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

Aqua Utilities Florida, Inc.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: January, 2007 A. Public Water System (PWS) Information PWS Name: Pairo Port PWS Identification Number: 2540865 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 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 Zip Code: 34749 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@aguaamerica.com B. Water Treatment Plant Information Plant Name: Palm Port (352) 787-0980 Plant Telephone Number: Plant Address: East River Drive Zip Code: 32131 City: East Palatka State: Florida Raw Ground Water Type of Water Treatment by Plant: 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.): Licensed Operators Name License Class: License Number 3 Day(s) Shift(s) Worked Kead/Chief@perator: Paul Thompson 7251 Days 1st Shift r Operators : David Haring C 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift Il Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 DOCUMENT NUMBER - CATE Printed or Typed Name Silviature and Date License Number

DEP Form 62-555..900(3)Alternate

04327 MAY 22 8

Page 1

Manual M	PWS I	lentification	n Number:		2540865		Plant Name:	Palm Port							
Mains of Achieving Four-Log Virus Inactivation (Chorine Chorine Chorine Chorine Chorine Chorine Chorine Chorine Combined Chorine (Chioramines)	111.	aify Data	for the N	Ionth/Year	of:		January, 2007								
Type of Disinfectant Residual Maintained in Distribution System:	Means	of Achievir	ng Four-Lo	g Virus Inactiv	vation/Remov			Chlorina Di	ovide	C Ozone	Comb	sined Chloric	ne /Chlorer	nines)	
Type Disinfectant Residual Maintained in Distribution System:								Cutotate Di	oxue	1 Ozote	1 Come	omed Citiori	ne (Chiorai	inites)	
Power Plant	Time	f Disinfee	stant Recir	dual Maintai	nad in Diete	dhution Customs	☑ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	*s) ["	Chlorine I	Dioxide	
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Sept	7. 3.	4.00	多类数	化 发 為其 等	3000	DIMEN HISTORY	Disinfectant	Provided	李子章	200		Service .	1900	37 (27)	The state of the s
Sept	3.5	State or	112		2000年	Lowest Residuals	Contact Time	Before or at	10 to 10	1675	2000	27	Minimum	Lowest Residual	The second second
Sept		Visited by	C. 5. 17. 18.	of Finished	北京企	2 Concentration (C)	Measurement	Customer	2/49/22		177	Lovesti	UV Dose	Concentration at	Emergency of Abnormal Operating
Sept	Day of	Operator	Hours plant	Water -		Before or at First	Point During	During Peak		The second second	Minimum CT	Operating	Required.	Remote Point in	Conditions Repair or Maintenance Worksthat
Sept	the	(Place	13,144	Producted 2	PeakFlow	Customer During	. Peak Flow,	Flow, mg-	Jemp of	pH of Water	Required mg	JUV Dose	\imW.	Distribution	Involves Taking Water System Components
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[Total]								 		· ·	 	·····			
	Total			421,933						•	<u> </u>	· 			<u> </u>
A) (13,611	AV A	2		13,611]										
	Cathodra Cathodra Total	X X	24.0 24.0	8,400 14,400 421,933		1.2				·				0.9	

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



See Pages 4 for Instr										
I. General Information	for the Month/	ear of:	February, 2007							
A. Public Water System	(PWS) Informs	ition								
	Palm Port					······································	PWS Identification Numb	er:	2540865	
PWS Type:	✓ Community	Non-Transient I	Non-Community	Transient Non-Cor	nmunity		Consecutive			<u></u>
Number of Service Connect	ions at End of Month	1!	107		,,		Population Served at End o	f Month:	375	
PWS Owner:	Aqua Utilities Florid	la .	· · · · · · · · · · · · · · · · · · ·							
	Brian Heath					Conta	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980					ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad		beheath@aquaar	merica.com							
B. Water Treatment Pla	ant 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		✓ Raw Ground Wa	iter Purcha	sed Finished Water		~		******	1,1	
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		170,000			· · · · · · · · · · · · · · · · · · ·			
Plant Category (per subsecti	ion 62-699.310(4), F.	A.C.):	ΓV			Plant C	lass (per subsection 62-699	.310(4), F.A.C.):	С	
Licensed Operators	The state of the s	Name	of the same of th	License Class	Lice	nse Number	Da Da	y(s) / Shift(s)	Worked	ry sale father
Lead/Chief Operator.				A		7251	Days 1st Shift			
10000 K 1000 发展 1000 A	David Haring			С		14091	Days 1st Shift			
	Ralph Marriott			C	1.	7527	Days 1st Shift			
					1.					
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Mark The State of										
124 - 17 may 2 2 170%		4					,	,		7
II Contification to the	(Chint Comme									
II Certification by Lead							· · · · · · · · · · · · · · · · · · ·			
I, the undersigned water	er treatment plant	operator licensed in	n Florida, am the lea	ad/chief operator of th	e water	r treatment p	lant identified in part l	of this report	t. I certify	/ that the
information provided in	n this report is tr	ue and accurate to the	ne best of my knowl	edge and belief. I cer	tify tha	t all drinking	g water treatment chem	nicals used at	this plant	conform to NSF
International Standard	60 or other appli	cable standards refe	renced in subsectio	n 62-555.320(3), F.A.	C. I al:	so certify tha	at the following addition	onal operation	is records	for this plant
were prepared each day	y that a licensed of	operator staffed or v	isited this plant dur	ing the month indicate	d abov	e: (1) record	ds of amounts of chem	icals used and	d chemica	I feed rates: and
(2) if applicable, appro	priate treatment	process performano	e records. Furthern	ore, I agree to provid	e these	additional of	perations records to th	e PWS owner	so the PV	VS owner can
retain them-together w	vith copies of this	report, at a conven-	ient location for at I	east ten vears.			•			· o owner can
/ \	•	1 1		- · · · - · · · · · · · · · · · · · · ·						
1 -		- 3/2/0	Davit 7	Потроп						
Signature and/Date	·							•	A7251	
Signature and Date		1	אחוזין	ed or Typed Name					License Nu	mber

PWS I	lentificatio	n Number:		2540865		Plant Name:	Palm Port							
iII. I)	aily Data	for the N	louth/Year	ot:		February, 2007			· · · · · · · · · · · · · · · · · · ·					
			g Virus Inacti		val: 🔽 Free C	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
	traviolet R			r (Describe)		mornie I	Chlorine D	ioxade	C Ozone	I Com	bined Chlori	ine (Chlorai	munes)	
-						<i>I</i>		- C 1-i-	d Chila in a	/Chi				
Type	אומונע זכ	Clant Resid	Juai Maintai		ribution System:	▼ Free Chle				(Chloramine	<u> </u>	Chlorine 1	Dioxide	
's		·	\	- 30	CT Calculations, or	UV Dose, to	Demostate	Four-Lo	g Virus Inac	ctivation, if:	Applicable	To the second		化光光光度 经 存金数据查数数据
				, , , , ,	E to Alberta Marie Co	CT Cak	ulations 🤼		الإيلام المرازي	AS GARAGE	UV:	Dose : ::		
-		l					Lowest CT	1 :		Minimum CI Required, mg			***	
	·.	, ,				Disinfectant	Provided.			13. T. S. S.	1322 6			
	Days Plant		i	L	Lowest-Residual	Contact Time	Before or at			4、秦夏高等			Lowest Residual	
ت ر	Staffed or	1 .	Net Quantity	٠.	Disinfectant	(T) at C	First		1.00	4 17 18	1888 T. A	Minimum		
ا ، ا	Visited by		Ot Lansied		Concentration (C)	/ Measurement	Customer]	1 4 4 6	1.77	Lowest	UV Dose	Concentration at	
Day of		Hours plant		31_23	Before or at First	Point During	During Peak			Minimum CI	Operating	Required,		Conditions, Repair or Maintenance Work tha
the Month	(Place	in	Producted,	Peak Flow				1 semb of	pli of Water	Required, mg	UV Dose,	mW- sec/cm ²	Distribution	Involves Taking Water System Components
1	X) X	Operation 24.0	gal. 5,800	Rate; gpo.,		· · · miriutes · ·	nin/L	Water, L	ni Applicable	min/L	mW-sec/cm	sec/cm		Out of Operation
> 2	x	24.0			1.3	 	 	 	 -	ļ	 	 	1.0	
3.4	'	24,0			1.5			 	 	 -		 	1.1	
4		24.0	16,567		<u> </u>	 -	 	 	 	 	 	 	 	
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	e programa	1. Str. 18	413,700							-4			<u> </u>	
Avgera	60% (5.5°)	<u> </u>	13,345											
Махіті	in (Trivia)	14 (S)	22,000											

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: March, 2007 A. Public Water System (PWS) Information PWS Name: Palm Port 2540865 PWS Identification Number: PWS Type: Community Non-Translent Non-Community Consecutive Transient Non-Community 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: Zip Code: PO Box 490310 34749 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@aquaamerica.com B. Water Treatment Plant Information Plant Name: Palm Port Plant Telephone Number: (352) 787-0980 Plant Address: East River Drive Zip Code: 32131 City: East Palatka State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.): Licensed Operators Name License Class License Number Day(s) / Shift(s), Worked Lead/Chief Operators | Paul Thompson 7251 Days 1st Shift Other Operators David Haring Days 1st Shift 14091 Ralph Marriott 7527 Days Ist Shift H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251

License Number

Printed or Typed Name

Signature and Date

PWS I	entification	n Number:		2540865		Plant Name:	Palm Port							
Ш. 1	aily Data	for the A	lonth/Year	of:		March, 2007								
			g Virus Inactív		/al: ▼ Free C	hlorine I	Chlorine Di	ovide	☐ Ozone		ined Chloris	a (Chlorer	nines)	
	raviolet R			r (Describe):		,	Cinorate Di	OMUC) Ozone	1 0000	INCO CINOLE	ie (Cinora	iluics)	
Type (f Disinfed	tant Resid			ibution System:	▼ Free Chle	rine [Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
					T Calculations, or						·			
				-	, , , , , , , , , , , , , , , , , , , ,		ulations	out Do		, , , , , , , , , , , , , , , , , , ,	UV	Dose	1	
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				Marie 1		Disinfectant	Lowest CT Provided							
٠.	Days Plant				Lowest Residual Disinfectant	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1.				Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement-	Customer				Lorenze	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted		, ,	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Döse,	mW-	Distribution	Involves Taking Water System Components
Month 1	- 'X'') X	Operation 24.0	gal 7,400	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
2	Î x	24.0		·	1.3		 		<u> </u>				1.0	
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- 6	X	24.0		1	11								9.8	
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8 9 -	X	24.0			1,4	<u> </u>		<u> </u>	ļ				0.8	· · · · · · · · · · · · · · · · · · ·
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11		24.0		 			 	 			· · · · · · · · · · · · · · · · · · ·			
12	x	24.0		i	1.2				 				8.0	
13	Х	24.0	14,200	,	1.1			 	 				0.8	
14	Х	24.0	11,600	1	1.3				<u> </u>				0.9	
- 15;	Х	24.0	17,400		1.4								1,0	
16	X	24.0	16,200		1.2								0.9	
17		24.0					<u> </u>				`			
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20	×	24.0		 	1.2	 	 	 	 			<u> </u>	0,9	
20	- x	24.0		-	1.3	 	 	 	 	<u> </u>			0.8	
22	X	24.0		1	1.2		 	 	 				0.8	
23	Х	24.0			1.0		 	 					0.7	
- 24		24.0	17,667											
- 25		24.0												
· 26	Х	24.0			1.3								1.0	
.27-	X	24.0	15,500		1.5								1.1	
28	X	24.0	13,400		1.4		<u> </u>	 	 				1.0	
29 30	X X	24.0 24.0	17,000 12,100	 	1.6		<u> </u>	 -	 				1.0	
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			453,733				L		Ц	<u> </u>		l		
			14.627	•										

Maximum

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



See Pages 4 for Instructions.					
1. General Information for the Month/Year of	April, 2007				
	Aprili, 2007				
A. Public Water System (PWS) Information					
PWS Name: Palm Port		·		PWS Identification Number:	2540865
	on-Transient Non-Community	ransient Non-Community	у 🔲 С	onsecutive	
Number of Service Connections at End of Month:	107		Total Po	pulation Served at End of Mont	h: 375
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath				Person's Title: Area	Manager
Contact Person's Mailing Address: PO Box		City:		State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 78		·-·····	Contact	Person's Fax Number: (352)	787-6333
	th@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
	w Ground Water Purchased Fin		-		
Permitted Maximum Day Operating Capacity of Plant, gal		170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	īV			ss (per subsection 62-699.310(4)	
Licensed Operators	Name				Shift(s) Worked
Lead/Chief/Operator// Paul Thompson		A		Days 1st Shift	
Other Operators: David Haring		C		Days 1st Shift	
Ralph Marriott		С	7527	Days 1st Shift	
					
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II Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operat	or licensed in Florida, am the lead/chie	ef operator of the water	er treatment pla	ent identified in part I of th	is report. I certify that the
information provided in this report is true and					
International Standard 60 or other applicable s					
were prepared each day that a licensed operato					
(2) if applicable, appropriate treatment process					
			e auditional op	erations records to the F w	3 owner so the rws owner can
retain them, together with copies of this report,	at a convenient tocation for at least te	n years.	•		
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5/3			····		A7251
Signature and Date	/ Printed or Ty	ped Name			License Number

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					·		Palm Port	Plant Name:		5980757	· · · · · · · · · · · ·	Jaquinni i	entification	L WO 10
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^{*} Relet to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. General Information for the Month/Year of: May, 2007 A. Public Water System (PWS) Information PWS Name: Palm Port 2540865 PWS Identification Number: PWS Type: Community Non-Transient Non-Community Translent Non-Community Consecutive Number of Service Connections at End of Month: 107 Total Population Served at End of Month: 375 PWS Owner: Agua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 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@aguaamerica.com B. Water Treatment Plant Information Plant Name: Palm Port (352) 787-0980 Plant Telephone Number: Plant Address: East River Drive City: East Palatka Zip Code: 32131 State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water 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.): īV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Day(s) / Shift(s) Worked Name License Class License Number Lead/Chief.Operator: Paul Thompson Days 1st Shift 7251 A Other Operators: David Haring 14091 Days 1st Shift Raiph Marriott 7527 Days 1st Shift Il Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

PWS I	lentification	n Number	· · · · · · · · · · · · · · · · · · ·	2540865		Plant Name:	Palm Port							
	aily Data	for the V	lonth/Year	of:										
						May, 2007								
Micalis	of Achievi	ug Lont-Pol	g Virus Inactiv			hlorine	Chlorine Di	oxide	Ozone	☐ Comb	ined Chlori	ne (Chlorar	nines)	
r	traviolet R			r (Describe):										
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1	Days Plant				Lowest Residual	Contact Time	Before or at		i				Lowest Residual	
,	Staffed or		Net Quantity	j .	Disinfectant	(L) St. C	Firșt				٠.	Minimum.	Disinfectant	1
Day -6	Visited by	,, , , ,	of Finished		Concentration (C)	Measurement	Customer.	1	1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in		D 1.77	Before or at First	Point During	During Peak		77 - 2337 4	Minimum ÇT		Required,	Remote Point in	
Month	(F1806	Operation	Producted,	Peak Flow Rate, gpd.	Customer During	Peak Flow,	Flow, mg-	Temp of	if Applicable	Required, mg min/L	mW-sec/cm		Distribution	Involves Taking Water System Components Out of Operation
: 1	X/	24.0		Rate, gpu.	Peak Flow, mg/L	minutes .	min/L	Water, C	ii Applicable	muve	mw-sec/cm	sec/cm .	System, mg/L 0.7	Out of Operation
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Maximum

Refer to the instructions for this report to determine which plants must provide this information. DEP Form 82-555-900(3)Alternals



See Pages 4 for Instructions.

