.1	1U	7.3	1.9	0.00	0.014	6	7	

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor


REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD--From: 06/01/2007 To: 06/30/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			1.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			<1.0	<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.4		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Paul Thompson, Lead Operator		386-937-1143	07/07/19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD-From: 06/01/2007

To:

06/30/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0		mg/L	0	Daily, five days per week	Grab
PARM Code 50080 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.4	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.018	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00630 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					48.9%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011742**

Facility: **Palm Port WWTP**

MONITORING PERIOD From: **06/01/2007**

To: **06/30/2007**

County: **Putnam**

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Colliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.011		
2				7.4	2.2		0.011		
3							0.017		
4				7.4	2.2		0.017		
5				7.5	2.2		0.015		
6	<2.0	<1.0	<1.0	7.5	2.2	1.4	0.010	220	220
7				7.5	2.2		0.010		
8				7.4	2.2		0.016		
9				7.5	2.2		0.013		
10							0.017		
11				7.4	2.2		0.017		
12				7.4	2.2		0.011		
13				7.4	2.2		0.019		
14				7.4	2.2		0.015		
15				7.5	2.2		0.014		
16				7.5	2.2		0.024		
17							0.018		
18				7.4	2.2		0.018		
19				7.4	2.2		0.018		
20				7.5	2.2		0.025		
21				7.4	2.2		0.020		
22				7.4	2.2		0.021		
23				7.4	2.2		0.017		
24							0.021		
25				7.4	2.0		0.021		
26				7.4	2.1		0.020		
27				7.5	2.2		0.014		
28				7.4	2.2		0.014		
29				7.5	2.2		0.015		
30				7.4	2.2		0.013		
31									
Total							0.491		
Mo. Avg.	2U	1U	1U	7.4	1.8	0.05	0.018	7	7

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: _____	Certification No.: _____	Name: _____
Lead Operator:	Class: <u>A</u>	Certification 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, 7925 Baymeadows Way, Suite B200, Jacksonville, 32258-7690

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

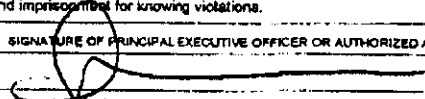
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 07/01/2007 To: 07/31/07

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.3	mg/l	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement		20.0 (An. Avg.)	mg/l		Monthly	Grab
Mon.Site No. EFA-1							
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.4	mg/l	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/l	Monthly	Grab
Mon.Site No. EFA-1							
Solids, Total Suspended (TSS)	Sample Measurement		1.7	mg/l	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement		20.0 (An. Avg.)	mg/l		Monthly	Grab
Mon.Site No. EFA-1							
Solids, Total Suspended (TSS)	Sample Measurement		<1	mg/l	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/l	Monthly	Grab
Mon.Site No. EFA-1							
Coliform, Fecal	Sample Measurement		1.2	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab
Mon.Site No. EFA-1							
Coliform, Fecal	Sample Measurement		<1	#/100mL	0	Monthly	Grab
PARM Code 74066 I	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL	Monthly	Grab
Mon.Site No. EFA-1							
pH	Sample Measurement		7.3	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.	Daily, five days per week	Grab
Mon.Site No. EFA-1							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/08/16

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 07/01/2007

To: 07/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.63	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				124		mg/L	0	Monthly	Grab
PARM Code 50082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				90		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					50.0%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 07/01/2007

To: 07/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1							0.013		
2				7.4	2.2		0.013		
3				7.4	2.2		0.017		
4				7.4	2.2		0.020		
5				7.4	2.2		0.027		
6				7.5	2.2		0.019		
7				7.4	2.2		0.018		
8							0.016		
9				7.4	2.2		0.016		
10				7.5	2.2		0.011		
11				7.4	2.2		0.017		
12				7.4	2.2		0.010		
13				7.3	2.2		0.013		
14				7.4	2.2		0.013		
15							0.019		
16				7.3	2.2		0.019		
17	3.4	<1	<1	7.4	2.2	0.63	0.016	124	90
18				7.4	2.2		0.016		
19				7.4	2.2		0.016		
20				7.4	2.2		0.014		
21				7.4	2.2		0.013		
22							0.019		
23				7.4	2.2		0.019		
24				7.3	2.2		0.009		
25				7.3	2.2		0.013		
26				7.4	2.2		0.013		
27				7.4	2.2		0.012		
28				7.5	2.2		0.014		
29							0.013		
30				7.4	2.2		0.013		
31				7.4	2.2		0.010		
Total							0.470		
Mo. Avg.	3.4	1U	1U	7.4	1.8	0.02	0.015	4	3

PLANT STAFFING:

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

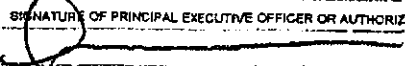
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7826 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011742	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: Minor	
FACILITY: Palm Port WWTP	MONITORING GROUP NUMBER: R-001	
LOCATION: Dog Branch Road	MONITORING GROUP DESC: Rapid Infiltration	
East Palatka, FL 32131	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD--From: 08/01/2007	To: 08/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			1.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Mon.Site No. EFA-1									
pH	Sample Measurement		7.3		7.7	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement		6.0 (Min)		8.5 (Max)	S.U.		Daily, five days per week	Grab
Mon.Site No. EFA-1									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/09/18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An -Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 08/01/2007 To: 08/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5		mg/L	1	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.90	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					298	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					239	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					51.1%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 08/01/2007 To: 08/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	1.3		0.034		
2				7.4	1.0		0.019		
3				7.4	2.2		0.020		
4				7.4	2.2		0.015		
5							0.016		
6				7.4	2.2		0.016		
7				7.4	2.2		0.011		
8	2.6	1U	1	7.5	2.2	1.90	0.013	298	239
9				7.5	2.2		0.013		
10				7.5	2.2		0.012		
11				7.5	2.2		0.012		
12							0.014		
13				7.5	2.2		0.014		
14				7.5	2.2		0.013		
15				7.5	2.2		0.013		
16				7.5	2.2		0.016		
17				7.4	2.2		0.018		
18				7.5	0.5		0.015		
19							0.015		
20				7.7	2.2		0.015		
21				7.8	2.2		0.014		
22				7.5	2.2		0.016		
23				7.5	2.2		0.015		
24				7.5	2.2		0.017		
25				7.6	2.2		0.012		
26							0.015		
27				7.4	2.2		0.015		
28				7.4	2.2		0.012		
29				7.4	2.2		0.013		
30				7.4	2.2		0.016		
31				7.4	2.2		0.017		
Total							0.473		
Mo. Avg.	2.6	1U	1U	7.5	1.8	0.06	0.015	10	8

PLANT STAFFING:

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

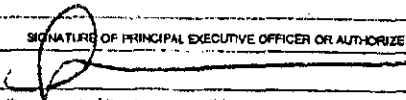
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	PERMIT NUMBER: FLA011742 LIMIT: Final CLASS SIZE: Minor	REPORT: Monthly GROUP: Domestic
FACILITY: Palm Port WWTP LOCATION: Dog Branch Road East Palatka, FL 32131	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Rapid Infiltration NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD-From: 09/01/2007	To: 09/30/07

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.3	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		1.7	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		<1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Coliform, Fecal	Sample Measurement		1.83	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		9.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL	Monthly	Grab
pH	Sample Measurement	7.3		7.8	S.U.	0	Daily, five days per week
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement	6.0 (Min)		8.5 (Max)	S.U.		Daily, five days per week

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/10/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An.-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 09/01/2007

To: 09/30/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					ANC	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				129		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					48.9%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

NOTE: Sampler wrote "NH3" rather than "NO3" - lab analyzed for NH3 - result .777 mg/L.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 09/01/2007

To: 09/30/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.019		
2							0.021		
3				7.4	2.2		0.021		
4				7.4	2.2		0.018		
5	2U	1U	9	7.4	2.2	ANC	0.017	129	120
6				7.4	2.2		0.025		
7				7.5	2.2		0.013		
8				7.4	2.2		0.012		
9							0.017		
10				7.4	2.2		0.017		
11				7.5	2.2		0.016		
12				7.5	2.2		0.015		
13				7.4	2.2		0.011		
14				7.4	2.2		0.013		
15				7.5	2.2		0.013		
16							0.011		
17				7.4	2.2		0.014		
18				7.5	2.2		0.014		
19				7.4	2.2		0.010		
20				7.3	2.2		0.017		
21				7.4	2.2		0.010		
22				7.4	2.2		0.011		
23							0.010		
24				7.3	2.2		0.017		
25				7.4	2.2		0.017		
26				7.5	2.2		0.010		
27				7.5	2.2		0.015		
28				7.8	2.2		0.014		
29				7.6	2.2		0.014		
30							0.010		
31									
Total							0.441		
Mo. Avg.	2U	1U	9	7.4	1.8		0.014	4	4

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

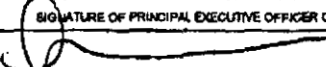
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD—From: 10/01/2007 To: 10/31/07

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.3	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2U	2U mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max) mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		1.8	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		1.8	1.8 mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max) mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.2	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U #/100ml	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max #/100ml		Monthly	Grab
pH	Sample Measurement		7.3	7.6 S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max) S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/11/15