DEP Form 62-555..900(3)Alternate

Public Water System (PWS) Information PWS Name Palm Port	See I ages 4 for instructions.				
PWS Name	I. General Information for the Month/Year of: June,	2007			
PWS Name	A. Public Water System (PWS) Information	·			
Number of Service Connections at End of Month: 107 Total Population Served at End of Month: 375 PWS Owner. Aqua Utilities Florids Contact Person's Brian Fleath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Contact Person's Title: Area Manager Contact Per		Indiana and a second a second and a second a		PWS Identification Number	er: 2540865
Number of Service Connections at End of Month: 107 Page 1990	PWS Type:	mmunity Transient Non-Cor	nmunity	Consecutive	
Contact Person's Trille Area Manager				Population Served at End of	Month: 375
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State Florida Zip Code: 34749	PWS Owner: Aqua Utilities Florida				
Contact Person's Telephone Number: (352) 787-0980 Water Treatment Plant Information Plant Name: Palm Port Plant Address: Deheath @aguamerica.com Plant Name: Palm Port Plant Address: East River Drive City. East Palatka State: Florida Zip Code: 32131 Type of Water Treatment by Plant: Plant Grapesity 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 License Class License Number Day (s.) Shift(s) Worked (c.) License Class License Number Day (s.) Shift(s) Worked (c.) License Class License Number Day (s.) Shift Days Ist Shif			Conta	ct Person's Title:	Area Manager
Contact Person's E-Mail Address: Deheath@aquamerica.com			City: Leesburg	State: Florida	Zip Code: 34749
Nater Treatment Plant Information			Conta	ct Person's Fax Number:	(352) 787-6333
Plant Name: Palm Port		a.com			
Fant Address: East River Drive				· · · · · · · · · · · · · · · · · · ·	
Type of Water Treatment by Plant: Parmitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000					
Pemitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000 Plant Class (per subsection 62-699-310(4), F.A.C.): IV C Licensed Class License Number Day(s) Shift(s) Worked Day(s) Shift(s) Days ist Shift Days	22110110		City: East Palatka	State: Florida	Zip Code: 32131
Plant Class (per subsection 62-699-310(4), F.A.C.): IV Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators		***************************************			
Licensed Operators Day Shift(s) Worked	Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Certification by Lend/Chief Operator Paul Thompson A 7251 Days 1st Shift	Plant Category (per subsection 62-699.310(4), F.A.C.):				
Other Operators: David Haring C 14691 Days 1st Shift	Licensed Operators Name		· · · · · · · · · · · · · · · · · · ·		y(s)/Shift(s);Worked
Ralph Murriott C 7527 Days 1st Shift 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 1 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; (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 caretain from, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251					
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							Palm Port	Plant Mame:		2240865			confication	

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



See	Pages	4	for	Instructions
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See Pages 4 for Instructi										
. General Information for	the Month/Year	July, 2007				•				
A. Public Water System (P	WS) Information	1								
	n Port		·····				PWS Identification Number:	: 25	40865	
PWS Type:	Community [Non-Transient Non-Communi	tyTr	ansient Non-Com	munity		Consecutive			
Number of Service Connections	at End of Month:	107	·			Total	Population Served at End of N	vionth: 37	5	
PWS Owner: Aqu	a Utilities Florida									
	in Heath					Contac	ct Person's Title:	Area Manager		
Contact Person's Mailing Address	ss: PO I	Box 490310			City: Leesbur	ß.	State: Florida	Zi	p Code:	34749
Contact Person's Telephone Nun		787-0980				Contac	ct Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address		neath@aquaamerica.com								
. Water Treatment Plant	Information				-					
	n Port						Plant Telephone Number:		52) 787-09	980
	River Drive				City: East Pa	latka	State: Florida	Zi	p Code:	32131
Type of Water Treatment by Plan	nt: 💆	Raw Ground Water	Purchased Finis	shed Water	-					
Permitted Maximum Day Operat	ting Capacity of Plant	t, gailons per day:		170,000						
Plant Category (per subsection 6					I	Plant C	lass (per subsection 62-699.3	10(4), F.A.C.):	С	
"Licensed Operators	· · · · · · · · · · · · · · · · · · ·	Name	Company of some	License Class.	License Nu	mber	· 经总统主义及Day	(s) / Shift(s) W	orked	Street to the server
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L Certification by Lead/Ch	ief Operator							<u>- </u>		
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i, the undersigned water tr	cauncii piant ope	erator licensed in Florida, an	i the lead/chief	operator of the	water treatm	ient p	iant identified in part I o	of this report.	certify	that the
information provided in th	is report is true ai	nd accurate to the best of my	knowledge ar	id belief. I cert	ity that all dr	inking	water treatment chemic	cals used at thi	s plant c	onform to NSF
International Standard 60	or other applicable	e standards referenced in su	bsection 62-55	5.320(3), F.A.(C. I also cert	ify tha	at the following addition	al operations r	ecords f	or this plant
were prepared each day the	at a licensed oper	ator staffed or visited this pl	lant during the	month indicate	d above: (1)	recor	ds of amounts of chemic	cals used and c	hemical	feed rates; and
(2) if applicable, appropris	ate treatment proc	ess performance records. F	urthermore, I a	gree to provide	these addition	onal o	perations records to the	PWS owner so	the PW	'S owner can
		ort, at a convenient location					-			
/ \ `	•	1 /		-						
12	s	2 18 1VI	Paul Thompson	n				A 7	251	
Signature and Date	<u> </u>	131-	Printed or Type						ense Num	her

PWS k	WS Identification Number: 2540865 Plant Name; Palm Port													
III. D	aily Data	for the N	lonth/Year	of:		July, 2007								
Means	of Achievir	ng Four-Los	y Virus Inactiv	vation/Remov		hlorine [Chlorina Di		C 07070		inad Chlami	(Chloso-	-:	
L OF	travialet R		Othe			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chiorate Di	Oxide	, Ozone	i Comp	illien Chieri	ne (Cinoran	innes)	
Trans	e Dicinea	tont Desi			the state of the state	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	e)	Chlorine I	Diovide	
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	Visited by	1. 4. 79	of Finished		- Concentration (C)	Measurement	Customer		19 mg A 300		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak		Salar Marie	Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place!	第2 000年	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	(X)	Operation	gal.	⊋Rate, gpd,	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	f min/L	mW-sec/cm²	sec/cm ²),	System, mg/L.	Emergency or Abnormal/Operating Conditions: Repair or Maintenence Work that Involves Taking Water System Components Out of Operation
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學和於		24.0			1.2								0,8	
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.17.0	- â	24.0	14,200		1,2	<u></u>						 	0.7	
18.5	х	24.0	16,100		1.2		 		· · · · · · · · · · · · · · · · · · ·			 	0.8	
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-955-900(3)Abarrate

PWS Id	entification	n Number:		2540865		Plant Name:	Palm Port							
III. D	aily Data	for the M	onth/Year	of:		August, 2007								
					al: I⊽ Free C		Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)	
	raviolet Ra		☐ Othe			,								
T	e Diala for				land - Contains	Free Chic	rine [Combin	ed Chlorine	(Chloramine	:s) [Chlorine I	Dioxide	
1,7000		A ST ASSE	ida Maintan	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T. Calculations, or Lowest Residual - Disinfectant, or Concentration (C) Before or at First Customer During	TIV Dona to	Damortata				Applicable 1	ιξ.		Emergency of Abnormal Operating Conditions: Repair or Majorenance Work that
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			T Carculations, or	U V. Dose, to	Delliosiate i		-	4.44	UV	Onse		
	F					-CI Calc	Lowest CT Provided Before or at First Customer During Peak			3 3 4 6		134		
1							Lowest CT.						1 N 1 3 44 5	4.2
•					A TAC A	Disinfectant.	Provided			1.4.5 1.1			Louist Parisin	
1: 5:1	Days Plant	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Lowest Residual	Contact Time	Before or at	[W	14.	Minimum	Disinfectant	
	Statted or	it same	Net Quantity	33	Concentration	(1) at C	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Dayof	Onerator	Hours plant	Water	1.8.	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance, Work that
the	(Place	in'	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	Temp of	pH of Water,	Required, mg			Distribution	Involves Taking Water System Components
Month,	⁄ `:"X")-∴	Operation.	gal	Rate, gpd.	Peak Flow; mg/L:	minutes	min/L	Water, C	if Applicable	:: 'riin/L	mW-sec/cm ²	sec/cm²		Out of Operation
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844	×	24.0			1.2								0.7	
. 9.	X	24.0			1.1								0.7	
· 105	X	24.0			1.2			<u> </u>	 		ļ		0.7	
11 8		24.0					 	 	 -	ļ		 		
13 %	×	24.0			0,1			 	 	 	 		0.6	
14	ŵ	24.0		}	1.3		·	-	 	1			0.8	
15	$\frac{\hat{x}}{x}$	24.0		 	1.0								0.6	
16 %	x	24.0	16,900		1.5								1.0	
. 17.4	Х	24.0			1,3			ļ	-	ļ	1		0.7	
18		24.0					ļ			 		ļ	 	
19.		24.0			<u> </u>		 	 -	ļ	 	 	 	0.7	
20 +	X	24.0		 	1.2	 -	 	 	 	 	 	 	0.7	
21 22 .	X	24.0			1.3		 	 		 	1	 	0.9	
23	×	24.0			1,5	·		 	1				1.0	
24	x	24.0			1.5								1.0	
25	† 	24.0										<u> </u>		
26		24.0	12,433									_	<u> </u>	
27	х	24.0			1.2				<u></u>	 		 -	0.7	
28	Х	24.0		1	1.2		ļ			 		 	0.7	
29	X	24.0			1.2	ļ			 	 	+	-	0.8	
30	X	24.0			2.5		 	1	 	1	 	 	1.7	
31 Total	X	24.0			2.7			<u> </u>						
Avgerag	70 5 2 3 3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5		13,058											
U. ARCINI	2		2,000	ન										

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



General Informati	structions. on for the Month/	Year of: September	2007				
			, 2007				
PWS Name:	em (PWS) Informa Palm Port	tion			PWS Identification Num	ber: 2540865	
PWS Type:	✓ Community	Non-Transient Non-Commu	inity Transient Non-Comm	n. mit.	Consecutive	064. 2540003	
	nections at End of Month		inity Iransient Non-Comm		Total Population Served at End	of Month: 375	
PWS Owner:					Total Population Served at End	or retoridi.	
Contact Person:	Aqua Utilities Florid Brian Heath				Contact Person's Title:	Area Manager	
Contact Person's Mailing		PO Box 490310		City: Leesbur		Zip Code:	34749
Contact Person's Telepho		(352) 787-0980	l	City: Leesbu	Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail		beheath@aguaamerica.co	m		Contact Persons Pax Indinod.	(332)101-4333	
	Plant Information		111				
Plant Name:	Palm Port				Plant Telephone Number	(352) 787-	0980
Plant Address:	East River Drive		· · · · · · · · · · · · · · · · · · ·	City: East Pa		Zip Code:	32131
Type of Water Treatmen		✓ Raw Ground Water	Purchased Finished Water	City. Desira	iana joune. Cierros		
	y Operating Capacity of		170,000			. 	
	ection 62-699.310(4), F.		170,000		Plant Class (per subsection 62-69	9.310(4), F.A.C.): C	· · · · · · · · · · · · · · · · · · ·
	Sia 1877 - 187		License Class		mber D	3.0.00(-)) - 1.0.00	STATES : 1 . 1
Lead/Chief-Operato		Name	A A	7251	Days 1st Shift	a)/a)astimada)su.o.zeo.	-
Other Operators 1118			- lĉ	14091	Days 1st Shift		
	Ralph Marriott		c	7527	Days 1st Shift		· · · · · · · · · · · · · · · · · · ·
200	TAIDIT WARTOU	· · · · · · · · · · · · · · · · · · ·		7327	Daya 75t Gillit		
"一""大学"的人。							
							· · · · · · · · · · · · · · · · · · ·
							