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An.-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 10/01/2007 To: 10/31/07

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7		mg/L	1	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.70	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.018	0.016	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				240		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53.3%		Percent	0	Monthly	Calculated
PARM Code 00190 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)		Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 10/01/2007 To: 10/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.5	2.2		0.036		
2				7.5	2.2		0.055		
3				7.4	1.9		0.013		
4				7.4	2.2		0.013		
5				7.4	2.2		0.013		
6				7.5	2.2		0.024		
7							0.024		
8				7.5	2.2		0.024		
9				7.4	2.2		0.015		
10	<2.0	<1.8	<1.0	7.5	2.2	2.70	0.015	190	240
11				7.5	2.2		0.017		
12				7.5	2.2		0.017		
13				7.6	2.2		0.014		
14							0.014		
15				7.4	2.2		0.014		
16				7.4	2.2		0.013		
17				7.5	2.2		0.013		
18				7.5	2.2		0.013		
19				7.4	2.2		0.013		
20				7.5	2.2		0.015		
21							0.015		
22				7.4	2.2		0.015		
23				7.3	2.2		0.016		
24				7.4	2.2		0.016		
25				7.3	0.7		0.013		
26				7.4	2.2		0.013		
27				7.3	2.2		0.014		
28							0.014		
29							0.014		
30				7.3	2.2		0.014		
31				7.3	1.9		0.023		
Total				7.3	2.2		0.015		
Mo.Avg.	2U	1.8	1U	7.4	1.8	0.09	0.018	6	8

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12478</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: _____	Certification No.: _____	Name: _____
Lead Operator:	Class: <u>A</u>	Certification 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, 7826 Baymeadows Way, Suite B200, Jacksonville, 32266-7590

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

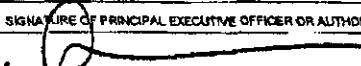
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 11/01/2007 To: 11/30/07

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.3		mg/L	0	Monthly	Grab
PARM Code 80082-Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/l		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 80082-I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		2.2		mg/L	0	Monthly	Grab
PARM Code 00530-Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		6.0	6.0	mg/L	0	Monthly	Grab
PARM Code 00530-I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		5.3		#/100mL	0	Monthly	Grab
PARM Code 74055-Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		45.00	45.0	#/100mL	0	Monthly	Grab
PARM Code 74055-I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.1	7.8	S.U.	0	Daily, five days per week	Grab
PARM Code 00400-I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/12/17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An.-Avg is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD-From: 11/01/2007

To: 11/30/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					13.10	mg/L	1	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.016	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					263	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					299	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					52.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

** Note: We took a nitrate sample on 11/14/07 with result of 13.1. Additional samples were taken on 11/28/07 and the results were 1.3.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 11/01/2007 To: 11/30/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	YRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2		0.017		
2				7.3	2.2		0.014		
3				7.4	2.2		0.014		
4							0.016		
5				7.4	2.2		0.016		
6				7.6	2.2		0.013		
7				7.5	2.2		0.012		
8				7.8	2.2		0.020		
9				7.4	2.2		0.020		
10				7.5	2.2+		0.010		
11							0.019		
12				7.4	2.2		0.019		
13				7.3	2.2		0.019		
14	3.0	6.0	45	7.1	2.2	13.10	0.011	263	299
15				7.2	2.2		0.018		
16				7.2	2.2		0.014		
17				7.2	2.2		0.012		
18							0.019		
19				7.1	2.2		0.019		
20				7.2	2.2		0.017		
21				7.3	2.2		0.013		
22				7.4	2.2		0.011		
23				7.3	2.2		0.020		
24				7.2	2.2		0.018		
25							0.019		
26				7.2	2.2		0.019		
27				7.2	2.2		0.017		
28				7.2	2.2	1.30	0.011		
29				7.2	2.2		0.017		
30				7.2	2.2		0.014		
31									
Total							0.473		
Mo. Avg.	3.0	6.0	45	7.3	1.8	0.46	0.015	8	10

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7690

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

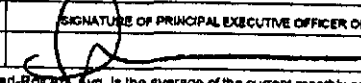
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 12/01/2007 To: 12/31/07

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous (five-day, 20° C)	Sample Measurement			3.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous (five-day, 20° C)	Sample Measurement			<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.3		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.1	7.4	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-R001M Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD—From: 12/01/2007

To: 12/31/07

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.10	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.016	0.016	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 00630 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				54.4%		Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)		Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 12/01/2007 To: 12/31/2007

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1							0.020		
2							0.014		
3				7.2	2.2		0.014		
4				7.1	1.8		0.014		
5				7.3	2.2		0.014		
6				7.4	2.2		0.013		
7				7.3	2.2		0.013		
8				7.3	2.2		0.012		
9							0.020		
10				7.2	2.2		0.020		
11				7.3	2.2		0.018		
12	2U	4.8	1QU	7.4	2.2	2.10	0.012	220	120
13				7.4	2.2		0.016		
14				7.4	2.2		0.015		
15				7.4	2.2		0.014		
16							0.018		
17				7.2	2.2		0.018		
18				7.3	2.2		0.015		
19				7.4	2.2		0.012		
20				7.4	2.2		0.012		
21				7.4	2.2		0.017		
22				7.4	2.2		0.024		
23							0.011		
24				7.4	2.2		0.011		
25				7.4	2.2		0.013		
26			1U	7.4	2.2		0.017		
27				7.2	2.2		0.020		
28				7.4	2.2		0.014		
29				7.4	2.2		0.022		
30							0.018		
31				7.4	2.2+		0.018		
Total							0.487		
Mo. Avg.	2U	4.8	1U	7.3	1.7	0.07	0.016	7	4

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32258-7590

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

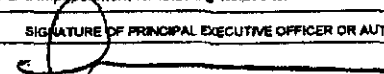
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 01/01/2006 To: 01/31/08

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2.1		mg/L	0	Monthly	Grab
PARM Code 80082-Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082-Y Mon. Site No. EFA-1	Permit Requirement		Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		2.3		mg/L	0	Monthly	Grab
PARM Code 00530-Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		2.9	2.9	mg/L	0	Monthly	Grab
PARM Code D0530-Y Mon. Site No. EFA-1	Permit Requirement		Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		7.0		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon. Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon. Site No. EFA-1	Permit Requirement		200 (NoGeoMean)	800 Max	#/100ml		Monthly	Grab
pH	Sample Measurement		7.1		s.u.	0	Daily, five days per week	Grab
PARM Code 00400-Y Mon. Site No. EFA-1	Permit Requirement		6.0 (Min)		s.u.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/02/08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DOCUMENT NUMBER-DATE

04327 MAY 22 8

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD—From: 01/01/2006

To: 01/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.30	0	Monthly	Grab
PARM Code 00420 Mon. Site No. EFA-1	Permit Requirement					12.0 Max		Monthly	Grab
Flow	Sample Measurement	0.014		mgd			0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.030 (An. Avg.)		mgd				Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014	mgd			0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (Three-Mo. Avg.)	mgd				Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				44	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				38	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				47.8%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon. Site No. CAL-1	Permit Requirement				Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 01/01/2006 To: 09/30/2004

 County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1							0.018		
2				7.2	2.2		0.016		
3				7.2	2.2		0.018		
4				7.2	2.2		0.018		
5				7.2	2.2		0.019		
6				7.2	2.2		0.008		
7				7.2	2.2		0.014		
8							0.015		
9				7.2	2.2		0.015		
10				7.2	2.2		0.023		
11	2U	2.9	1U	7.2	2.2	0.30	0.009	44	38
12				7.2	2.2		0.015		
13				7.2	2.2		0.013		
14				7.1	2.2+		0.017		
15							0.015		
16				7.2	2.2		0.015		
17				7.2	2.2		0.008		
18				7.2	2.2		0.012		
19				7.2	2.2		0.016		
20				7.2	2.2		0.005		
21				7.2	2.2		0.018		
22							0.014		
23				7.1	2.2+		0.014		
24				7.2	2.2+		0.011		
25				7.2	2.2+		0.017		
26				7.2	2.2+		0.007		
27				7.2	2.2+		0.020		
28				7.2	2.2+		0.019		
29							0.013		
30				7.4	2.2		0.013		
31				7.4	2.2		0.015		
Total							0.445		
Mo Avg.	2U	2.9	1U	7.2	1.7	0.01	0.014	1	1

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

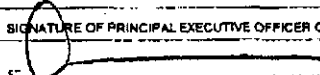
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD--From: 02/01/2006 To: 02/28/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 00830 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			7.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Paul Thompson, Lead Operator		386-937-1143	06/03/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD-From: 02/01/2006

To: 02/28/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.40	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				54		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					48.9%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011742**

Facility: **Palm Port WWTP**

MONITORING PERIOD From: **02/01/2006** To: **02/28/2006**

County: **Putnam**

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	YSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2		0.014		
2				7.3	2.2		0.012		
3				7.3	2.2		0.020		
4				7.3	2.2		0.022		
5							0.019		
6				7.3	2.2		0.019		
7				7.3	2.2		0.021		
8	2U	2.3	1U	7.3	2.2	1.40	0.008	160	54
9				7.3	2.2		0.013		
10				7.3	2.2		0.013		
11				7.3	2.2		0.020		
12							0.021		
13				7.3	2.2		0.021		
14				7.3	2.2		0.005		
15				7.3	2.2		0.016		
16				7.3	2.2		0.015		
17				7.3	2.2		0.016		
18				7.2	2.2		0.017		
19							0.012		
20				7.2	2.2		0.012		
21				7.2	2.2		0.017		
22				7.2	2.2		0.024		
23				7.2	2.2		0.015		
24				7.2	2.2		0.010		
25				7.2	2.2		0.023		
26							0.019		
27				7.2	2.2		0.019		
28				7.2	2.2		0.017		
29									
30									
31									
Total							0.460		
Mo.Avg.	2U	2.3	1U	7.3	1.7	0.05	0.015	5	2

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32266-7590

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor


REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 03/01/2006 To: 03/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.3		mg/L	0	Monthly	Grab
PARM Code 80082: Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 80082: I Mon.Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			3.3		mg/L	0	Monthly	Grab
PARM Code 00530: Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			14.0	14.0	mg/L	0	Monthly	Grab
PARM Code 00530: I Mon.Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			7.0		#/100mL	0	Monthly	Grab
PARM Code 74055: Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055: I Mon.Site No. EFA-1	Permit Requirement			200 (NoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.1		S.U.	0	Daily, five days per week	Grab
PARM Code 00400: I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		388-937-1143	06/04/12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD-From: 03/01/2006 To: 03/31/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060-A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.51	mg/L	0	Monthly	Grab
PARM Code 00620-1 Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050-G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.017	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050-P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160		mg/L	0	Monthly	Grab
PARM Code 80082-G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				240		mg/L	0	Monthly	Grab
PARM Code 00530-G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				51.1%		Percent	0	Monthly	Calculated
PARM Code 00180-G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)		Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA011742**

 Facility: **Palm Port WWTP**

 MONITORING PERIOD From: **03/01/2006** To: **03/31/2006**

 County: **Putnam**

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.2	2.2		0.019		
2				7.2	2.2		0.015		
3				7.2	2.2		0.016		
4				7.2	2.2		0.018		
5							0.018		
6				7.1	2.2		0.018		
7				7.1	2.2		0.017		
8	4V	14.0	1U	7.2	2.2	0.51	0.011	160V	240
9				7.2	2.2		0.024		
10				7.1	2.2		0.014		
11				7.1	2.2		0.016		
12							0.013		
13				7.2	2.2		0.013		
14				7.2	2.2		0.016		
15				7.2	2.2		0.017		
16				7.2	2.2		0.021		
17				7.2	2.2		0.012		
18				7.2	2.2		0.011		
19							0.021		
20				7.2	2.2		0.021		
21				7.2	2.2		0.016		
22				7.2	2.2		0.029		
23				7.2	2.2		0.019		
24				7.2	2.2		0.016		
25				7.3	2.2		0.018		
26							0.014		
27				7.3	2.2		0.014		
28				7.3	2.2		0.019		
29				7.3	2.2		0.013		
30				7.3	2.2		0.014		
31				7.3	2.2		0.013		
Total							0.514		
Mo.Avg.	4.0	14.0	1U	7.2	1.9	0.02	0.017		8

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32266-7580

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131


MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD--From: 04/01/2006 To: 04/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			5.4	5.4	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			3.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			8.2	8.2	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			7.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 Y Mon. Site No. EFA-1	Permit Requirement			6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/05/12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An.-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 04/01/2006

To:

04/30/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.18	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EPA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.030 (An. Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.016	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				210		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					52.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 04/01/2006 To: 04/30/2006

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2		0.027		
2							0.014		
3				7.3	2.2		0.014		
4				7.3	2.2		0.014		
5				7.3	2.2		0.015		
6				7.3	2.2		0.024		
7				7.3	2.2		0.011		
8				7.3	2.2		0.018		
9				7.3	2.2+		0.032		
10							0.007		
11				7.3	2.2		0.007		
12	5.4	8.2	1U	7.3	2.2	0.18	0.012	230	210
13				7.3	2.2		0.012		
14				7.3	2.2		0.017		
15				7.3	2.2		0.019		
16							0.015		
17				7.3	2.2		0.015		
18				7.3	2.2		0.015		
19				7.3	2.2		0.014		
20				7.3	2.2		0.014		
21				7.3	2.2		0.015		
22				7.3	2.2+		0.009		
23							0.017		
24				7.3	2.2		0.017		
25				7.3	2.2		0.014		
26				7.3	2.2		0.016		
27				7.3	2.2		0.015		
28				7.3	2.2		0.013		
29				7.2	2.2		0.012		
30							0.017		
31									
Total							0.458		
Mo. Avg.	5.4	8.2	1U	7.3	1.7	0.01	0.015	7	7

PLANT STAFFING:

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

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 8200, Jacksonville, 32256-7590

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor


REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD--From: 05/01/2006 To: 05/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2.7	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		3.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.4	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		12.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Coliform, Fecal	Sample Measurement		7.0	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL	Monthly	Grab
pH	Sample Measurement		7.0	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.	Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/06/06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll Av-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD—From: 05/01/2006 To: 05/31/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8		mg/L	2	Daily, five days per week	Grab
PARM Code 50080 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.39	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.030 (An. Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.016	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				500		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				200		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					52.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 05/01/2006 To: 05/31/2006

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.2	2.2		0.011		
2				7.2	2.2		0.013		
3	3.5	12.0	1	7.3	2.2	0.39	0.012	500	200
4				7.3	2.2		0.014		
5				7.3	2.2		0.012		
6				7.3	2.2+		0.012		
7							0.017		
8				7.3	2.2+		0.017		
9				7.3	2.2		0.013		
10				7.3	2.2		0.016		
11				7.2	2.2		0.016		
12				7.2	2.2		0.016		
13				7.2	2.2		0.015		
14							0.015		
15				7.2	2.2		0.015		
16				7.2	2.2		0.015		
17				7.0	1.8		0.012		
18				7.2	1.3		0.012		
19				7.2	2.2		0.014		
20				7.3	2.2+		0.012		
21							0.017		
22				7.1	1.0		0.017		
23				7.1	1.7		0.014		
24				7.2	2.2		0.013		
25				7.2	2.2		0.016		
26				7.3	2.2		0.017		
27				7.2	1.4		0.016		
28							0.018		
29				7.1	0.8		0.018		
30				7.1	0.8		0.016		
31				7.0	1.9		0.016		
Total							0.455		
Mo. Avg.	3.5	12.0	1U	7.2	1.6	0.01	0.015	16	6

PLANT STAFFING:

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

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

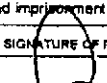
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 06/01/2006 To: 06/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			4.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			7.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.0		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			8.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/07/18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll Average is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

MONITORING PERIOD--From: 06/01/2006 To: 06/30/06

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.30	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.015	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					48.9%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 06/01/2006 To: 06/30/2006

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.0	2.2		0.015		
2				7.1	2.2		0.015		
3				7.1	2.2		0.019		
4							0.016		
5				7.1	2.2		0.016		
6				7.1	2.2		0.011		
7				7.0	1.6		0.016		
8				7.1	1.9		0.018		
9				7.1	2.2		0.016		
10				7.1	2.2		0.012		
11							0.016		
12				7.1	2.2		0.016		
13				7.3	2.2		0.017		
14	2U	1.1U	1U	7.4	2.2	1.30	0.011	150	130
15				7.4	2.2		0.015		
16				7.3	2.2		0.013		
17				7.4	2.2		0.011		
18							0.015		
19				7.3	2.2		0.015		
20				7.3	2.2		0.012		
21				7.4	2.2		0.015		
22				7.3	2.2		0.014		
23				7.3	2.2		0.012		
24				7.4	2.2		0.014		
25							0.016		
26				7.3	2.2		0.016		
27				7.2	2.2		0.014		
28				7.2	2.2		0.011		
29				7.2	2.2		0.013		
30				7.2	2.2		0.016		
31									
Total							0.434		
Mo.Avg.	2U	1.1	1U	7.2	1.8	0.04	0.014	5	4

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

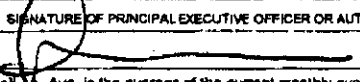
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD--From: 07/01/2006 To: 07/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement		2.7	mg/L	0	Monthly	Grab
	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement		2U	mg/L	0	Monthly	Grab
	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended (TSS) PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement		4.3	mg/L	0	Monthly	Grab
	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS) PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement		1U	mg/L	0	Monthly	Grab
	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement		6.9	#/100mL	0	Monthly	Grab
	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon.Site No. EFA-1	Sample Measurement		1U	#/100mL	0	Monthly	Grab
	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL	Monthly	Grab
pH PARM Code 00400 I Mon.Site No. EFA-1	Sample Measurement		7.1	S.U.	0	Daily, five days per week	Grab
	Permit Requirement		6.0 (Min)	S.U.		Daily, five days per week	Grab
						8.5 (Max)	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/08/16