							
13.77.49.53							
MATERIAL STREET	N/F						
Cartification by I	ead/Chief Operato						
						Lafebia maner I amif	is that the
			am the lead/chief operator of the				
			my knowledge and belief. I certi				
			subsection 62-555.320(3), F.A.C				
	day that a licensed	operator staffed or visited this	plant during the month indicated	dabove: (1)	records of amounts of che	micals used and chemica	al feed rates; an
were prepared each	propriate treatment	process performance records.	Furthermore, I agree to provide	these addition	onal operations records to	the PWS owner so the P	WS owner can
	propriate a caunous				•		
(2) if applicable, ap		s report, at a convenient location	on for at least ten years.				
(2) if applicable, ap		s report, at a convenient location	on for at least ten years.				
(2) if applicable, ap		s report, at a convenient location	On for at least ten years. Paul Thompson			A7251	

Means of A	Achievii	ng Four-Log adiation		vation/Remov r (Describe):			Chlorine Di		Ozone ed Chlorine Virus Inac		oined Chlorius) Applicable			
Ultrav	violet Ra	adiation	Othe	r (Describe):		Chlorine [Chlorine Di							
N	Distance of													
ype of I	Disinfection of the control of the c	tant Resid				Free Chlo	Demostate ulations Lowest CT	Combin Four-Log	ed Chlorine Virus Inac	(Chloramine tivation, if	s) / Applicable	Chlorine I	Dioxide	
De Sto O the tonth	eys Plant teffod or issted by perato (Place	Hours plant	Net Quantity of Frinished Water		T Calculations for	UV Dose, to CT Cale Disinfectant	Demostate ulations Lowest CT	Four-Log	Virus Inac	tivation, if	Applicable	Dose		
G. S. S. O.	eys Plant taffod or issted by perator (Piače X'')	Flours plant in	Net Quantity of Finished Water		Lowest Residua	CT Cale	ulations	1001-10g	V II US-III AC	tivativity is	TOPICATION	Dose	300000	A Later Control of the Control of th
De St. V. O the tontin	Bys Plant Laffod or Issted by Operator (Place	Figure plant	Net Quantity of Fireshed Water		Lowest Residua	Disinfectant	Lowest CT	1.5			1 1 () 7:1			■ 1 は はないできます。 まてい かたと教育を発展します。 ここ ここに (でき)。
Da St. View of Other tours	eys Plant taffed or isited by operator (Piače	Hours plant	Net Cuantity of Finished Water		Lowest Residual	Disinfectant	Lowest CT	5 Mars 1		1000 10 1002	1	20016.48	医 艾特克氏	
Da Si Vi ay of O the tontil	eys Plant taffed or issued by perator (Place X")	Hours plant	Net Quantity of Finished Water		Lowest Residual	Disinfortant		1 1 20	374		100 C	1.443		
ay of O the tontil	taffod or isited by perator (Place	Hours plant	Net Quantity of Fireshed Water		Lowest Mendual		Provided	San San San			33.57	FIGURY .	The State of	
ay of O the (isited by persion (Place X")	Hours plant	of Finished Water	7 3 3 3 5 5 T	a. ~. TADISIDI PETARIC SERV	CONTROL DIRECT	Before of at	\	1.4	V 7		Minimum	Lowest Residual	
the londs	perator (Place "X")	Hours plant	Water	12.5000000000000000000000000000000000000	Concentration (C)	Measurement	Customer			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
tontil	(Place) (jin) 3	an interest and the	""在第一次	- Belore or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work to
· DALLET !		أأ عادلات الاستانات	Producted.	Pcak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	n.mw.	a Distribution ?	Involves Taking Water System Componer
21		24.0	9,900	, mate, gpd.*	Peak Flow, mg/U	कुन्य animites र्	≻ min/L	Water, C	if Applicable	min/L	mW-sec/cm	sec/cin	uSystem ing/L	Out of Operation
233		24.0	9,900				 	 -	 					
K THE	Х	24.0	9,900		1.3.		 -	 	 			 	0.6	
	х	24.0	11,300		1.4.			 	 		·		0.5	
77.59	Х	24.0	11,200		1.4			-	 -				1.0	
26 ft 1 27 22 1	X	24.0	19,900		0,5								0.2	
18 32	X	24.0 24.0	7,900		0.8	· · · · · · · · · · · · · · · · · · ·							0.4	
1920		24.0	10,567				<u> </u>	ļ				<u></u>		
1030	X	24,0	10,567		2.5	 .		<u> </u>	 				1.9	
111.6	х	24.0	(1,500		1.5			 	 				0.8	
123	Х	24.0	9,300		0,8								1.0	
1387 1487	X	24.0	11,300		0.5								0.2	
153	Х	24.0	9,400		0.8	 							0.3	
1646	-+	24.0	11,167											
175	×	24.0	11,167	 -	1.2								- 00	
48%	х	24.0	12,000		1,4				 				0.7	
1900	Х	24.0	7,800		1.0								0.7	
.20¢	X	24.0	9,800		1.2								0.7	
210	X	24.0	12,200		I.2								0.7	
22 to 23 to 2	 -}	24.0 24.0	15,833											
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25%	$\frac{x}{x}$	24.0	13,200		1.3				<u> </u>				0.7	
	x	24.0	12,600		1.2	···							0.7	
27 🕹	X	24.0	10,500		1.2								0.7	
	X	24.0	9,500		1.3								1.8	
29 ()		24.0	11,567											
30 : 31 ·		24.0	11,567											
		24.0	344,933						L]		
gerage.	والإنجار المراجا	Fig. 19. 4.	11,127											
		1.95 5.06	19,900											

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

⁻ DEP Form 62-555,900(3) Alternate

ASSECTED TO SECOND
FLOREDA

See Pages 4 for Instructions. I. General Information for the Month/Year of: October, 2007 A. Public Water System (PWS) Information PWS Name: Palm Port PWS Identification Number: 2540865 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 109 Transfer Same Total Population Served at End of Month: 375 PWS Owner Aqua Utilities Florida Contact Person: Brian Heath Area Manager Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 City: Leesburg Florida State: 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 Palaika State: Florida Zip Code: Type of Water Treatment by Plant: ✓ Raw Ground Water 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.): 平成果**父【又**字 诗诗。 Plant Class (per subsection 62-699.310(4), P.A.C.): Disconsed Operators Name License Class | License Number | Day(s) | Shift(s) Worked Lead/Chief Operators Paul Thompson · 7251 Days 1st Shift David Haring c 14091 Days 1st Shift Ralph Marrion C 7527 Days'Ist Shift 3 3 7 7

B Certification by Lead/Chief Operator

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

Page I

Signature and Date

Paul Thompson
Printed or Typed Name

. .

A7251

DEP Form 62-555..900(3)Alterusie

PWS Identificatio	n Number:		2540865		Plant Name:	Palm Port							
III. Daily Data	for the M	outh/Year	of:		October, 2007								
Means of Achievin	ng Four-Log	Virus Inacti	vation/Remov	il: 🔽 Free C	Chlorine	Chlorine Di	ovide	Ozone	Com!	bined Chlori	(Chlo	nizan)	
Ultraviolet R	adiation		er (Describe):		,	CIMOTETE DI	Muc	1 020116	, Com	onied Cinord	ne (Citiora	iiuies)	
Type of Disinfe					▼ Free Chlo	rina -	Combin	ed Chlorina	(Chloramine	e)	Chlorine I	Novide	·······
	经济产产的											Prost de la Carte de la Carte	
· (1) (1) (1)	4	學表現在		T Calculations o								1 1 10 1	
推翻 发现	1.3 33		444	-1-34 9 A 1923	Ch vi . Cor Cale		6. 5 .22.2 9	文学、《中心》、《精彩 《本》、《中心》	The Control of the Control	ACCUMANT	Jose ,⊈ok	4	
						Lowest CT	7. VI. 6	WAY S	1	1. 主蒙隆	A-1700	77 238	
	276		19. Th. "		Disinfectant	Provided ,					7	170	
Days Plant				Lowest Residual	Contact Time	Before or at			RANGE!	1.5		Lowest Reaktual	
Staffed or Visited by		Net Quantity		Disinfectant	(T) it C	Pirst -		夏 化 给 1		Lowest	Minimum VUY Dogs	Disiplectant v	
Day of P Operator	Hotine plane	of Finished Water		Concentration (C)	Measurement -	Customer During Peak			Minimum C1	The Production	Required	Concentration at	Emergency or Abhormal Operating Conditions Repair of Maintenance Work tha
the 1 Place	N 366 32		Peak Flow	Customer During	Peak Flow	Flow, mg	. Temp of	nH of Waler	Required, mg	UV Dose	mW-	Dishibition	Vinvolves I aking Water System Components
Month (X"X")	Operation	d Fal A	Rate gpd.	Peak Flow, mg/L/			Water, OC	if Applicable	min/L	mW-sec/cm²	sec/cm	System me I	Out of Operation
HUMA X	24.0			1,4	- N							.0.8	
-x4268 X	24.0			1.3		er I e						0.8	Maria de la compansión de
X X	24.0	11,800		1.3						16		0.8	
X X	24.0			1,5				• • •			A .	0.7	एक, ११४म व है है। इसके अपने के पहल
A SOLUTION X	24.0 24.0	9,400	(*a (*)	1.2			* -		. 9			0.6	The state of the s
36743	24.0	12,200		r tare i e e e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1			د از این دود در این در این در	HOLDER BURGER STANDER S
XXXX X	24.0	12,200		1.3				-				0.7	was the state of t
X . \$44.03.5	24.0			1.2			· · · · · · · · · · · · · · · · · · ·		 	 		0.6	WORK CONTRACTOR STORY
ziloù X	24.0	7,400		1.5	,		1 3 3		range of S	J. 1	1	- 0.8	PROGRAMME AND PROPERTY OF THE PROPERTY OF
A)	24,0		Allen .	1.5					25 65.	1.00	4 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the statement of the many of the state of the
202 X	24.0	11,800	tere i de l'arche	1.8	1 1			1 4 4 1	•			11:12	
201308 21148	24.0 24.0	14,533 11,533		<u> </u>		-			-	No marine o	A		All the constitution of th
2159 X	24.0	11,533		1.3	<u> </u>							11	
₹16% X	24.0	10,100		- 1,3								0.9	
3173 X	24.0			1,1				,			7.0	1.2	
4月8年 X	24.0	10,400		1.5			L					1.0	
1936 X	24.0	13,000		1.5		· ·				\$40 July 18		AI.0	
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(25% X	24.0	10,600		1.3								0.7_ 0.7	
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162744	24.0			r as s	†	 				 		9 7 1 13	
728-4	24.0	12,100						,					
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.230 ap X	24.0	14,200								100		0.94	
318 X	24.0	9,900		1.2	<u> </u>				<u> </u>			0.9	
	A STATE OF THE STA	343,626	4										
With the same	经现代的	11,085]										

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



Can Daniel de Car							
See Pages 4 for Instr. General Information	a for the Month/	Year of: November, 20	007				
A. Public Water System PWS Name:	Palm Port	ition			PWS Identification Number	er: 2540865	
PWS Type:	✓ Community	Non-Transient Non-Communit	Transient Non-Com	- valle	Consecutive	cr. 2,40603	
Number of Service Connec			Translett Nor-Com		Consecutive Population Served at End of	f Month: 375	
PWS Owner:	Aqua Utilities Florio			120(2)	ropulation Served at End of	r Mottul. 373	
Contact Person:	Brian Heath			Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A		PO Bax 490310		City: Leesburg	State: Florida		34749
Contact Person's Telephon		(352) 787-0980			ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.com				(VV-2) / (VV-2)	
3. Water Treatment Pl	ant Information						
Plant Name:	Palm Port				Plant Telephone Number:	(352) 787-09	80
Plant Address:	East River Drive			City: East Palatka	State: Florida		32131
Type of Water Treatment b		✓ Raw Ground Water	Purchased Finished Water	'	<u> </u>	······································	
Permitted Maximum Day (Operating Capacity of	Plant, gallons per day:	170,000				
Plant Category (per subsec				Piant C	lass (per subsection 62-699.	.310(4), F.A.C.): C	
*Licensed Operators	A PROMISE	Name School St	License Class	License Number	O THE DA	y(8) EShift(e) EW orked	
Laurdy aromanion	Paul Thompson		Λ	7251	Days 1st Shift		
Must Varaentis !			C_	14091	Days 1st Shift		
	Ralph Marriott		c	7527	Days 1st Shift		
							
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	<u> </u>						
Later and the state of the stat							
I. Certification by Lea	d/Chief Operato	r					
		t operator licensed in Florida, an	n the lead/chief operator of th	a water treatment	alone identified in most	Lafthia manart Lagric.	45 - 445 -
information provided	in this report is to	tue and accurate to the best of my	s browledge and balled. I see	e water deadlicht i	pari richinico in pari	Tot this report. Teering	mat me
International Standard	in mis ropore is a 1.60 or other anni	icable standards referenced in an	handler 60 see 2000). Fit is	ury mat an ormikin	ig water treatment chei	micais used at this plant	contorm to NSF
memational standard	i oo oi odiel appi	icable standards referenced in su	DSECTION 02-555.520(3), F.A.	C. I also certify th	at the following addition	onal operations records t	or this plant
were prepared each of	ay mai a neenseu	operator staffed or visited this pl	iant during the month indicate	d above: (1) reco	rds of amounts of chen	nicals used and chemical	feed rates; and
(2) it applicable, appr	opnate treatment	process performance records. F	urthermore, I agree to provide	these additional of	perations records to the	ne PWS owner so the PW	/S owner can
retain them, together	with copies of thi	s report, at a convenient location	for at least ten years.				
()		11_					
		12/7/07	Paul Thompson			A7251	
Signature and Date		1 1	Printed or Typed Name			License Num	ber