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 07/01/2006 To: 07/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2	mg/L	0	Daily, five days per week	Grab
PARM Code 50060. A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)	mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.20	mg/L	0	Monthly	Grab
PARM Code 00620. I Mon.Site No. EFA-1	Permit Requirement				12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd			0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050. G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd				Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014	mgd			0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050. P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg.)	mgd				Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150	mg/L	0	Monthly	Grab
PARM Code 80082. G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				190	mg/L	0	Monthly	Grab
PARM Code 00530. G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				47.8%	Percent	0	Monthly	Calculated
PARM Code 00180. G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 07/01/2006 To: 07/31/2006

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2		0.018		
2							0.019		
3				7.2	2.2		0.019		
4				7.3	2.2		0.014		
5				7.1	2.2		0.016		
6				7.2	2.2		0.016		
7				7.2	2.2		0.012		
8				7.2	2.2		0.013		
9							0.014		
10				7.2	2.2		0.014		
11				7.2	2.2		0.016		
12	2UY	1U	1U	7.4	2.2	1.20	0.008	150	190
13				7.4	2.2		0.016		
14				7.4	2.2		0.015		
15				7.3	2.2		0.009		
16							0.015		
17				7.4	2.2		0.015		
18				7.6	2.2		0.015		
19				7.6	2.2		0.008		
20				7.3	2.2		0.015		
21				7.4	2.2		0.014		
22				7.3	2.2		0.014		
23							0.013		
24				7.3	2.2		0.013		
25				7.3	2.2		0.015		
26				7.2	2.2		0.016		
27				7.5	2.2		0.013		
28				7.5	2.2		0.012		
29				7.1	2.2		0.010		
30							0.014		
31				7.5	2.2		0.014		
Total							0.431		
Mo. Avg.	2U	1U	1U	7.3	1.8	0.04	0.014	5	6

PLANT STAFFING:

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


DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7690

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011742	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: Minor	
FACILITY: Palm Port WWTP	MONITORING GROUP NUMBER: R-001	
LOCATION: Dog Branch Road	MONITORING GROUP DESC: Rapid Infiltration	
East Palatka, FL 32131	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD--From: 08/01/2006	To: 08/31/06

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			4.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			1.3	1.3	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			6.9		#/100mL	0	Monthly	Grab
PARM Code 74056 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2	7.6	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Paul Thompson, Lead Operator		386-937-1143	06/09/19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated Roll-Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 08/01/2006

To: 08/31/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.22	mg/L	0	Monthly	Grab
PARM Code 00520 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.013	0.014	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-No. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				46.7%		Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)		Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 08/01/2006 To: 08/31/2006

 County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.5	2.2		0.012		
2				7.4	2.2		0.014		
3				7.5	2.2		0.012		
4				7.5	2.2		0.012		
5				7.6	2.2		0.011		
6							0.016		
7				7.4	2.2		0.016		
8				7.4	2.2		0.012		
9	2U	1.3	1UY	7.4	2.2	0.22	0.010	230	220
10				7.2	2.2		0.015		
11				7.3	2.2		0.011		
12				7.3	2.2		0.011		
13							0.016		
14				7.2	1.5		0.016		
15				7.3	2.2		0.010		
16				7.5	2.2		0.016		
17				7.4	2.2		0.014		
18				7.4	2.2		0.015		
19				7.5	2.2		0.011		
20							0.016		
21				7.4	2.2		0.016		
22				7.4	2.2		0.013		
23				7.4	2.2		0.012		
24				7.3	2.2		0.013		
25				7.4	2.2		0.013		
26				7.4	2.2		0.012		
27							0.014		
28				7.3	2.2		0.014		
29				7.3	2.2		0.012		
30				7.3	2.2		0.014		
31				7.3	2.2		0.015		
Total							0.412		
Mo. Avg.	2U	1.3	1U	7.4	1.9	0.01	0.013	7	7

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

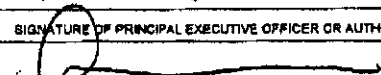
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 09/01/2006 To: 09/30/06

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement		Report (Mo. Avg.)	80.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		4.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement		1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement		Report (Mo. Avg.)	80.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		6.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement		200 (NoGeoMean)	800 (Max)	#/100mL		Monthly	Grab
pH	Sample Measurement		7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 Y Mon. Site No. EFA-1	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/YY/DOO)
Paul Thompson, Lead Operator		385-937-1143	06/10/06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Rot An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 09/01/2006 To: 09/30/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8		mg/L	0	Daily, five days per week	Grab
PARM Code 50080 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.68	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement					12.0 Max.	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.030 (An. Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.013	0.013	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (Three-Mo. Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				170		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					44.4%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 09/01/2006 To: 09/30/2006

 County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.014		
2				7.3	2.2		0.013		
3							0.016		
4				7.4	2.2		0.016		
5				7.4	2.2		0.017		
6				7.3	2.2		0.011		
7				7.3	2.2		0.014		
8				7.3	2.2		0.012		
9				7.3	2.2+		0.014		
10							0.018		
11				7.2	1.8		0.018		
12				7.3	2.2		0.016		
13	2U	1U	1U	7.3	2.2	0.68	0.011	190	170
14				7.3	2.2		0.013		
15				7.4	2.2		0.013		
16				7.4	2.2		0.011		
17							0.014		
18				7.3	2.2		0.014		
19				7.3	2.2		0.010		
20				7.3	2.2		0.017		
21				7.4	2.2		0.010		
22				7.4	2.2		0.011		
23				7.3	2.2		0.010		
24							0.017		
25				7.3	2.2		0.017		
26				7.4	2.2		0.010		
27				7.3	2.2		0.015		
28				7.4	2.2		0.014		
29				7.3	2.2		0.014		
30				7.3	2.2		0.010		
31									
Total							0.407 ¹		
Mo. Avg.	2U	1U	1U	7.3	1.8	0.02	0.013	6	5

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

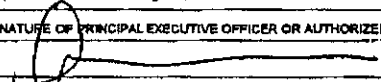
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 10/01/2006 To: 10/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five day, 20° C	Sample Measurement			2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five day, 20° C	Sample Measurement			3.7	3.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			4.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U		#/100mL	1	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 (Min)		S.U.		Daily, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/M/DD)
Paul Thompson, Lead Operator		386-937-1143	06/11/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 10/01/2006 To: 10/31/06

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	Daily, five days per week	Grab
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.20	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.013	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				340		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					44.4%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement					Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD From: 10/01/2006 To: 10/31/2006

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1							0.014		
2				7.2	2.2		0.014		
3				7.2	2.2		0.014		
4				7.2	2.2		0.013		
5				7.3	2.2		0.014		
6				7.4	2.2		0.012		
7				7.4	2.2		0.014		
8							0.016		
9				7.3	2.2		0.016		
10				7.3	2.2		0.013		
11	3.7	1.1	1U	7.3	2.2	1.20	0.011	250	340
12				7.3	2.2		0.013		
13				7.3	2.2		0.014		
14				7.2	2.2		0.012		
15							0.016		
16				7.3	2.2		0.016		
17				7.3	2.2		0.013		
18				7.2	2.2		0.014		
19				7.3	2.2		0.010		
20				7.3	2.2		0.018		
21				7.3	2.2		0.010		
22							0.018		
23				7.3	2.2		0.018		
24				7.3	2.2		0.019		
25				7.3	2.2		0.012		
26				7.3	2.2		0.017		
27				7.3	2.2		0.011		
28				7.2	2.2		0.013		
29							0.015		
30				7.3	2.2		0.015		
31				7.3	2.2		0.012		
Total							0.433		
Mo.Avg.	3.7	1.1	1U	7.3	1.8	0.04	0.014	8	11

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011742
 LIMIT: Final
 CLASS SIZE: Minor

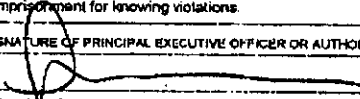
REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Port WWTP
 LOCATION: Dog Branch Road
 East Palatka, FL 32131
 COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD-From: 11/01/2006 To: 11/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			4.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			1.2		#100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#100mL		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			3.0	3.0	#100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max	#100mL		Monthly	Grab
Mon.Site No. EFA-1									
pH	Sample Measurement			7.0	7.3	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab
Mon.Site No. EFA-1									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/12/20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 11/01/2006 To: 11/30/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.9		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.60	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.013	0.013 mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd				Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				68	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				89	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				43.3%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 11/01/2006 To: 11/30/2006

 County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1	2U	1.2	3	7.3	2.2	2.60	0.010	68	89
2				7.2	2.2		0.016		
3				7.2	2.2		0.016		
4				7.0	2.2+		0.008		
5							0.014		
6				7.2	2.2		0.014		
7				7.2	2.2		0.016		
8				7.2	2.2		0.014		
9				7.2	2.2		0.012		
10				7.3	2.2		0.013		
11				7.3	2.2		0.011		
12							0.016		
13				7.2	2.2		0.016		
14				7.2	1.9		0.013		
15				7.3	2.2		0.012		
16				7.2	2.2		0.011		
17				7.2	2.2		0.011		
18				7.2	2.2+		0.010		
19							0.015		
20				7.3	2.2		0.015		
21				7.3	2.2		0.015		
22				7.3	2.2		0.013		
23				7.3	2.2		0.010		
24				7.3	2.2		0.016		
25				7.3	2.2		0.012		
26							0.015		
27				7.2	2.1		0.015		
28				7.3	1.9		0.015		
29				7.3	2.2		0.013		
30				7.3	2.2		0.016		
31									
Total							0.401		
Mo. Avg.	2U	1.2	3	7.2	1.8	0.08	0.013	2	3