PWS to	dentificatio	n Number:	· · · · · · · · · · · · · · · · · · ·	2540865			Palm Port							
Ш. D	aily Data	for the M	lonth/Year	of:		November, 200)7							
Means	of Achiev	ing Four-Lo	g Virus Inac	tivation/Rem	oval: 🏳 Free C	hlorine I	Chlorine Di	oxide.	C Ozone	Comi	hined Chlori	ne (Chiorar	nines)	
וט דון	traviolet R	adiation	[Othe	r (Describe):	•	•	0.00.00		, 0	,	onios Citacii	(0012		
Type o	f Disinfe	ctant Resid	ual Maintair	ned in Distri	bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) T	Chlorine 1	Dioxide	
11.00		Nation of the same			Te (eller le construir	and have seen	Demociare.	FOUR OF	Naithi di Sac	illian Ga	Annlicable		Alteration	
	Design 1	1.5			-OF-SECTIONS	ALL MOTOR	ulations (OUI-LUE	* 4. 2 4 S		N. TV	niavat		
				# 65 July 1			Tel Trans	1300	in All Par		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) (2)		
1,48	3.			F4: -			Lowest CT	第一等		1 14 14 18		然 "你们"。	1777 1782 178	
	Dave Plant				11111	F.Disintertant	Provided.			2 2 E 2 E				
· 公司	Started or		Net Ouaning		Disinteriant	The state of the s	First					Minimum	Disinfection	
7	Visited by		of Finished		Concentration (C)	E Measurement	Customer				ie Loyest	AV Dose	Concentration at	Emergency or Appormal Operating.
Day of	Operator	Hours plant	Water 34	**************************************	Belore or au Filst	Point During	During Peak	<u> </u>	- 14.W	Minimum CI	Operating	Required,	Remote Point in	Conditions Repair of Mainlenance Work u
1.0	77.	iein',	Producted	Peak Flow	Customer During	Peak Plowe	Flow, mg-	Temp of	pH of Water	Required me	FUV Dose	≄ mW	a Distribution	Involves Taking Water System Componen
Month	(VXX)	Operation	gal Salah	Rate, god	* Peak Flow, mg/L	4 minutes (1)	∴ min/C	Water, 'C	if Applicable	Manual Control	mWrsec/em	g-sectem:	System, mg/L	Emergency of Abnormal Operations Conditions Repair of Maniferance Work Involves Taking Water System Goodparen Out of Operatrons
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4-1	×	24.0			1.2			 			<u> </u>		0.6	
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	X	24.0			1.3								0.9	
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200	X	24.0			1.8								0.7	
000	Х	24.0			1.6							ļ <u>.</u>	0.7	
		24.0			<u> </u>	<u> </u>			<u></u>		<u> </u>		<u> </u>	
11/2	4		406,900											
199149			13,126	J										

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



		Polymer Page 3 Due in Decemb	er				
	See Pages 4 for Instructions.		-				
	General Information for the Month	Year of: December, 200)7			. 4.	
A.	Public Water System (PWS) Inform	ation					
F	PWS Name: Palm Port				PWS Identification Numb	per; 2540865	
	PWS Type:	Non-Transient Non-Community	Translent Non-Comi	munity	Consecutive	204000	
	Number of Service Connections at End of Mont	th: 109			Population Served at End of	f Month: 375	
	PWS Owner: Aqua Utilities Flori			11912			
	Contact Person: Brian Heath			Conta	act 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			ict Person's Fax Number:	(352) 787-6333	
	Contact Person's E-Mail Address:	beheath@aguaamerica.com					
	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:	✓ Raw Ground Water F	Purchased Finished Water				
ŀ	Permitted Maximum Day Operating Capacity of	f Plant, gallons per day:	170,000				
ļ	Plant Category (per subsection 62-699.310(4), F	F.A.C.): [V		Plant C	lass (per subsection 62-699	.310(4), F.A.C.): C	
Ĺ	Licensed Operators	Name	License Class	License Number	Di	y(s) / Shift(s) Worked	
	Bead/Chief Operators Paul Thompson		A	7251	Days 1st Shift		
ŀ	Other Operators Say David Haring		C	14091	Days 1st Shift		
	Ralph Marriott		c	7527	Days 1st Shift		
		,		·			
ŀ							
8							
ľ							
				<u> </u>			
	全年100万元之後2017天皇。王成为 2017公司的150						
Į,							
Ľ	一种的大种种类型的						
L	ertification by Lead/Chief Operato						
			ha land (Linformation of all		1		
:	, the undersigned water treatment plan	a operator needsed in Florida, ain t	ne lead/chief operator of the	water treatment p	plant identified in part	of this report. I certify that the	:
ī	nformation provided in this report is to	he and accurate to the best of my k	mowledge and belief. I certi	ify that all drinkin	g water treatment cher	nicals used at this plant conform	to NSF
	nternational Standard 60 or other appl	icable standards referenced in subs	section 62-555.320(3), F.A.C	C. I also certify th	at the following additi	onal operations records for this	plant
`	vere prepared each day that a licensed	operator staffed or visited this plan	at during the month indicated	i above: (1) recor	ds of amounts of chen	nicals used and chemical feed ra	tes; and
(if applicable, appropriate treatment	process performance records. Fur	thermore, I agree to provide	these additional o	perations records to the	e PWS owner so the PWS owner	er can
r	etain them, together with copies of this	s report, at a convenient location for	or at least ten years.				
	1 _ \	1 1 -					
_	dD	01/09/08	Paul Thompson			A7251	
Ş	ignature and Date		Printed or Typed Name			License Number	

PWS I	lentificatio	n Number:		2540865		Plant Name:	Palm Port							
III. D	aily Date	for the A	lonth/Year	of:		December, 200)7							
			g Virus Inacti		val: G7 Free (Chlorine		invida	T Ozono		inad Chlari	(Chl	-:>	
	traviolet R) Othe			3111011120]	CHAOTINE DI	loxide	1 Ozone	1 Com	omea Chiort	ne (Chiorai	ກເກເລ <i>ງ</i>	
-						Free Chi		Combi	ad Chlorina	(Chloramine		Chiorine I	Norddo	
28	In the state of th	Lava de	Juai Waiiia	Ineu III Disu	noution System.	₩ Free Chi	oruse i	Combi	ieu Cinornie	(CINOSAIIIAK	33) ;	Choine	ZIOXIUE Legazio za videnca	Emergency of Advormal Operating, Conditions Repair of Maintenance Work that Involves Jaking Water System Components **Noticed Operation**
1 3.41	ر در المراجع ا			- 350V 2 C	Cla Calculations, of	r UV Dose, to	Demostate	Four-Los	Virus Inac	tivation, if	Applicable		2713	
	100 100 20.			4		CT Cate	ulations	30 2 7 7 7 7	Bar Bar	والمنطق بعد المهارة وي	J. UV	Dose		
4		3.5	100	1.5			Lowest CT.			A 30 34.	1. 第二次证			
die i	1 1 2	1 7 1				Disinfectant	'Provided'	ava in.		30	30	3 3 30	3 7 7 7 7 7	
Z-5.	Days Plant	· · · · · · · · · · · · · · · · · · ·	30 A 10 A 10	100 K	Lowest Residuals	Contact Time	Before or at	17.3 4 7. 14	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	7 100	1000000	S 12 25 3	Lowest Residual	
	Statted or	- 14 W 15	Net Quantity		Disinfectant	(T) at C	rec First	1.1	1777		13.00	Minimium	Disinfectant	
200	Aistier by	13.77	of Finished	3-35 YE	Concentration (C)	Measurement	Customer		生物學意	Vicinity 1	Lowest	UV Dose	Concentration at	a S. Emergency or Abnormal Operating
the	Place	in the	Producteds	Deal Flaure	Defore or at Pirst	Park Flour	During Peak	Temp of	THE OF Water	Minimum Cl	UV Dose	required,	Remote Point in	Conditions: Repair or Mannenance work that
Month	X)	Operation	eal	Rate, god.	Peak Flow mg/L	minutes	: min/i	Water O	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System mo//	Service A Outrof Operation
	X X X X X X	24.0	12,867	- Level Appar	1000,100,1119	inanaico (se	1 - 1,4,1,5 2,5 1	1	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,44 -300 GIST.	- 300 an	Cysteric, trig, c. v.	
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nd:	Х	24,0	12,867		1.3		i						1.1	
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.,30.¥		24.0				<u> </u>	ļ	ļ	ļ		<u> </u>			
601	X	24.0			1.5	L	<u> </u>	<u> </u>	<u> </u>	L	L	<u> </u>	1.0	<u> </u>
TOTAL	A STATE OF THE STA		11,955	-										
CALES IN	分司总分别现代	DE PER L'ANDE	10,777	1										

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

PW	S ID:	2540865	Plant Name:	Palm Port			
V.	Summary of Use of Poly	mer Containing Acrylami	de, Polymer (Containing I	Epichlorohydrin, and I	ron (or Manganese Sequestrant for the Year: * 2005
A	Is any polymer containing the m follows:	onomer acrylamide used at the wa					polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm -				Acrylamide Level, %1=		
В.	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	ie water treatmen	t plant?	☑ No	Yes,	and the polymer dose and the epichlorohydrin level in the
	Polymer Dosc ppm =				Epichlorohydrin Level, % =	- [
C.		trant used at the water treatment;	lant?	☑ No	Yes, and the type of	f sequ	uestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphospi	tate or sodium silicate):					
	Sequestrant Dose, mg/L of phosp	phate as PO4 or mg/L of silicate a	SiO ₂ =				
	If sodium silicate is used, the am	ount of added plus naturally occu	rring silicate, in i	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.



	tem (PWS) Information		namen alla and the same and allamate. Let	than to the manufacture and a second of the	2540865
WS Name:	Palm Port		de bereifteile eine fen fen 145. befehlichte ber er Werter ber er ibe it begeren	PWS Identification Number:	2340803
WS Type:	Community Non-Transl	ent Non-Community	Transient Non-Commu	inity Consecutive Total Population Served at End of Mo	nth: 3 7 5
WS Owner:	Aqua Culines Florida			Total Population Served at End of No	
ontact Person:	Brandeath				a Manager
ontact Person's Mailin				ity: Leesburg State: Hordas	Zip Code: 34749
ntact Person's Teleph	The state of the s		The state of the s		2) 787-6333
ntact Person's E-Mai		ааменсаковыный	anter de la company		
ater Treatment	Plant Information				
ant Name:	PálmPort			Plant Telephone Number:	(352) 787-0980
ant Address:	East-River Drive			ity: East Palatka: State: Hiorida :	Zip Code: 32131
pe of Water Treatme			d Finished Water	of the part of the state of the	
	ay Operating Capacity of Plant, gallons per de		170,000		
	section 62-699.310(4), F.A.C.):			Plant Class (per subsection 62-699.310	
การเหตุ (การ พ.	n at <u>Pauli (Pompson)</u>			the state of the said state of the state of the state of the state of	Shiri(s) alvolkali Alasana marana marana marana
no chia angs.	eus Pauli Rompson David Haring			+ 7250 Days kir Shirt - 14091 Days kir Shirt	
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				And the second s	
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	GENERAL COLOR				
	.cad/Chief Operator	managara (a) programme of agreement to the contract of the con	Section Control of the section of th	The Committee of the Co	Managar Millian Communication of the State of the Communication of the C
				vater treatment plant identified in part I of	
				that all drinking water treatment chemica	
				I also certify that the following additional	
re prepared each	day that a licensed operator staffed	or visited this plant durin	g the month indicated a	above: (1) records of amounts of chemica	is used and chemical feed rates;
if applicable, a	ppropriate treatment process perform	ance records. Furthermo	re, I agree to provide th	nese additional operations records to the P	WS owner so the PWS owner ca
	er with copies of this report, at a con				
		The second second			
! /	~ 7	Paul Th	ompsort		A7251
CO	DOCUMENTAL	Principal () F. F. Principal ()	or Typed Name	<u> Anna Anna Anna Anna Anna Anna Anna Ann</u>	License Number
nature and Date	- ՄԱՄԱՐՄԵՐ				
mature and Date	0000	MAY 22 8	or rapped remite		

S Identificati			2540865	· 10数数 4% 体配	Plant Name:	Palm Port	1 rh . x//200					John State Communication (Communication Communication Comm	5 8 17
		Month/Year			January, 2006	Fr. Carry	rālyste, s	drive ja ja ja ja ja	ره القورود الله المام	r Soften i d			
		g Virus Inact			Chlorine	Chlorine D	ioxide	C Ozone	Con	ibined Chlo	rine (Chlora	mines)	
Ultraviolet I			er (Describe)						ķ	.oniou Cino	· mo (Cinora	umics)	
of Disinfe	ctant Resi	dual Mainta	ined in Dist	ribution System:	Free Ch	lorine [Combi	ned Chlorin	e (Chloramir	nes)	Chlorine	Dioxide	
al vetom				er Cabadanan a	Two libraries fee	Danie Prince	Topit-1Lo	e de la	เคลิงสักษาสถิ				
			La Contraction of the	and a second		PERMINE			والمراد المساول والمساول والمساول		1908:		
					and sugar	de Brahman siff. Historiae							
ं अक्टू लेक्				Towns Same	t vange flange								
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with the second	শ্রীক্রমত রাধির		Same and a	Clathrosi or high	ំ ខាងក្នុងកើច្ច	Carne Pair			Misnifon		Resources.	Builde Pagest	All the contract of the contra
1505	Gregorias.		ાર્ક્સ વસ્તુ કુંગ્રુપણ સાથિયા	A Trade the sources	(27) (1.25) (1.25)	The Re	Service Lab		Altennesi si	gerieben State. H		់នៅដង្គារបស	in a state News Spring Com
多三级学	2400	E#120000	A Professional Control of	77.44.2	Gunira Harangeare			le vide in	1				photo previous
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X	24.0	17,100		0.75 mm 24				经基础 等				10	随为400年2月日 电电路 英国共
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X =	24.0	14,200		2.0	A ALAST P	522 2429	ACCE OF					0;7	
	24.0	14,500	e in which	Carrie Ma		16.25 1.151.47	第二条				1607年,杜·海。	-0.6	
<u>ما دورجيعينامد.</u> ويدرون دورد		462,300 14,913	•	•		-							