PLANT STAFFING:

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

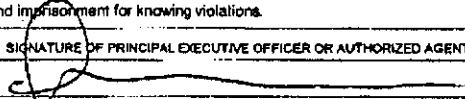
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32266-7590

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011742	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: Minor	
FACILITY: Palm Port WWTP	MONITORING GROUP NUMBER: R-001	
LOCATION: Dog Branch Road	MONITORING GROUP DESC: Rapid Infiltration	
East Palatka, FL 32131	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD-From: 12/01/2006	To: 12/31/06

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2.7	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1							
BOD, Carbonaceous five-day, 20° C	Sample Measurement		2U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement		Report (Mo.Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Mon.Site No. EFA-1							
Solids, Total Suspended (TSS)	Sample Measurement		4.0	mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1							
Solids, Total Suspended (TSS)	Sample Measurement		1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement		Report (Mo.Avg.)	80.0 (Max)	mg/L	Monthly	Grab
Mon.Site No. EFA-1							
Coliform, Fecal	Sample Measurement		1.2	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Grab
Mon.Site No. EFA-1							
Coliform, Fecal	Sample Measurement		1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement		200 (MoGeoMean)	800 Max	#/100mL	Monthly	Grab
Mon.Site No. EFA-1							
pH	Sample Measurement		7.1	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.	Daily, five days per week	Grab
Mon.Site No. EFA-1							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/01/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll An. Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD-From: 12/01/2006

To: 12/31/06

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5		mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min)		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.15	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014	mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50060 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)	mgd					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014 mgd				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg) mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Soilds, Total Suspended	Sample Measurement			180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			45.6%	Percent		0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement			Report (Mo.Total)	Percent			Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA011742

 Facility: Palm Port WWTP

 MONITORING PERIOD From: 12/01/2006 To: 12/31/2006

 County: Putnem

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.2	2.2		0.011		
2				7.2	2.2		0.010		
3							0.016		
4				7.2	2.2		0.016		
5				7.2	2.2		0.010		
6				7.3	2.2		0.009		
7				7.3	2.2		0.012		
8				7.3	2.2		0.015		
9				7.3	2.2		0.015		
10							0.014		
11				7.3	2.2		0.014		
12				7.3	2.2		0.014		
13	2U	1.2	1	7.5	2.2	0.15	0.009	230	180
14				7.4	2.2		0.015		
15				7.4	2.2		0.012		
16				7.3	2.2		0.007		
17							0.016		
18				7.3	2.2		0.016		
19				7.4	2.2		0.011		
20				7.3	2.2		0.010		
21				7.4	2.2		0.016		
22				7.4	2.2		0.012		
23				7.2	2.2		0.015		
24							0.019		
25				7.1	2.2		0.019		
26				7.2	2.2		0.016		
27				7.2	1.5		0.019		
28				7.4	2.2		0.010		
29				7.3	2.2		0.018		
30				7.4	2.2		0.013		
31							0.015		
Total							0.421		
Mo.Avg.	2U	1.2	1U	7.3	1.8	0.00	0.014	7	6

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: _____	Certification No.: _____	Name: _____
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4884</u>	Name: <u>Paul Thompson</u>



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville Florida 32256-7590

Colleen M. Castille
Secretary

February 13, 2006

Brian Heath
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, Florida 34749-0310

DEP File No. FLA011742-007-DW3
Putnam County
Palm Port WWTF

NOTICE OF PERMIT REVISION

Enclosed is a revision to Permit Number FLA011742 to modify Section II, Residuals Management Requirements, issued under section(s) 403 of the Florida Statutes.

The revision includes the transport of residuals to 412 Biosolids Processing Facility and Central Process RMF, or a DEP-permitted WWTF, or a DEP-permitted RMF for further treatment and final disposal. Attach the modified pages 2 and 7 to the permit, as they become a permanent 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 of the 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.

Petitions by the applicant or any of the parties 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) of the Florida Statutes must be filed within fourteen days of publication of the public notice or receipt of the written notice, whichever occurs first.

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.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for mediation

DOCUMENT NUMBER-DATE

04327 MAY 22 08

FPSC-COMMISSION CLERK

within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. 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 of the 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; each the Department case or identification number and the county in which the subject matter or activity is located;
- (b) A statement of when and how 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) Demand for 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 final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

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

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by sections 120.569 and 120.57 for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen

Aqua Utilities Florida, Inc.
Palm Port WWTF
Page 3 of 3

days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under sections 120.569 and 120.57. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under sections 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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

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

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



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 February 13, 2006 to the listed persons.




Clerk

February 13, 2006

Date

CC:
Putnam County H.D.
James Boyd, P.E., Boyd Environmental Engineering
John Lihvarcik, Aqua Utilities Florida, Inc.

FILING AND ACKNOWLEDGEMENT
FILED on this date, pursuant to §120.52 Florida
Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.

Clerk

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: November 9, 2008
REVISION DATE: February 13, 2006

TREATMENT FACILITIES:

To operate an existing 0.030 million gallons per day (mgd) annual average daily flow (AADF) permitted capacity extended aeration activated sludge domestic wastewater treatment facility (WWTF) consisting of off-site influent pumping stations introducing wastewater into a single force main with a magnetic recording flow meter and totalizer, eight aeration basins with a combined volume of approximately 40,000 gallons (5,000 gallons each), a secondary clarifier with a volume of approximately 6,200 gallons, a chlorine contact chamber with a volume of approximately 1,875 gallons, and an aerobic digester with a volume of approximately 2,700 gallons. The residuals are transported to 412 Biosolids Processing Facility and Central Process RMF, or a DEP-permitted WWTF, or a DEP-permitted RMF for further treatment and final disposal.

This facility is a Category III (extended aeration), Class C (0.030 mgd AADF) facility.

REUSE:

Land Application: An existing 0.030 mgd AADF permitted capacity rapid infiltration basin system (R-001) which consists of two percolation / evaporation ponds with a combined surface area of approximately 36,900 square feet which are hydraulically connected and a treated water pumping station to pump to sprinkler heads on the berms to increase evaporation located approximately at latitude 29° 40' 58" North and longitude 81° 37' 30" West.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in pages 1 through 19 of this permit.

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: November 9, 2008
REVISION DATE: February 13, 2006

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)]

8. 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:

Florida Department of Environmental Protection
Northeast District Office
7825 Baymeadows Way, Suite B-2003
Jacksonville, Florida 32256-7590

Telephone Number – 904-807-3300
FAX Number – 904-448-4366

Florida Department of Environmental Protection
Northeast District - Gainesville Branch Office
101 Northwest 75th Street, Suite 3
Gainesville, Florida 32607-1609

Telephone Number – 352-333-2850
FAX Number – 352-333-2856

Original copies shall follow all FAX 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 by transport to 412 Biosolids Processing Facility and Central Process RMF, or a DEP-permitted WWTF, or a DEP-permitted RMF, or disposal in a Class I or II solid waste landfill. If the facility changes residuals treatment facility, a written agreement between the facility and the new treatment facility shall be submitted to the Department at least 30 days prior to transport of residuals. *[62-640.880(3)]*
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.]*



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 9, 2004

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

In the Matter of an
Application for Permit by:

Mr. Craig J. Anderson, Vice President -
Environmental Services
Florida Water Services Corporation
Post Office Box 609520
Orlando, Florida 32860-9520

Permit Number FLA011742
Project Number FLA011742-005-DWF
Palm Port WWTF
Putnam County

NOTICE OF ISSUANCE OF PERMIT REVISION

Enclosed is a revision of Permit Number FLA011742 to operate the Palm Port Wastewater Treatment Facility (WWTF), an existing 0.030 million gallons per day (mgd) annual average daily flow (AADF) permitted capacity extended aeration activated sludge domestic WWTF consisting of off-site influent pumping stations introducing wastewater into a single force main with a magnetic recording flow meter and totalizer, eight aeration basins with a combined volume of approximately 40,000 gallons (5,000 gallons each), a secondary clarifier with a volume of approximately 6,200 gallons, a chlorine contact chamber with a volume of approximately 1,875 gallons, and an aerobic digester with a volume of approximately 2,700 gallons. Treated effluent is discharged to an existing 0.030 mgd AADF permitted capacity rapid infiltration basin system consisting of two percolation / evaporation basins. Residuals are transported to Shelley's Septic Tanks Residuals Management Facility (RMF) (FLA016177) in Zellwood, Orange County, Florida, for final treatment and land application. This permit is issued under Chapters 62-4, 62-600, 62-601, 62-604, 62-610, 62-620, 62-640, and 62-699, Florida Administrative Code, and Section 403, Florida Statutes.