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

DEP Form 62-555.900(3)Atternate



Ceneral Informa	ation for the Month	Vografi -	none - En Dainhie Entry development		The state of the s	
			2006 (1945) (2014) (1945) (1945)	<u>r.19e .4e., .</u>	<u>、1、大き点は最初的多数を利力を入ります。</u>	The second secon
	stem (PWS) Inform	ation	·			
PWS Name:	Palm Port		A CONTRACTOR OF THE PROPERTY O	AME TO THE TOTAL OF THE TOTAL O	PWS Identification Number:	2540865
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Transient Non-Com	munity	Consecutive	
	onnections at End of Mont			Total	Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Flori	da				
Contact Person:	Brian Heath			Cont	act Person's Title: Area M	
Contact Person's Mail		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tele		(352) 787-0980		Cont	act Person's Fax Number: (352) 78	37-6333
Contact Person's E-M		beheath@aquaamerica.co	m · · · · · · · · · · · · · · · · · · ·			
	t Plant Information	l				
Plant Name:	Palm Port			and the second	Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive			City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatm		✓ Raw Ground Water	Purchased Finished Water			
	Day Operating Capacity of		170,000		Control of the Contro	
	ubsection 62-699.310(4), I	AC.):			Class (per subsection 62-699.310(4), F	
	Paul Thompson		Longin Ches	្រែម៉ូទីស្រែកអំពីរប្រជាព		irii (G) Workers and a sanda
Child Charton	David Haring			7251	Days 1st Shift	
	David Haring			14091	Days 1st Shift	
	SAME CONTRACTOR		*************************************			<u>ar en en el der ordon dell'Eddisco dell'ordon dell'ordon della della della della della della della della della</u> Transportatione della
	Wiled Control					
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	Minkey and the second					
	(1990年)					
	64749 ASS				or Francisco (Article (1965) - Barbert Article (1965) - A	
Resident the Samuel St. Same and St. Same Some	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	and a firming of the or coming highest facilities beginning to the control of	The Control of the Co	s <u>waarani n≢una fir</u> mi.	 State system set with a state of the set o	
. Certification by	Lead/Chief Operato	or				
I, the undersigned	water treatment plan	nt 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 provi	ded in this report is t	rue and accurate to the best of	my knowledge and belief. I cert	ify that all drinkin	o water treatment chemicals us	sed at this plant conform to NSI
International Stan	dard 60 or other appl	icable standards referenced in	subsection 62-555.320(3), F.A.(Tologogo-ificth	est the following additional one	protions records for this plant
Were prepared ear	sh day that a licensed	anarotar staffed an visited this	subsection 02-353.320(3), F.A.(J. I also certify if	iat the following additional ope	ed and them in a fine descent
(2) if applies his	on day that a needset	operator started or visited this	plant during the month indicate	a above: (1) reco	rds of amounts of chemicals us	ed and chemical feed rates, and
(2) il appricable,	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, voget	ner with copies of thi	s report at a convenient location	on for at least ten years.			
()		7/1/0/				
		3/6/06	Paul Thompson	<u> </u>	<u> </u>	A7251
Signature and Date	:		Printed or Typed Name			License Number
	-	14.	· ·	r		

PWS Ide	ntificatio	n Number:		2540865		Plant Name:	Palm Port			1.1					
III. Da	ily Data	for the N	lonth/Year	of:		February, 2006				4					
Means of	f Achievi	ng Four-Log	Virus Inactiv	vation/Remov	val: Free C	hlorine	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ine (Chloran	ines)	•	
Ultr.	aviolet R	adiation	C Othe	r (Describe):		•			•	, ,		(
Type of	Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	rine	Combin	ed Chlorine	(Chloramine	s) [Chlorine D	ioxide		
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555-900(3)Alternate

March 2006

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See Pages 4 for Instructions.

1. General Information for the Month/Year of:

A. Public Water System (PWS) Information

PWS Name:	Palm Port	THE THE LEAST CONTRACTOR				PWS Identification Num	ıber:	2540865	
PWS Type:	✓ Community	☐ Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive			
	Connections at End of Month:					l Population Served at End	of Month:	375	
PWS Owner:	Aqua Utilities Florida	A 1 to 100 feet and Company Photography	Comment of the Commen		Part of the second		Marin -		A MARKET
Contact Person:	Brian Heath		WAR SET THE		A CONTRACT OF A	tact Person's Title:	Area Manager		
Contact Person's Mai		PO Box 490310			City: Leesburg	State: Florida.		Zip Code:	34749
Contact Person's Tele		(352) 787-0980	WIDS CO.			tact Person's Fax Number:	(352) 787-633	33	
Contact Person's E-M		beheath@aguaamerica	com		46.2 E42.2 E11.			and the state of	
	nt Plant Information								VAA.
Plant Name:	Palm Port			A CHAMBEN	Allow Co. T	Plant Telephone Numbe		(352) 787-09	
Plant Address:	East River Drive				City: East Palatka	State: Florida	THE PARTY OF THE P	Zip Code:	32131
Type of Water Treatn	nent by Plant:	✓ Raw Ground Water	Purchased	d Finished Water		and the second s			* \$1.15 1 A.Th. on well w
Permitted Maximum	Day Operating Capacity of P			170,000				1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Plant Category (per su	subsection 62-699.310(4), F.A	A.C.):	X	to training		Class (per subsection 62-69	99.310(4), F.A.C.): C	Vilonijasyminini
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II. Certification by	y Lead/Chief Operator	「「「「「「」」」、「「」」、「「」」となった。 「「「「」」、「「」」、「「」」、「「」、「」、「」、「」、「」、「」、「」、「	THE RESERVE TO SERVE ASSESSMENT OF THE PARTY	Sand Control of the Sand State of the Sand Sand	MARKET BELLEVILLE STATE OF THE		AT SEALS	urt Loomis.	that the
I, the undersigne	ed water treatment plant	operator licensed in Flori	da, am the lead	veniet operator of the	ne water treatmen	t plant identified in pa	ter or uns repu	state of the	niat aiv
information prov	vided in this report is tru	ue and accurate to the best	of my knowled	dge and belief. I cer	rtify that all drinki	ing water treatment ch	iemicais used a	at this plant c	contorm to NSI
International Sta	andard 60 or other applic	cable standards referenced	i in subsection	62-555.320(3), F.A.	.C. I also certify t	that the following add	itional operation	ons records i	tot mis bism
were prepared ea	ach day that a licensed of	operator staffed or visited	this plant durin	ng the month indicat	ted above: (1) rec	ords of amounts of che	emicals used a	ana chemicai	i ieed raies, and
(2) if annlicable	appropriate treatment	process performance recor	ds. Furthermo	re, I agree to provio	le these additional	operations records to	the PWS own	er so the PV	VS owner can
retain them tops	ther with conies of this	report, at a convenient lo	ation for at lea	ist ten vears.			2.1		•
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DEP Form 62-555	5900(3)Alternate			r age t		-			•

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100	Ultraviolet Radiation	☐ Othe	r (Describe):					, . + 505	E COM	oniou emor	aic (Cilioi a			
100	Type of Disinfectant Res	idual Maintai	ned in Distr	ibution System:	Free Chlo	orine J	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide		
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Atternate



Public Water System (PWS) Information PWS Name: Pain' Port PWS Identification Number: 2540865 PWS Type:
PWS Name: Paim Port
PWS Name: Paim Port
PWS Type:
Number of Service Connections at End of Month: 10% Total Population Served at End of Month: 375 PWS Owner: Aqua Utilities Florida Contact Person: Brian Fleath Contact Person's Title: Area Manager Contact Person's Telephone Number: (352) 787-69880 Contact Person's Telephone Number: (352) 787-69880 Contact Person's Fax Number: (352) 787-6333 Contact Person's Title: Area Manager Contact Pe
PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-6980 Contact Person's Telephone Number: (352) 787-6980 Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: Paim Post Plant Address: East River Drive Plant Address: East River Drive Type of Water Treatment by Plant:
Contact Person's Mailing Address: PO Box 490310. City: Desburg State: Florida: Zip Code: 34749. Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: Deheath@aquiaamerica.com Water Treatment Plant Information Plant Name: Palm Post Plant Telephone Number: (352) 787-0980 Plant Address: Last River Drive: City: East Plant State: Florida: Zip Code: 32131 Type of Water Treatment by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699-310(4), F.A.C.): Plant Class (per subsection 62-699-310(4), F.A.C.): City: Plant Class (per subsection 62-699-310
Contact Person's Mailing Address: PO Box 490310
Contact Person's Telephone Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: Paim Post Plant Telephone Number: (352) 787-0980 Plant Address: Past River Drive City: East Palatka State: Florida** Type of Water Treatment by Plant: Pam Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170;000 Plant Category (per subsection 62-699.310(4), F.A.C.): C Plant Category (per subsection 62-699.310(4), F.A.C.): C Read City Category (per subsection 62-699.310(4), F.A.C.): C Day Shrift (s) Worked Category (per subsection 62-699.310(4), F.A.C.): Days 1858hift. Day Id-Haring Day Operating Capacity of Plant, gallons per day: 170;000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Day Shrift (s) Worked Category (per subsection 62-699.310(4), F.A.C.): Days 1858hift. Day Id-Haring D
Contact Person's E-Mail Address: beheath@aquamerica.com Water Treatment Plant Information Plant Name: Paim Post
Water Treatment Plant Information Plant Name: Palm Pont Plant Address: East River Drive City: East Palatka State: Florida: Zip Code: 32[3] Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170;006 Plant Category (per subsection 62-699.310(4), F.A.C.): C ### College Operations Palm Telephone Number: Zip Code: 32[3] Vip Code: 32[3] V
Plant Address: East River Drive City: East Palatka State: Florida Zip Code: 32[3] Type of Water Treatment by Plant: Parmitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): C East River Drive Zip Code: 32[3] Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): C East River Drive Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Vinities Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: 32[3] Plant Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: State Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: State Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: State Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: State Class (per subsection 62-699.310(4), F.A.C.): C East Raint Telephone Zip Code: State Class (per
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Gibbs Operators David Haring C 14091 Days is Shift
Dajatokohilikanata
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 N
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; a
(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.
A ASSAULT WAS A PROPERTY OF THE POST ACTUAL TOTAL TOTA
Paul Thompson: Printed or Typed Name A7251 License Number

Daily Data for the N of Achieving Four-Lo	g Virus Inacti	vation/Remo		Free Chlo	oril, 2006 orine	Chlorine l	Dioxide	Czone		nbined Chlo			
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555,900(3)Alternate

MONTHLY OFERATION REPORT FOR PAUS TRUSTING IN C. JUN. JAT. DR. RCH. ED ISH WA' I



See Pages 4 for Inst					
. General Informatio	on for the Month/	Year of: May, 2006			<u> </u>
. Public Water Syste	m (PWS) Inform	ation			
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	✓ Community	Non-Transient Non-Community		Consecutive	
Number of Service Conne				Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Flori				· · · · · · · · · · · · · · · · · · ·
Contact Person:	Brian Heath		Cont	act Person's Title: Area Mana	ager
Contact Person's Mailing	Address:	PO Box 490310	City: Lessburg	State: Florida	Zip Code: 34749
Contact Person's Telephor	ne Number;	(352) 787-0980	Cont	act Person's Fax Number: (352) 787-	-6333
Contact Person's E-Mail		beheati@aguaamerica.com			
Water Treatment P	Plant Information				
Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive		City: Fast Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment	by Plant:	✓ Raw Ground Water F	Purchased Finished Water		·
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:	170,000	· 14 (14 (14 (14 (14 (14 (14 (14 (14 (14	
Plant Category (per subse	ction 62-699.310(4), F	.A.C.):		Class (per subsection 62-699.310(4), F.A	
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Mandrill in a little and the	Paul Thompson		A 72.6	Days 1st Shift	
	David Haring	The state of the s	C 14091	Days list Shift	15.55
	Ralph Marriott		C	Days 1st Shift	
	Abril 1. A.				
	£				
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Certification by Lea	ad/Chief Operato	r			
I, the undersigned wa	ater treatment plan	t operator licensed in Florida, am t	he lead/chief operator of the water treatment p	plant identified in part I of this re	port. I certify that the
information provided	i in this report is tr	ue and accurate to the best of my k	mowledge and belief. I certify that all drinkin	g water treatment chemicals used	d at this plant conform to N
International Standar	rd.60 or other anni	icable standards referenced in subs	section 62-555.320(3), F.A.C. I also certify th	at the following additional opera	tions records for this plant
ware prepared each d	lay that a licensed	onerator staffed or visited this play	nt during the month indicated above: (1) reco	rds of amounts of chemicals used	i and chemical feed rates: a
(2) if annliachle, ann	my time a necessed		the amount I amount to unevide the se additional	parations records to the DWS or	wer so the PWS owner can
			thermore, I agree to provide these additional of	perations records to the r w 5 of	ATICE 20 HIG I AND OMHER CONT
retain them, together	with copies of this	s report, at a convenient location for	or at least ten years.		
()		1/15			
		- 6/6/Ub	Paul Thompson		A7251
Signature and Dare		• •	Printed or Typed Name		License Number
~ · · · · · · · · · · · · · · · · · · ·		•	• • • • • • • • • • • • • • • • • • • •	•	

PWS Identification	on Number:		2540865		Plant Name:	Palm Port	•							
III. Daily Data	a for the M	onth/Year c	of:		May, 2006									
Means of Achievi	ing Four-Log	Virus Inactiv	ation/Remov	al: 🔽 Free C	Chlorine [Chlorine D	ioxide [Ozone	Com	bined Chlor	ine (Chlora	nines)		
Ultraviolet R	Radiation	Other	(Describe):		•				,	J				
•				ibution System:	Free Chl	orine [Combined C	Chlorine ((Chloramine	:s) [Chlorine 1	Dioxide	,	
Type of District				President Branger of					_					
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

see l'ages 4 lui mistructions.		<u> </u>				
. General Information for the Month/Year of:	June, 2006					
A. Public Water System (PWS) Information						·
PWS Name: Palm Port				PWS Identification Numb	er: 2540865	
PWS Type: ✓ Community Non-	Transient Non-Community	Transient Non-Comr	nunity [Consecutive		
Number of Service Connections at End of Month:	107		Total F	Population Served at End of	f Month: 375	
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath			Contac	ct Person's Title:	Area Manager	. /
Contact Person's Mailing Address: PO Box 490			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number: (352) 787-0			Contac	et Person's Fax Number:	(352) 787-6333	"
Contact Person's E-Mail Address: beheath(@aquaamerica.com					
3. Water Treatment Plant Information	- <u>-</u> <u>-</u> -	·	·	,		
Plant Name: Palm Port				Plant Telephone Number:	(352) 787-	
Plant Address: East River Drive			City: East Palatka	State: Florida	Zip Code:	32131
		ed Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallon		170,000				,
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			ass (per subsection 62-699.		 _
Licensed Operators	Name	License Class			y(s) / Shift(s) Worked	the state of the state of the second
Lead/Chief Operator: Paul Thompson Other Operators: David Haring	<u> </u>	A		Days 1st Shift		
		C		Days 1st Shift		
Ralph Marriott		С	7527	Days 1st Shift		
			<u> </u>	<u> </u>		
						
						
						
				<u> </u>		
· · · · · · · · · · · · · · · · · · ·						
L Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator I	icensed in Florida, am the lead	I/chief operator of the	water treatment nl	ant identified in part I	Lafthis report Lagrif	v that the
information provided in this report is true and acc	urate to the best of my knowle	dge and helief. I certi	fy that all drinking	water treatment chem	nicals used at this plant	conform to NSF
International Standard 60 or other applicable stand	lards referenced in subsection	62 555 220(2) E A C	I also sortificate	t the following addition	anal anamtiana racarda	for this plant
Were prepared each day that a licensed operator st	affed or visited this plant duris	oz-555.520(5), F.A.C	chave (1)	de efemenmen efekem	onal operations records	1 food notoos and
were prepared each day that a licensed operator st	arred or visited this plant during	ig the month materied	above: (1) record	is of amounts of chem	nears used and chemica	ii ieed rates, and
(2) if applicable, appropriate treatment process pe	riormance records. Furthermo	ore, I agree to provide	these additional of	perations records to th	ie PWS owner so the P	WS owner can
retain them together with copies of this report, at	a convenient location for at lea	ast ten years.		•		
	1. 1	•				
7/	<u> </u>	ompson			A7251	
Signature and Date	Printed	or Typed Name			License Nu	ımber
	•		•			

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

PWS I	dentificatio	n Number:		2540865		Plant Name:	Palm Port				 	, , , , , , , , , , , , , , , , , , , 		
	1. Daily Data for the Month/Year of: June, 2006 Eans of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Chlorine (Chloramines)													
					val: LT Vena (
	traviolet R	-	C Othe		,,	Suroinie Ì	Chlorine Di	oxide	□ Ozone	Com	bined Chlori	ne (Chlorar	nines)	
h-								 						
Type	of Disinte	ctant Resi	dual Maintai	ined in Disti	ribution System:	✓ Free Chl	orine I	Combin	ned Chlorine	(Chloramine	:s)	Chlorine I	Dioxide	
1	4	一种野 药	Entering.	Market Sil	Lowest Residual Distriction Concentration (C) Before or at First Customer During Peak Flow mg/L	UV Dose, to	Demostate	our-Log	Virus Inac	tivation, if	Applicable	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"是"三个是称:	
V 3	The state of			。 安全是	1909年1915年1915年	CT:Cal	ulations	THE PARTY	加州的		UV	Dose :		
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	Staffed or	1.12	Net Quantity		Disinfectant	(T) at C.V	First S		通 道方式	3 400		Minimum	Disinfectant:	
100	Visited by	THE REAL PROPERTY.	of Finished	724 ac	(Concentration (C)	Measurement?	Customer 4	2.23		大翻写 1.1	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	-Operator	Hours plan	₩¥Water	****	Before or at First	Point During	During Peak	學生	经 报金数	Minimum CI	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
the	(Place	in in	Producted.	Peak Flow	Customer During	*Peak Flow.	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW•	Distribution	Involves Taking Water System Components
Month A Tal 操作	<u>x</u> × x y x y x y x y x y x y x y x y x y x	24.0	12,600	Rate, gpd.	Peak Flow, mg/L	minutes 3	Min/L	Water **C	if Applicable	min/L	mW-sec/cm	sec/cm 25	System, mg/L	Out of Operation
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v:10** :11.5		24.0 24.0												,
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^{*} 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 Pag	zes 4	for	Instr	uctions.	
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See Pages 4 for Inst								
l. General Informatio	on for the Month/	Year of: July	2006		701			
A. Public Water Syste	m (PWS) Inform	ation		· -	_	,		
PWS Name:	Palm Port				14 to 15	PWS Identification Number:	2540865	
PWS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-Com	munity	Consecutive	<u></u>	
Number of Service Conne						Population Served at End of M	Month: 375	
PWS Owner:	Aqua Utilities Flori	ida / Karana Angara		1911				
Contact Person:	Brian Heath			TO SUBJECT OF SUBJECT	Cont	act Person's Title:	Area Manager	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 347	49
Contact Person's Telepho	ne Number:	(352) 787-0980				act Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail		beheath@aguaameri	ca.com					
B. Water Treatment P	Plant Information	l						
Plant Name:	Palm Port			The second of th		Plant Telephone Number:	(352) 787-0980	
Plant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code: 321	31
Type of Water Treatment		✓ Raw Ground Water	Purchase	ed Finished Water				
Permitted Maximum Day				170,000				t in the second
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retain them, together	with copies of thi	is report, at a convenient !	location for at lea	ast ten years.				
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Ide	ntificatio	n Number:		2540865		Plant Name:	Palm Port			,				
III. Da	ily Data	for the N	lonth/Year	of:		July, 2006								
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

MUNTAL POPERATION REPORT FOR PWG TREATING ... NG ... UND ... ATE. JR P. .. CHA. _D F. .. IHE See Pages 4 for Instructions. 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: ✓ Community Non-Transient Non-Community 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@aguaamerica.com **B. Water Treatment Plant Information** Plant Name: Palm Port Plant Telephone Number: (352) 787-0980 Plant Address: East River Drive City: East Palatka Florida State: Zip Code: 32131 Type of Water Treatment by Plant: ✓ Raw Ground Water **Purchased Finished Water** Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.): ek, jegan sepa dipi anathare Louise Cessell Library manned A CONTROL OF THE CONT Paul Thompson -21-31 7251 Days 1st Shift in dipondents. David Haring C 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift としいる神童社 11 Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the

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

Signature and Date

Paul Thompson Printed or Typed Name

A7251 License Number

Page 1

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

PWS Identi	fication Number:		2540865		Plant Name:	Palm Port		-						
III. Daily	Data for the M	Month/Year	of:		August, 2006									
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions.

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WS Type:	✓ Community	Non-Transient Non-Commu		_ Transient Non-Co			Consecutive			
lumber of Service Con	nections at End of Month:						Population Served at I	End of Month:	375	
WS Owner:	Aqua Utilities Florida		Denistry	1913 , 2-7	Terran A					
Contact Person:	Brian Heath	This is a second of the second	1111-1111		- 1. V. W.		act Person's Title:	Area Manag	ger`	
Contact Person's Mailin	ng Address:	POFBox 4903000 2 54			City:	Keesburg	State: Florida		Zip Code:	34749
Contact Person's Teleph	none Number:	3529.287-0980				Cont	act Person's Fax Numb	er: (352) 787-6	333	
Contact Person's E-Mai	l Address:	<u>beheath@aquaamerica.co</u>	m : income	Part State	diam'r	eri. Erhilleri	THE WALL		Angel of a	
Vater Treatment	Plant Information									
lant Name:	Palm Port		www.				Plant Telephone Nun	mber:	(352) 787-09	080
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MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

INDIVINER OF LIKATION RELIGIOR. LIKE THE PRODUCE STREET STREET AND LIKE TO STREET See Pages 4 for Instructions. 1. General Information for the Month/Year of: October 2006 The state of the s A. Public Water System (PWS) Information PWS Name: Raimillon PWS Identification Number: 2540865 이 **후** 보다~ PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month; 1074 Total Population Served at End of Month: PWS Owner: Aquaditimes Florida Company of the C Contact Person: Contact Person's Title: Area Manager Contact Person's Mailing Address: City: Seesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: Contact Person's Fax Number: Contact Person's E-Mail Address: **B. Water Treatment Plant Information** Plant Name: PalmiPote state and the state of the state o (352) 787-0980 Plant Telephone Number: Plant Address: East Raver Unive City: East Patatka State: Florida Section 25 Table 2 Zip Code: 32131 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000 X - GIVE Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): C Translate Creation in a Richard. st. The housen A Days Ise Shift of the second -2 C Days (seShift 200) Days 1st Shift I della desi IL Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the

information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. Talso 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

Paul Phompson Printed or Typed Name

License Number

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

Daily Data for the Month/ ans of Achieving Four-Log Virus Ultraviolet Radiation		October, 2006 Free Chlorine Chlorin	e Dioxide , 「 Ozo	ne Combined Ch	alorine (Chloramines)	
	aintained in Distribution Syste	m: Free Chlorine	Combined Chlor	ine (Chloramines)	Chlorine Dioxide	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)Alternate

MUNTHLY OPERATION REPORT FOR PWSs IREALING RAW GROUND WATER UR PURCHASED FINISHED WATER



See Pages 4 for Instructions.					
1. General Information for the Mont	h/Year of: November, 2006				
A. Public Water System (PWS) Infori	mation				
PWS Name: Paim Port	Salah Sa			PWS Identification Number	r: 2540865
PWS Type:	Non-Transient Non-Community	Translent Non-Cor	nmunity	Consecutive	
Number of Service Connections at End of Mo				Population Served at End of	Month: 375
PWS Owner: Aqua Utilities Flo	orida		medeligi samara Baltana wa ji samara ili		
Contact Person: Brian Heath	guan Marana ang P	en de la companya de La companya de la co	Cont	act 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		Cont	act Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com	The second secon			
B. Water Treatment Plant Informatio	on				
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:		rchased Finished Water			
Permitted Maximum Day Operating Capacity		170,000		<u>z dátrody, k k je</u>	and the second of the second o
Plant Category (per subsection 62-699.310(4),		Company on the Company of the Compan		Class (per subsection 62-699.	
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Lead/Chief Operator Paul Thompson		A	7251	Days 1st Shift	
Other Operators & David Haring		C	14091	Days 1st Shift	
Ralph Marriott		<u> </u>	7527	Days 1st Shift	
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II Certification by Lead/Chief Opera	tor		<u> </u>		
	ant operator licensed in Florida, am th	a load/ahiaf anamatan af th	a matau traatmant	-lant identified in next I	of this report I cortifu that the
					icals used at this plant conform to NSF
international Standard 60 or other ap	plicable standards referenced in subse	ction 62-555.320(3), F.A	.C. I also certify the	iat the following additio	nal operations records for this plant
					icals used and chemical feed rates; and
(2) if applicable, appropriate treatment	nt process performance records. Furth	ermore, I agree to provid	e these additional	operations records to the	PWS owner so the PWS owner can
retain them, together with copies of the	his report, at a convenient location for	at least ten years.			
(\	f = f	·			
1	- 12/6/06 I	aul Thompson			A7251
Signature and Date		rinted or Typed Name	<u> </u>	<u> </u>	License Number
· -	•				PRIAMERA VINDERAL

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

PWS Id	lentificatio	n Number:		2540865	· · · · · · · · · · · · · · · · · · ·	Plant Name:	Palm Po	ort								
111. D	ally Data	for the N	louth/Year	of:												
Means		ng Four-Log	g Virus Inactiv			November, Chlorine	Chlorin	e Dioxide	Ozone	Com	oined Chlor	rine (Chloran	nines)			
-					ibution System:	₩ Free C	'hlorine	Combin	ed Chlorine	(Chloramine	es) [Chlorine I)iovide			
Type		i and and a			Technologystem.											45.72
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78.0	Visited by												Concentration at	a firmergen	vor Abnormal	onenime s
D Voor	Operator	Hours plant	Waters of	41.04	Before or all inst	and the During	e Dime	al Land		Minimum C I	Ciperating	Required	eRemote Point in	Commons R	puleor Mainten	ance Work that
	# Place to		#Producteds	PeakFlow	Clinion Posting	PERTION	ariowi	ig a Temp of	pilo Waler	Minimum Cil Regiones mo	LIVE	10.00	e Distribution .	Involves Tak	ng Water System	n Components
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Service Company	Europe Company	Advisor Company		I												

[•] 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



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See Pages 4 for Instructions.