The proposed agency action of the Department shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

Persons whose substantial interests are affected by the proposed permitting decision of the Department 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.

Mr. Craig J. Anderson, Vice President – Environmental Services
Florida Water Services Corporation
Palm Port WWTF
Putnam County
April 9, 2004

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

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of right of that person 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 action of the Department 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 representative of the petitioner, if any; Department Permit Number FLA011742, and Putnam County;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how the substantial interests of each petitioner 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.

Mr. Craig J. Anderson, Vice President – Environmental Services
Florida Water Services Corporation
Palm Port WWTF
Putnam County
April 9, 2004

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the final action of the Department may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

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

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

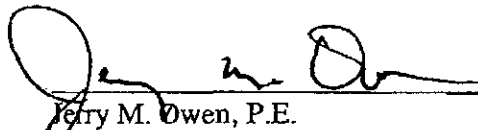
This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further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

Mr. Craig J. Anderson, Vice President – Environmental Services
Florida Water Services Corporation
Palm Port WWTF
Putnam County
April 9, 2004

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

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Jerry M. Owen, P.E.
Program Administrator

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF ISSUANCE OF PERMIT REVISION and all copies were sent before the close of business on the 19TH day of APRIL 2004 to the listed persons and organizations.

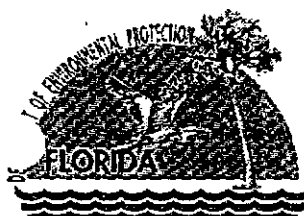
Melaine W. WOOD
Name

APRIL 19, 2004
Date

Enclosure – Permit Revision

Copies sent to:

Sandra J. Joiner, P.E., Senior Project Engineer, Florida Water Services Corporation, Orlando
Paul Thompson, Lead Operator, Palm Port WWTF, Florida Water Services Corporation, Palatka
Chairperson, Putnam County Commission, Palatka
Putnam County Health Department, Palatka
Maurice Barker, Residuals Coordinator, Domestic Wastewater Section, FDEP, Tallahassee
Office of the General Counsel, FDEP, Tallahassee
Philip Kane, Residuals Coordinator, Central District Office, FDEP, Orlando



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:	PERMIT NUMBER:	FLA011742
Florida Water Services Corporation	PROJECT NUMBER:	FLA011742-005-DWF
	ISSUANCE DATE:	November 10, 2003
	REVISION DATE:	April 9, 2004
RESPONSIBLE AUTHORITY:	EXPIRATION DATE:	November 9, 2008

Mr. Craig J. Anderson, Vice President -
Environmental Services
Florida Water Services Corporation
Post Office Box 609520
Orlando, Florida 32860-9520

407-598-4199

FACILITY CONTACT:

Mr. Paul Thompson, Lead Operator of the
Palm Port WWTF
Putnam County Office
Florida Water Services Corporation
930 South State Road 19, Suite 3
Palatka, Florida 32177

386-329-1122

FACILITY:

Palm Port WWTF
Dog Branch Road
Off County Road 207A, west of East River Road
East Palatka, Florida 32131

Putnam County

Latitude 29° 40' 58" North and Longitude 81° 37' 30" 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 on file with the Department and made a part hereof and specifically described as follows:

FACILITY: Palm Port WWTF
PERMITTEE: Florida Water Services Corporation
COUNTY: Putnam
PERMIT NUMBER: FLA011742
PROJECT NUMBER: FLA011742-005-DWF
ISSUANCE DATE: November 10, 2003
REVISION DATE: April 9, 2004
EXPIRATION DATE: November 9, 2008

TREATMENT FACILITIES:

To operate an existing 0.030 million gallons per day (mgd) annual average daily flow (AADF) permitted capacity extended aeration activated sludge domestic wastewater treatment facility (WWTF) consisting of off-site influent pumping stations introducing wastewater into a single force main with a magnetic recording flow meter and totalizer, eight aeration basins with a combined volume of approximately 40,000 gallons (5,000 gallons each), a secondary clarifier with a volume of approximately 6,200 gallons, a chlorine contact chamber with a volume of approximately 1,875 gallons, and an aerobic digester with a volume of approximately 2,700 gallons. Residuals are transported to Shelley's Septic Tanks Residuals Management Facility (RMF) (FLA016177) in Zellwood, Orange County, Florida, for final treatment and land application.

This facility is a Category III (extended aeration), Class C (0.030 mgd AADF) facility.

REUSE:

Land Application: An existing 0.030 mgd AADF permitted capacity rapid infiltration basin system (R-001) which consists of two percolation / evaporation ponds with a combined surface area of approximately 36,900 square feet which are hydraulically connected and a treated water pumping station to pump to sprinkler heads on the berms to increase evaporation located approximately at latitude 29° 40' 58" North and longitude 81° 37' 30" West.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in pages 1 through 19 of this permit.

FACILITY: Palm Port WWTF
 PERMITTEE: Florida Water Services Corporation
 COUNTY: Putnam

PERMIT NUMBER: FLA011742
 PROJECT NUMBER: FLA011742-005-DWF
 ISSUANCE DATE: November 10, 2003
 REVISION DATE: April 9, 2004
 EXPIRATION DATE: November 9, 2008

RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

Parameter	Units	Max/Min	Reclaimed Water 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	20.0	Report	-	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended (TSS)	mg/L	Maximum	20.0	Report	-	60.0	Monthly	Grab	EFA-1	
Coliform, Fecal	# / 100 mL	Maximum	See Permit Condition I. A. 3.				Monthly	Grab	EFA-1	
pH	S.U.	Range	-	-	-	6.0 to 8.5	Daily, five days per week	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. 4.
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1	

FACILITY: Palm Port WWTF
PERMITTEE: Florida Water Services Corporation
COUNTY: Putnam

PERMIT NUMBER: FLA011742
PROJECT NUMBER: FLA011742-005-DWF
ISSUANCE DATE: November 10, 2003
REVISION DATE: April 9, 2004
EXPIRATION DATE: November 9, 2008

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

MONITORING LOCATION SITE NUMBER	DESCRIPTION OF MONITORING LOCATION SITE
EFA-1	Effluent After disinfection

3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 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 ninetieth 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 ninetieth percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the ninetieth percentile (multiply the number of samples by 0.9). For example, for thirty samples, report the corresponding fecal coliform number for the twenty-seventh value of ascending order. [62-610.510] [62-600.440(4)(c)]
4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510] [62-600.440(4)(b)]

Palm Port WWTF
 PERMITTEE: Florida Water Services Corporation
 CITY: Putnam

PERMIT NUMBER: LA011742
 PROJECT NUMBER: FLA011742-005-DWF
 ISSUANCE DATE: November 10, 2003
 REVISION DATE: April 9, 2004
 EXPIRATION DATE: November 9, 2008

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		Monitoring Location Site Number	Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type		
Flow	mgd	Maximum	0.030	Report	-	-	Daily, five days per week	Recording flow meter and totalizer	INF-1	
Carbonaceous, 5-day, 20° C	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Condition I. B. 3.
Total Suspended (TSS)	mg/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Condition I. B. 3.
Percent Capacity - ADF / Permitted Capacity) x 100	percent	Maximum	-	Report (Mo. Total)	-	-	Monthly	Calculated	CAL-1	

FACILITY: Palm Port WWTF
 PERMITTEE: Florida Water Services Corporation
 COUNTY: Putnam

PERMIT NUMBER: FLA011742
 PROJECT NUMBER: FLA011742-005-DWF
 ISSUANCE DATE: November 10, 2003
 REVISION DATE: April 9, 2004
 EXPIRATION DATE: November 9, 2008

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 LOCATION SITE
INF-1	INFluent before either biological treatment or dilution
CAL-1	CALculated value

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other facility process recycled waters. [62-601.500(4)]
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with Title 40 Code of Federal Regulations 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)]
6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the 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 in the table below (that is, monthly, toxicity, quarterly, semiannual, or annual) 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

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COUNTY: Putnam
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DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMRs and shall submit the completed DMRs 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)]

8. 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:

Florida Department of Environmental Protection
Northeast District Office
7825 Baymeadows Way, Suite B-2003
Jacksonville, Florida 32256-7590

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

and

Florida Department of Environmental Protection
Northeast District - Gainesville Branch Office
101 Northwest 75th Street, Suite 3
Gainesville, Florida 32607-1609

Telephone Number - 352-333-2850
FAX Number - 352-333-2856

Original copies shall follow all FAX 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 Shelley's Septic Tanks Residuals Management Facility (RMF) (FLA016177) in Zellwood, Orange County, Florida, 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)]*

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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)]
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]

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2. The annual average hydraulic loading rate to the two percolation / evaporation ponds shall be limited to a maximum of 1.3 inches per day (9.1 inches per week) as applied to the entire bottom area. [62-610.523(3)]
3. A percolation / evaporation pond 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)]
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. See Permit Condition VII. 10. [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 and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C, or higher, operator for 0.5 hour per day for five days per week and one weekend visit. 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 facility shall be available during all periods of facility operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. The permittee or its representative or agent shall perform daily checks of the facility five days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, in conduit or thru treatment facility, 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 (CAR) 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)]

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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)]*
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.

10. The permittee is to maintain an existing emergency overflow structure from the two evaporation / percolation ponds into a Putnam County Department of Transportation roadway rainwater collection ditch on East River Road. The structure is used to ensure the integrity of the ponds. This emergency overflow structure is allowed provided that:
 - a. The permittee shall monitor the pond level five days per week and reported to the Department on a monthly basis.
 - b. The permittee shall notify the Department if an overflow does occur into the roadway rain collection ditch.
 - c. The permittee shall submit an annual revision of the Capacity Analysis Report (CAR) by August 21st of each year.
 - d. The permittee shall be granted permission by the Putnam County Department of Transportation to use the roadway rainwater collection ditch on East River Road.
 - e. The Department reserves the right to require a permit for discharge top surface water under the National Pollution Discharge Elimination System (NPDES), if the discharge into the roadway rain collection ditch is a frequent occurrence.

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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)]
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)]

FACILITY:	Palm Port WWTF	PERMIT NUMBER:	FLA011742
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COUNTY:	Putnam	ISSUANCE DATE:	November 10, 2003
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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.
- 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).
 - 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.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - 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.
 - 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)]*
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.

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COUNTY:	Putnam	ISSUANCE DATE:	November 10, 2003
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- 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. above that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER 800-320-0519, as soon as practical, but no later than twenty-four hours from the time the permittee becomes aware of the discharge. To the extent known, the permittee 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 the permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b. 1. above shall be provided to the Department within twenty-four hours from the time the permittee becomes aware of the circumstances.

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- 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. at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20. [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.

- 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. 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.

- 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.

[62-620.610(22)]

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COUNTY: Putnam

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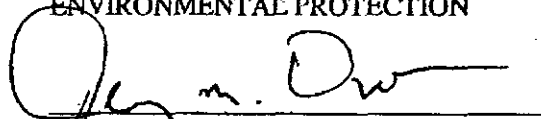
23. Upset Provisions

- 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.; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5.
- 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.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jerry M. Owen, P.E.
Program Administrator

DATE: APRIL 19, 2004

FILING AND ACKNOWLEDGEMENT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Submit this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7590

ADDRESS: Florida Water Services Corporation
Post Office Box 609520
Orlando, Florida 32860-9520

PERMIT NUMBER: FLA011742

LIMIT: Final
CLASS SIZE: Minor

REPORT GROUP: Monthly Domestic

Patm Port WWTF
Dog Branch Road
East Palatka, Florida 32131

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE:

Putnam

MONITORING PERIOD: From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, five-day, 20° C	Sample Measurement							
082	Point Measurement						Monthly	Grab
082	Receptacle Measurement						Monthly	Grab
Flow, five-day, 20° C	Sample Measurement							
082	Point Measurement						Monthly	Grab
082	Receptacle Measurement						Monthly	Grab
030	Sample Measurement							
030	Point Measurement						Monthly	Grab
030	Receptacle Measurement						Monthly	Grab
055	Sample Measurement							
055	Point Measurement						Monthly	Grab
055	Receptacle Measurement						Monthly	Grab
000	Sample Measurement							
000	Point Measurement						Five days per week	Grab

I certify that the quality 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, complete, 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

NAME: Palm Port WWTF

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD: From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine (For	Sample Measurement									
0060	Result									
EPA	Requirement									
Total (as N)	Sample Measurement								daily, five days per week	grab
020	Result									
EPA	Requirement								Monthly	grab
050	Sample Measurement									
EPA	Requirement								daily, five days per week	grab and filtered
050	Sample Measurement									
EPA	Requirement								daily, five days per week	grab and filtered
ous, five-day, 20° C	Sample Measurement									
080	Result									
EPA	Requirement								daily, five days per week	grab and filtered
ended (TSS)	Sample Measurement									
080	Result									
EPA	Requirement								Monthly	grab
030	Sample Measurement									
EPA	Requirement								Monthly	grab
y - (TMADP /	Sample Measurement									
0180	Result									
EPA	Requirement								Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTF

Monitoring Period From: _____ To: _____

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (# / 100 mL)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1									
2									
3									
4									
5									
6									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WATER DISCHARGE MONITORING REPORT

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 A 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 data.

If electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

When 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.

DESCRIPTION/INSTRUCTIONS
Analysis not conducted.
Dry Well
Flood disaster.
Insufficient flow for sampling.
Lost sample.
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.

For analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

Greater than or equal to the PQL shall be reported as the measured quantity.

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 to determine compliance with permit limits.

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 compliance when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

WATER DISCHARGE MONITORING REPORT (DMR)

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 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 information in the header should be completed by the permittee or authorized representative:

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 from 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 locations where 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.

Permit Limit: 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 frequency 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, etc.).

Exceedances: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. If none, enter zero.

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 unshaded 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.

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.

SAMPLE RESULTS

Enter the month and year during which the data on this report were collected and analyzed.

Average Daily Flow: Calculate and enter the three-month average daily flow to the treatment facility.

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.

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.

Operators: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

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.

LIMITED WET WEATHER DISCHARGE

This report must 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 completed. Information is to be provided for each day on which the limited wet weather discharge was activated.

Enter the month and year during which the data on this report were collected and analyzed.

Location: 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 month. 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 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: 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.

Volume: 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).

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 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.

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.

CBOD₅: Enter the average CBOD₅ 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.

Days: 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.

Explanation: Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

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.

Well: Enter the name of the well. Also, check whether or not the well was purged before sampling.

Methods: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Filtering: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Preservatives: State what preservatives were added to the sample.

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.

Results/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

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

file

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 19, 2007

Mr. Patrick Farris
Environmental Compliance
Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, Florida 34749

**RE: Putnam County- Domestic Wastewater
Palm Port WWTF- FLA011742
Compliance Evaluation Inspection**

Dear Mr. Farris:

Personnel from the Department of Environmental Protection (Department) conducted a Compliance Evaluation Inspection (CEI) of the Palm Port Wastewater Treatment Facility on May 14, 2007. The inspection report is attached for your records. The following are comments for areas of special interests evaluated during the inspection and a file review:

PERMIT

The facility is permitted as a 0.030 MGD extended aeration domestic wastewater treatment facility consisting of eight 5,000 gallon aeration basins, one 6,200 gallon secondary clarifier, one 1,875 gallon chlorine contact chamber, one 2,700 gallon sludge digester. Effluent is discharged to two percolation ponds totaling 36,900 square feet. Domestic wastewater residuals are transported to Shelley's Environmental Systems, Inc. for final treatment and land application. Permit FLA011742 was issued on November 10, 2003 and expires on November 9, 2008.

Please submit an application for permit at least 180 days prior to the expiration of the permit as required by Rule 62-620.335, Florida Administrative Code (FAC). Please direct all questions regarding the permit to Mr. Jeff Martin in our department.

RECORDS AND REPORTS

A bound logbook was maintained on-site and was available for review during the inspection. The following observations were recorded in the logbook:

DOCUMENT NUMBER-DATE

04327 MAY 22 08

FPSC-COMMISSION CLERK

- a. The name of the facility, day, month and year.
 - b. The operator's name and certification number.
 - c. The operator in and out times.
 - d. Flow, pH results, and process control.
 - e. Maintenance performed at the facility.
- Other records reviewed included: process control data, sample collection and analyses data, calibration logs, temperature logs, chain of custody forms and DMRs.
 - Ice was not included on the chain of custody forms as a preservative. Also, sodium thiosulfate that is added to the fecal coliform samples was not always marked on the chain of custody sheets. These items were discussed with the operator and were corrected.
 - A copy of the license for the certified operator working at the facility was available at the time of the inspection.
 - A copy of the permit and copy of the laboratory certification are now available for review.

FACILITY SITE REVIEW

The following observations were made at the facility:

- The facility is secured within a fence with locked gate.
- A sign was posted at the facility with the emergency number.
- The grounds were clean and well maintained.
- The facility was well operated and maintained.
- The percolation/evaporation ponds were clean and were well maintained.
- The RPZ backflow prevention device is scheduled to be checked during June 2007. (See the attached correspondence).

FLOW MEASUREMENT

Flow is determined using elapsed time meters on the lift station pumps. The flow-measuring device is scheduled to be calibrated/checked during June 2007. (See the attached correspondence).

OPERATION AND MAINTENANCE

The following observations were made during the inspection:

- All units of the facility were in operation and appeared to be operating well.

Mr. Patrick Ferris
June 19, 2007
Page 3 of 3

- There was a good brown color of mixed liquor in the aeration units.
- The clarifier had adequate settling and depth to the sludge blanket and chlorine contact unit was clean.
- The effluent was clear.
- The percolation/evaporation ponds were clean and were well maintained.

EFFLUENT

Discharge Monitoring Reports (DMRs) were reviewed for January 2006 through April 2007 and the quality of the effluent is very good. There were no effluent violations noted.

Overall, the facility was found to be in-compliance based upon the compliance evaluation inspection and records review. A copy of the inspection report is enclosed for your records.

Please extend my gratitude to Mr. Paul Thompson and Mr. Ralph Marriott for their cooperation and assistance during the inspection. If you have any questions, please contact me at (904) 807 - 3338.