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I. General Information for the Month/Year of:	December, 2006			er e	distribution and the second	
A. Public Water System (PWS) Information						
PWS Name: Palm Port	a dinggraph and my Palacia.			PWS Identification Numb	per: 2540865	
PWS Type:	sient Non-Community	Transient Non-Comm	unity	Consecutive		
Number of Service Connections at End of Month:	107		Total	Population Served at End of	of Month: 375	
PWS Owner: Aqua Utilities Florida	and the second second second second second	And the control of th	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		alegatical and a second	
Contact Person: Brian Heath	· · · · · · · · · · · · · · · · · · ·		Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 490310		(C)	ity: Leesburg	State: Florida:	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	7. Sec. 10.
Contact Person's E-Mail Address: beheath@ac	uaamerica com			and the state of the state of		
B. Water Treatment Plant Information						
Plant Name: Palm Port		Section 1		Plant Telephone Number:		
Plant Address: East River Drive	and the second		ity: East Palatka	State: Florida -	Zip Code: 32131	*
Type of Water Treatment by Plant:		nished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per		170,000	NELT BURKER		Herman Line Comment	<u> </u>
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		world promote the thought to an expense of a second	lass (per subsection 62-699		energy of the second
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tyaibu Mattor			7527	Days 1st Shift		and the sale
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I. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licer	sed in Florida, am the lead/ch	ef operator of the v	vater treatment p	lant identified in part	I of this report. I certify that th	ie
information provided in this report is true and accurat	to the best of my knowledge	and belief. I certify	that all drinking	water treatment chen	nicals used at this plant conform	n to NSF
International Standard 60 or other applicable standard	s referenced in subsection 62-	555,320(3), F.A.C.	I also certify tha	t the following additi	onal operations records for this	nlant
were prepared each day that a licensed operator staffe	d or visited this plant during th	e month indicated :	shove: (1) record	de of amounts of chen	nicals used and chemical feed r	ates, and
(2) if applicable, appropriate treatment process perfor	mance records Furthermore	ograe to provide th	sese additional a	no or amounts of ones no ottone vocavde to th	no DWC ourser so the DWC our	nos, and
retain them, together with copies of this report, at a co	nvenient location for at least to	agree to provide ti	iese additional o	berations records to it	te i ws owner so the i ws own	iei can
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Signature and Date	Paul Thomp			April Adaption (1997)	A7251	
Signature and Date /	Printed or Ty	ped Name			License Number	

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

PWS Identification	n Number:		2540865		Plant Name:	Palm Port								
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: December, 2006 December, 2006 Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
Means of Achievin	ig Four-Log	Virus Inacti	vation/Remov	val: 🔽 Free (Chlorine I	Chlorine D	iovide	Ozone	Comi	sined Chlor	rine (Chlore	mines)		
Ultraviolet Ra			er (Describe)	•	,	Cinorate D	TOMAG	1 02010) Com	Silien Cilioi	THE (CHIOTA	mules)		
Type of Disinfec					Free Chl	orine [Combin	ned Chlorine	(Chloramine	e) (se	Chlorine:	Diovide		
NAME OF BROWN				Treatent system.								DIOXIGE	Market State of the Control of the C	
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Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)Alternate

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

WS ID:	2540865	Plant Name:	Palm Port	200 m		
V. Summary of Use of Poly	mer Containing Acrylan	iide, Polymer C	ontaining F	pichlorohydrin, an	d Iron	or Manganese Sequestrant for the Year: * 2006
A. Is any polymer containing the n	onomer acrylamide used at the v	vater treatment plant	?	☑ No 「 Yes,	and th	ne polymer dose and the acry lamide level in the polymer are as
Polymer Dose ppm =				Acrylamide Level, % ^t =		
B. Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	☑ No I	Yes	, and the polymer dose and the epichlorohy drin level in the
Polymer Dose ppm =				Epichlorohydrin Level, 9	% ¹ =	
C. Is any iron or manganese seques	trant used at the water treatment	plant?	☑ No	Yes, and the type	of sec	questrant, sequestrant dose, ect., are as follows:
Type of Sequestrant (polyphosp	hate or sodium silicate):					
Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate	as SiO ₂ =			·	
If sodium silicate is used, the an	nount of added plus naturally occ	curring silicate, in m	g/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.

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Date Reviewed by DEP/DOH DEP/DOH Reviewing Official:

Revised 03/04

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

Public Water System Information (to be completed by sampler)
System Name: Pall 465 pws 10 #: 2540865
System Type (check one): Dommunity DNontransient Noncommunity Address: Cont Piver Ovive
City: <u>FOOTPOUT 4</u> Phone #: <u>852-761-0080</u> E-Mail Address:
Sample Information (to be completed by sampler) Sample Number: 48927DW1 Location Code (if known): 116 Orange WQP Sample Date: Sample Time: AM PM (circle one) Sample Location (be specific): IN COMPLETE Sample Time: Manual PM (circle one) Disinfectant Residual (required when reporting trihalomethenes and haloacetic acids): Field pH: 7.3
Sample Type (check only one) Semple Reason(s) (check all that apply) Distribution Routine Compliance (with 62-550) Confirmation of MCL Exceedance * Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Semple Reason(s) (check all that apply) Quarterly (which quarter?) Special (not for compliance with 62-550) Violation Resolution Replacement (of Invalidated sample)
Avg Residence Time Sampling Procedure Used or Other Comments:
* See 62-550.500(6) for requirements and restrictions. NOTE: See 62-550.512(3) for additional requirements attach a results page for each site. for nitrate or nitrate MCL exceedences. Sampler's Name: Sampler's Phone #352 Sampler's E-Mail Address:
Certification (to be completed by sampler)
(Print Name) (Print Title)
do HEREBY CERTIFY that the above public water system and collection information is complete and correct. Signature: Date:

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

Leb Name: Flowers Chemical Laboratories, inc. Address: P. O. Box 150597 Altamonts Springs, FL 32715-0597 Certification Expiration Date: 8/30/2008 Analysis Information (to be completed by lab) Report Number: 48927 Sample Number: 48927OW1 Group(s) analyzed and results ettached for compliance with Chapter 82-550, F.A.C. (check all that apply) longanics. Volatile Organics All 21 Partial Single Sample Trihaiomethanes Partial Strings Sample Trihaiomethanes Partial Strings Sample Trihaiomethanes Bromete Br	Laboratory Cartification	rnformation (to be complet	ed by lab)	
Analysis information (to be completed by lab) Analysis information (to be completed by DEP or DOH) Analysis information (to be completed by DEP or DOH) Analysis information (to be completed by DEP or DOH) Analysis information (to be information) Analysis info setisfactory (analysis info setisfactory (analysis info setisfactory (analysis unpatisfactory (analysis	Leb Name: Flowers Cher	nicel Laboratories, Inc.	Fiorida Certific	cation #: E83018
Analysis Information (to be completed by lab) Report Number: 48927 Sample Number: 48927DW1 Bate Sample Received: 09/25/07 Group(s) analyzed and results estached for compliance with Chapter 62-550, F.A.C. (check all that apply) Inorganics. Walatile Organics Bationusifides. Disinfaction Byproducts Partial Single Sample Trihalomethanes Partial Ottry Composite** Halbacestic Acids Nitrate Bisomate Bisomate Bisomate Bisomate 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 enalytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 10/08/07 * Feiture to provide a valid and current Floride Dept. of Health lab ID number and a current Analyte Sheat 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 querter. Compliance Determination (to be completed by DEP or DOH) Sample Collection Info Satisfactory Yes No Revised Report Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) Resson(s): Incomplete Report Cacation Unsatisfactory Analysis Unsatisfactory Analysis Unsatisfactory Analysis Unsatisfactory Missing Analyte Sheet(s) Other Determination Determi	Address: P. O. Box 150	597	Certification E	xpiration Date: 6/30/2008
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply) Inorganics. Volatile Organics Barlanunildes Disinfaction Ryproducts	Altamonte Spri	ings, FL 32715-0597	Phone #: 407	-339-5984
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply) Inorganics. Molatila_Organics	Analysis Information	(to be completed by lab)	Report Numbe	or: 48927
Nonganics	Sample Number: 489278	OW1	Date Sample I	Received: 09/25/07
Nonganics	Group(s) analyzed and re	sults attached for compliance t	with Chapter 62-550, F.A.C. (c	check all that apply)
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Were any analyses subcontracted?			. 7	20 ,,,,,,,,
* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyta 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		Technical Director, do HEREBY	CERTIFY that all attached anal	
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	Signature:		Date: 10/09/0	77
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 Person Notified: Date Notified: Date Notified: Comments: Date Notified: Date Notified: Date Notified: Date Notified: Comments: Date Notified: Date	* Failure to provide a valid	and current Florida Dept. of Health	h isb ID number and a current Anai	lyte Sheet for the attached
Sample Collection Info Satisfactory				c water system for failure to sample.
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Person Notified: Date Notified:	Resample Requested (circle or highlight groups above a Report	Revised Report Request cation Unsatisfactory	ted (circle or highlight groups above) Analysis Unsatisfactory
Comments:				
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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

Contan	n			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Résult	Qualifier	Method	MDL	Date	Time	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

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

OTHER CONTAMINANTS

Report Number / Job ID:

48927DW1

PWS ID (From Page 1)

Palm Port

Contam ID	Contam Name	MCL	Units	Analysi s Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
N/A	Conductivity	N/A	umbos/CIII	985		EPA120.1	1.00	09/28/07	-	E83018
N/A	Alkalinity as CaCO3	N/A	mg/L	103		EPA310.1	1.00	10/05/07	-	E83018
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Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page

^{*}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 evoid a monitorior violence violence in accompanied by written justification and will be evaluated on a case by case basis. To evoid a monitorior violence violence in accompanied by written justification and will be evaluated on a case by case basis. To evoid a monitorior violence violence in accompanied by written justification and will be evaluated on a case by case basis.

☐ Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701 Bus: 407-339-5984

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

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				elans.	COM																			
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Florida Department of Environmental Protection Sefe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be	completed by sampler)	
System Name: DUM +	sit pu	15 10 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15
System Type (check one): @Communit Address: ### BILLYON T	Nontransient Noncommunity	Transient Noncommunity
City: EQST POUD+1 Phone #357-787-0980 E-Mail Address:	State: FL Fax #: 35	ZiP Code: 37131
Sample Information (to be completed by Sample Number: 47221DW1 Sample Date: 80000 Sample Location (be specific):	Location Code (If kr	Q:05 AM PM (circle one)
Sample Type (check only one) Distribution Dentry Point (for Distribution) Plant Tap (not for compliance with 62-550)	☐ Confirmation of MCt Exceedance * ☐ Composite of Multiple Sites **	(chack all that apply) Guarterly (which querter?) Special (not for compliance with 62-550) Violation Resolution
Raw (at well or Intake) Max Residence Time	Clearance (permitting)	Replacement (of invalidated sample)
Avg Residence Time	Sampling Procedure Used or Other Commi	anta:
☐ Near First Customer		
See 62-550.500(6) for requirements at NOTE: See 62-550.512(3) for additional for nitrate or nitrate MCL exceedances. Sampler's Name: Sampler's Phone # 352-787-		550(2) for requirements and page for each site.
Certification (to be completed by si	empler)	Ordunato (Print Title)
do HEREBY CERTIFY that the above publi	c water system and collection informs	tion is complete and correct. Date: 9 170

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

All 17	Laboratory Certification in	formation (to be complete	ted by lab)		
Altamonte Springs, FL 32715-0597 Altamonte Springs, FL 32715-0597 Altamonte Springs, FL 32715-0597 Analysis Information (to be completed by lab) Sample Number: 47221 Sample Number: 47221 Sample Number: 47221 Bate Sample Received: 08/29/07 Group(s) enalyzed and results attached for compliance with Chapter 82-550, F.A.C. (check all that apply) Inorganics. All 17	Lab Name: Flowers Chem	ical Laboratories, Inc.	Florida Certifi	cation #: E8301:	8
Altamonte Springs, FL 32715-0597 Analysis Information (to be completed by lab) Analysis Information (to be completed by lab) Sample Number: 47221 Date Sample Received: 08/29/07 Groupls) analyzed and results attached for compilance with Chapter 82-550, F.A.C. (check all that apply) Loarganics. All 17 All 21 Partial All 21 Partial Othy Composite** All 21 Partial Nitrate Sunthetin Organics Assesstoe All 30 Partial All 30 Partial All 30 Partial Were arry analyses subcontracted? Yes No If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab). Certification Certification Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: Date: 08/06/07 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 weter system for failure to sample. ** Please provide radiochemical sample dates and locations for each quarter. Compilence Determination (to be completed by DEP or DDH) Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No Researchs: Cincomplete Report Concerning Contents: Parson Notified: Date Notified: Date Notified:	Address: P. O. Box 1505	97			
Sample Number: 47221DW1 Date Sample Received: 08/29/07 Group(s) analyzed and results attached for compliance with Chapter 82-550, F.A.C. (check ell that apply) Inorganics. Volatila Organics Badicoucilides: Disinfection Ryproducts All 17	Altamonte Sprin	ngs, FL 32715-0597			,00,2000
Sample Number: 47221DW1 Date Sample Received: 08/29/07 Group(s) enalyzed and results attached for compliance with Chapter 82-550, F.A.C. (check ell that apply) Longanics. Volatile Organics Badionuclides. Plainfection Byproducts All 17	Analysis Information (t	o be completed by lab)	Report Numbe	er: 47221	
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Date Date	Group(s) analyzed and res	ults attached for compliance	with Chapter 82-550, F.A.C. (c	check all that and	ste)
All 17	Inorganics				
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Ashestos		Synthetic Organica	Canandadas		
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 No Revised Report Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) No No No No No No No N		•		LJ Chlorite	
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:	Were any analyses subcor	ntracted? DYes No			
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		C	Certification		
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 No No * Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above) * Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory * Other Date Notified: Date Notified:					
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	Date Reviewed:	DEP/DOH Reviewing	Official:		

Page 2

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

Contan	1			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	0.0600	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	Ų	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



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Sample	PAUL THERPSON																								
Sample	or Signature		Date	Sampled	25 07			PRI	SER	VATIV	ES		ANAL'	YSES JEST	7	7	7	7	7	7	7	7	COMM	ENTS	П
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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,

/Technical Director or Designee

Holde for

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

4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 6/21/07

FDOH # E83509

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plano Ft. 34946 The: (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	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analysi	Lab ID
Laboratory ID: Sample ID:	2128916001 POE Grab				Sampled: 06/15/07 Matrix: Water		Received reported on	: 06/15/07 Wet Weight		
Total Dissolved So	lids	520	mg/L	5.0	EPA 160.1	WCDE 16226		06/19/07 14:5	4 PA	E83509

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North, Fort Plance, Pt. 34946

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(* 44499) (* 44499)		
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-USE BALL POINT PEN	Laboratory not responsible	for omitted information
PRESSHARD	FDOH # E96080	FDOH # E85376
COMPLETELY FILL OUT	5600 U.S. 1 North	307 Coolidge Avenue
LL NOW GREVED AREAS	Fort Pierce, FL 34946	Lehigh Acres, FL 33
TO SEE MEETING CONTRACTOR		

	Phone (772) 465-2400, Ent 285 Fex (772) 467	- 584
Company:	Agua Utilities F7.	Method(s) of Shipment:
Address: 9	30 S. S.R. A. S. 147	

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North Fort Pierce 13 34946 Phone: 1772) 465-2400, Pert 288 748 (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 Contam **ID**

Name

MÇL

Units

Analysis Result

Qual.