Sincerely,



Kathleen H. Gerard
DW Compliance Coordinator

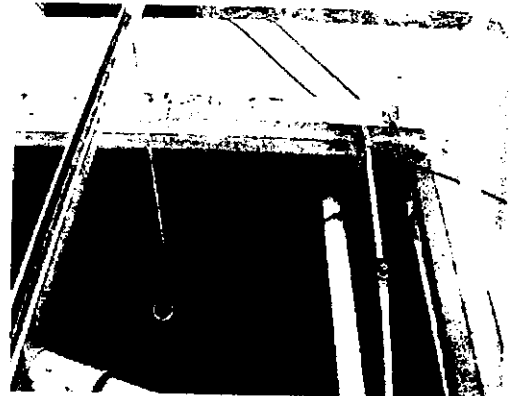
KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc.
Mr. Stan Rieger, Public Service Commission, Tallahassee

**PALM PORT WWTF
MAY 14, 2007**



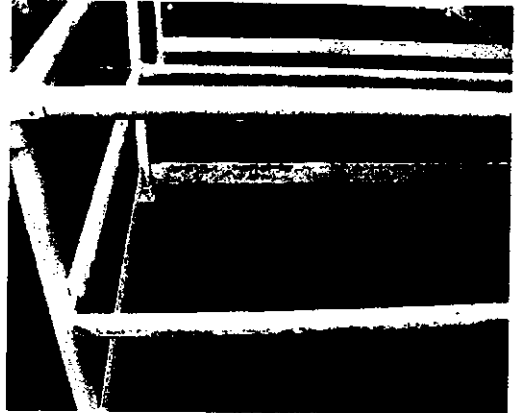
WWTF was fenced and locked.



**Clarifier had good settling and depth
to the sludge blanket.**



**The ponds and berms were clean and free
of vegetation.**



Aeration units.



**Liquid chlorine solution is used for
disinfection.**



Ponds

AQUA UTILITIES

Fax

Putnam County Office 930 South S.R. 19 Palatka, Fl 32177
Phone 386-329-1122 fax 386-329-8977

To: Kathleen Gerard	From: Paul Thompson
Fax: 904-448-4366	Pages: 4
Phone: 904-807-3300	Date: May 29, 2007
Re: Inspection info	CC:

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:**

Per our discussion this morning:

The backflow testing for each Putnam County facility is scheduled for next week. I will fax copies of the forms when it's completed. Central Florida Controls, Inc. should be able to perform the flow testing of Park Manor and Silver Lake Oaks lift stations by June 8th. Again, I will fax copies of the forms when it's done.

I've attached a copy of our lab's certification. Copies are routinely kept in the onsite O&M manual.

Both blowers at Arredondo Farms are operational.

Please call me for any other information you may need.

Thanks,

Paul



State of Florida
Department of Health, Bureau of Laboratories

This is to certify that

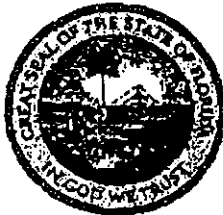
E83508
HARBOR BRANCH ENVIRONMENTAL, CENTRAL FLORIDA
LABORATORY
4155 ST. JOHN'S PARKWAY, SUITE 1300
SANFORD, FL 32771

has compiled with Florida Administrative Code 64E-1,
for the examination of Environmental samples in the following categories

DRINKING WATER - MICROBIOLOGY, DRINKING WATER - PRIMARY INORGANIC CONTAMINANTS, DRINKING WATER - SECONDARY INORGANIC
CONTAMINANTS, NON-POTABLE WATER - GENERAL CHEMISTRY, NON-POTABLE WATER - MICROBIOLOGY

Continued certification is contingent upon successful on-going compliance with the NELAP Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

EFFECTIVE January 23, 2006 THROUGH June 30, 2007



A handwritten signature in black ink, appearing to read "Ming S. Chan".

Ming S. Chan, Ph.D.
Bureau Chief, Bureau of Laboratories
Florida Department of Health
DH Form 1687, 7/04

NON-TRANSFERABLE E83508-02-1/23/2006

JeB Bush
Governor



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 2 of 2

Attachment to Certificate #: E83509-02, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83509

EPA Lab Code: FL00943

(407) 322-4686

E83509

HARBOR BRANCH Environmental, Central Florida Laboratory
4155 St. John's Parkway, Suite 1300
Sanford, FL 32771

Matrix: Non-Potable Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Alkalinity as CaCO ₃	EPA 310.1	General Chemistry	NELAP	3/22/2002
Alkalinity as CaCO ₃	SM 2320 B	General Chemistry	NELAP	3/22/2002
Biochemical oxygen demand	EPA 405.1	General Chemistry	NELAP	3/22/2002
Carbonaceous BOD (CBOD)	SM 5210 B	General Chemistry	NELAP	3/22/2002
Conductivity	EPA 120.1	General Chemistry	NELAP	3/22/2002
Conductivity	SM 2510 B	General Chemistry	NELAP	3/22/2002
Fecal coliforms	SM 9221 C	Microbiology	NELAP	3/22/2002
Fecal coliforms	SM 9221 B	Microbiology	NELAP	3/22/2002
Fecal coliforms	SM 9222 D	Microbiology	NELAP	3/22/2002
pH	EPA 150.1	General Chemistry	NELAP	3/22/2002
Residual free chlorine	EPA 330.5	General Chemistry	NELAP	3/22/2002
Residual free chlorine	SM 4500-Cl G	General Chemistry	NELAP	3/22/2002
Residue-filterable (TDS)	EPA 160.1	General Chemistry	NELAP	3/22/2002
Residue-nonfilterable (TSS)	EPA 160.2	General Chemistry	NELAP	3/22/2002
Residue-total	EPA 160.3	General Chemistry	NELAP	3/22/2002
Residue-volatile	EPA 160.4	General Chemistry	NELAP	3/22/2002
Specific Oxygen Uptake Rate (SOUR)	SM 2710 B	General Chemistry	NELAP	3/22/2002
Surfactants - MBAS	EPA 425.1	General Chemistry	NELAP	3/22/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total, fixed, and volatile residue	SM 2540 G	General Chemistry	NELAP	3/22/2002
Turbidity	EPA 180.1	General Chemistry	NELAP	3/22/2002

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 1/23/2006

Expiration Date: 6/30/2007

Jeb Bush
Governor



M. Rony Francois, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 1 of 2

Attachment to Certificate #: E83509-02, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83509

EPA Lab Code: FL00943

(407) 322-4686

E83509

HARBOR BRANCH Environmental, Central Florida Laboratory

4155 St. John's Parkway, Suite 1300

Sanford, FL 32771

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Alkalinity as CaCO ₃	EPA 310.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Alkalinity as CaCO ₃	SM 2320 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Conductivity	EPA 120.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Fecal coliforms	SM 9221 B	Microbiology	NELAP	3/22/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	3/22/2002
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	3/22/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	3/22/2002
Total dissolved solids	EPA 160.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/22/2002

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 1/23/2006

Expiration Date: 6/30/2007

PALM PORT



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

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

CERTIFIED NUMBER: 7004 0750 0003 3823 0158

August 24, 2004

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

SUBJECT: Consumptive Use Permit #8127

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

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Todd Eller, Supervising Regulatory Hydrologist, 386-329-4210.

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

Sincerely,

A handwritten signature in cursive script that reads "Gloria Lewis".

Gloria Lewis, Director
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor

GOVERNING BOARD

Omerias D. Long, CHAIRMAN APOPKA	David G. Graham, VICE CHAIRMAN JACKSONVILLE	R. Clay Albright, SECRETARY OCALA	Duane Ottenstroer, TREASURER JACKSONVILLE	
W. Michael Branch, FERNANDINA BEACH	John G. Sowinski, ORLANDO	William Kerr, MELBOURNE BEACH	Ann L. Moore, HUNNELL	Susan N. Hughes, JACKSONVILLE

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

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

PERMIT NO. 8127

ORIGINAL PERMIT ISSUED: May 2, 2001
TRANSFER PROCESS DATE: August 19, 2004

PROJECT NAME: Palm Port

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 7.7 million gallons per year of ground water from the Floridan aquifer for the household use of 335 people.

LOCATION:

Site: Palm Port
Putnam County

Section(s): 40 Township(s): 9S Range(s): 27E

ISSUED TO:

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

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

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

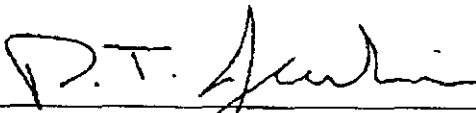
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

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

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

By: _____



Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8127
AQUA UTILITIES FLORIDA
DATED MAY 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. Total withdrawals from well number 1 (GRS ID 13972) (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
January - June
July - December

Report Due Date
July 31
January 31

10. This permit will expire 20 years from the date of issuance.
11. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed 7.7 million gallons.
12. Well number 1 (GRS ID 13972) (as listed on the application) is equipped with a totalizing flow meter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
13. All submittals made to demonstrate compliance with this permit must include the CUP number 8127 plainly labeled thereon.
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.
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.
16. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.
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.