Analytical Method

Analysis Lab MDL 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 Floride Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-650. 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 peri

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

		N (to be completed by sampler - Please type or	print legibly)
System Name:	PALM POR	PWS I.D. #	2540865
System Type (check of	one) Commun	ity Nontransient Noncommunity	Transient Noncommunity
Address: S/B	T RIVER 6	PeAO .	
City: SBT	ADLATIKA	State:	ZIP Code:
Phone #: 386	737-1143	Fax#: 386	329-9977
E-Mail Address:	NA		
SAMPLE INFORMA	TION (to be completed b	v samoler)	
		Location Code (If known	n):
	06/15/07	·	
Sample Location (be	specific): POE Grab	4	
Disinfectant Residual	(Required when reporting	g results for trihatomethanes and haloacetic acid	smg/L Field pH:
Sample Type (Check		Reason(s) for Sample	
Distribution		Routine Compliance (with 62-550)	Quarterly (Which Otr? 275
Entry Point (to Di	stribution)	Confirmation of MCL Exceedence*	
Plant Tap not for	compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or inta	ike)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence	ſime	Other:	
Ave Residence T	ime	Sampling Procedure Used or Other Co	omments:
Near First Custor			
	0.500(6) for requirements a 62-550.512(3) for addition		.550(4) for requirements and esuits page for each site.
	trate or Nitrite MCL excee	dences.	Fugo ioi damata
Sampler's Name:	RALPH	MARRIOTT	
Sampler's Phone #:	386-937-	0187 Sampler's Fax #:	386-329-9977
Sampler's E-Mail Add	dress:	NA	
CERTIFICATION (to)	he completed by sampler)		
		helt maneurs) KUS	CONEDINATIN
	nt Name	<u> </u>	Print Title
		ic water system and sample collection in	nformation is
completed and correct	ж. ()		1
Signature:	Jan -	Date:	6/4/07
	Reporting Format 62-55	0.730 Effective January 1995, Revised January 2004	

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

· LABORATORY CERTIFICATION INFORMATION (to b	e completed by lab - Please type or print legibly)						
ATTACH A CURRENT DOH ANALYTE SHEET*							
Lab Name: Harbor Branch Environmental Laborate							
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	e with Chapter 62-550, F.A.C. (Check all that apply):						
Inorganics Synthetic Organics	Volatile Organics Disinfection Byproducts						
All 17 All 30	All 21 Trihalomethanes						
Partial All Except Dioxin	Partial Haloacetic Acids						
☐ Nitrate ☐ Partial	Bromate						
Nitrite Dioxin Only	Radionuclides Chlorate						
Asbestos Only	Single Sample						
	Otrly Composite**						
Were any analyses subcontracted? Yes X	No. 14						
	Partial						
If yes, please provide DOH certification numbers: ATTACH DOH_ANALYTE SHEET FOR EACH SUBCONTRACTED	D LAB*						
CERT	IFICATION						
I, Cindy Cromer	Laboratory Director						
(Print Name)	(Print Title)						
•	are correct and unless noted meet all requirements of the						
National Environmental Laboratory Accreditation Confe	•						
Signature Cong Come	Date: 21-Jun-07						
 Failure to provide a valid and current Florida DOH lab certification 	on number and a current Analyte Sheet for the attached analysis results will result						
in rejection of the report, possible enforcement against the public Bureau of Laboratory Services.	water system for failure to sample, and may result in notification of the DOH						
** Please provide radiological sample dates locations for each qu	arter.						
COMPLIANCE DETERMINATION (to be completed by DE							
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Satisfactory:YesNo						
Replacement Sample(s) Requested (circle or highlight g	group(s) above) Revised Report Requested (circle or highlight group(s) above)						
Additional Monitoring Required (circle or highlight group(s	a) 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:						
	0 Effective January 1995, Revised January 2004						



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

Į	ear Customer, SUBMISSION #: 072708	
F	lease 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.	
V	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 Name: Aqua Pure Water & Se	wage Service, Inc. Florida Cerl	tification #: E83265 Certification Expiration Date: 6/30/2
Address: 10865 E. S	State Road 40 Silver Springs FL 3	34488-2349 Phone #: (352) 625-2822
ANALYSIS INFORMATION		
•	em Name: Palm Port	Sample Number: 1
Sample Date: 2/28/07 Sample Tim	•	Location: Pont of Entry
Laboratory Assigned Submission Number	ar. 0/2/08	Date Sample(s) Received: 3/1/07
Group(s) Analyzed & Results attached Secondaries, Partia	- · · · · · · · · · · · · · · · · · · ·	50, F.A.C.:
Subcontracted Laboratory DOH Certific	cation Number(s): Not Applicable	Analyte Sheet(s) Attach
	CERTIFICATION	DN
		, do HEREBY CERTIFY that all attached analytical data a nonental Laboratory Accreditation Conference (NELAC).
correct and unless noted meet all re- Certainty & validity of the reported data a	quirements of the National Environs re based upon method specific calibri	·
Certainty & validity of the reported data a The results presented herein relate only to the Signature:	quirements of the National Environments of th	onmental Laboratory Accreditation Conference (NELAC). ation and QA / QC acceptance criteria (available upon request). stions regarding this report please call Lisa Saupp at (352) 625-28 Date: March 16, 2007
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be of Sample Collection Info Satisfactory:	quirements of the National Environments of th	nmental Laboratory Accreditation Conference (NELAC). ation and QA / QC acceptance criteria (available upon request). stions regarding this report please call Lisa Saupp at (352) 825-28 Date: March 16, 2007 Sample Analysis Info Satisfactory:
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be completed content of the Sample Collection Info Satisfactory:	quirements of the National Environments of the National Environments of the National Environment of the National E	onmental Laboratory Accreditation Conference (NELAC). ation and QA / QC acceptance criteria (available upon request). stions regarding this report please call Lisa Saupp at (352) 625-28 Date: March 16, 2007
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be a sample Collection Info Satisfactory: Replacement Sample(s) Requested (circle of Additional Monitoring Required (circle of	quirements of the National Environments of th	ation and QA / QC acceptance criteria (available upon request). stions regarding this report please call Lisa Saupp at (352) 625-28 Date: March 16, 2007 Sample Analysis Info Satisfactory: □Yes □Revised Report Requested (circle or highlight group(s)
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be completed content of the Sample Collection Info Satisfactory:	quirements of the National Environments of the National Environments of the National Environment of the National E	nmental Laboratory Accreditation Conference (NELAC). ation and QA / QC acceptance criteria (available upon request). stions regarding this report please call Lisa Saupp at (352) 825-28 Date: March 16, 2007 Sample Analysis Info Satisfactory:
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be a sample Collection Info Satisfactory: Replacement Sample(s) Requested (circle or Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s)	quirements of the National Environments of th	ation and QA / QC acceptance criteria (available upon request). Itions regarding this report please call Lisa Saupp at (352) 625-28 Date: March 16, 2007 Sample Analysis Info Satisfactory: Revised Report Requested (circle or highlight group(s)) Cincomplete Report Analysis Unsatisfactory
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be a sample Collection Info Satisfactory: Replacement Sample(s) Requested (circle or Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s)	quirements of the National Environments of th	ation and QA / QC acceptance criteria (available upon request). Itions regarding this report please call Lisa Saupp at (352) 625-28 Date: March 16, 2007 Sample Analysis Info Satisfactory: Revised Report Requested (circle or highlight group(s)) Cincomplete Report Analysis Unsatisfactory
Certainty & validity of the reported data a The results presented herein relate only to the Signature: COMPLIANCE DETERMINATION (to be completed and the Sample Collection Info Satisfactory: Pes Replacement Sample(s) Requested (circle or Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s)	quirements of the National Environments of th	ation and QA / QC acceptance criteria (available upon request). Itions regarding this report please call Lisa Saupp at (352) 825-28 Date: March 16, 2007 Sample Analysis Info Satisfactory: Revised Report Requested (circle or highlight group(s)) Incomplete Report Analysis Unsatisfactory



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

	T	Ι	T				····			,
Contam		1		Analysis	<u> </u>	Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	· ·	Qualifier	Method	MDL	Date	Time	Cert#
1930	Total Dissolved Solids	500	mg/L	498		SM2540C	10	3/6/07		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 b	1 THE COSTOMED
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	PARAMETERS REQUESTED (check box):
accurate report.	Radiochemicals:
1 0 11.1.1.	☐ Gross Aloha ☐ Others:
Clerit Name: Hava Utilities Fla	☐ Group I Unregulateds:
Mailing Address: 0130 S. K. 19 Suite# 3	•
	All 13 Partial:
talatka Fla 32177	Group II Unregulateds:
Telephone: 386-229-1122 Fax 386-329-9977	All 23 Partial:
telephone: 326 323 1124 / 3X SEG 323 - 771 /	LIMES CIPANA.
Pulmi to Marine	☐ Group III Unregulateds:
PUBLIC WATER SYSTEM INFORMATION:	☐ All 11 ☐ Partial:
System Name: PAM PORT PWS ID No. 2540865	
Physical Address: Fast River Rol Phone No. Same	☐ Inorganics:
	□ All 17 □ Partial:
East Palatka Fla	
Type (check box):	Pesticides and PCBs:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Ali 30 ☐ Partial:
☐ Noncommunity ☐ HRS 10 D-4	
CAMPLE MISCONARION	Secondaries: TD 5 and
SAMPLE INFORMATION:	All 14 Partial: 10
Date and Hour Sampled: 2-28-07 450PM	☐ Trihalomethanes:
Sample Location (be specific): Point of entry	
	All 4 Partial:
Sampler Name and Phone (please print): Ralph Morriott Same ox	t-THM Potential
Signature: Katal Marrow Title paccator	☐ Volatile Organics:
	☐ All 21 ☐ Partial;
Type (check box): Distribution	
☐ Recheck of MCL ☐ Composite of Multiple Sites	Miscellaneous:
☐ Resample — Lab Invalidated	
☐ Clearance ☐ Raw ☐ Plant Tap	FIELD TEST RESULTS (if applicable):
	1 '''
SAMPLE CUSTODY: Signature Date Time Condition	Chlorine Residual: pH; pH;
Sempler Relinquished: Kalph Macrist + 31-07 838m good	Dissolved Oxygen: Temperature:
Transporter Religious 3-1-07 090 011	
Transporter Relinquished: July 160 ung 5-7-07 UR	Performed By: Date:
POR LABORATORY USE	ONLY
Date Time Condition	Subcontracted To:
)	
42.23.	Date Out:
Lab Number: 072708	Parameters:
Comments:	Preservative:
Temay	

	072708
PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: PAIM Port	PWS I.D. #: 2540865
System Type (check one): Definmunity Address: Ea.S. R.	
City: Fast Palotko	State: Flq ZIP Code: 321))
Phone #: 386 -: 329 - (122	
F 44 H 4 1 1	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	• ,
Sample Date: 2-28-07 4	
Sample Location (be specific): Point	
	results for trihalomethanes and haloacetic acids): mg/L Field pH: 7(
	The principle of the pr
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
☐Distribution	Moutine Compliance (with 62-550) Quarterly (Which Quarter? 15+
DEntry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 52-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action ritrate or nitrite MCL (iditional requirements attach a results page for each site.
Sampler's Name: Name: Name:	FratT
Sampler's Phone #: Sn. # 1	Sampler's Fax #: En m < 4
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	sampler)
1, Ralph Marriate (Print Name)	Dergtor,
do HEREBY CERTIFY that the above complete and correct,	ve public water system and sample collection information is
Signature: Kalph Ma	nd Date: 2-28-37
1	

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

Page I of [insert number of pages]

HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 5600 U.S. i North, Fort Plency Ft. 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

[2127059]

Received:

10/11/06 12:15

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,

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 4155 St. Johns Pkwy, Sulte 1300 Sanford, FL 32771

FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd. Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 10/20/08

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. I 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 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

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID

Analytical Method

Description

Method HBEL Batch Analyte **Quality Control Summary** Analytical Issue

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

Printed: 10/20/06

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

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plant Et. 34946 Phone: (772) 465-2400, Ext 285 Fast (772) 467-584

CERTIFICATE OF ANALYSIS [2127059]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port TDS DE

Parameter Quali	fier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 21270590 Sample ID: POE Gra				Sampled: 10/10/06 Matrix: Water		Received reported on	: 10/11/06 Wet Weight		
Total Dissolved Solids	500	mg/L	5.0	EPA 160.1	WCDE15256		10/12/06 15:4) 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.

<u> </u>

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North Fort Pierce FL 34946

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 5600 U.S. 1 North

____FDOH # E85370 307 Coolidge Avenue

Phone (772) 463-2400, Ext. 285 Fax: (772) 467-56 :ompany: Aqua Utility & Flo.	Agreement to Perform Services Method(s) of Shipment:	<u>.</u>	ALL N	ION GR	EYED AL	DEAG	FDO	ce. FL 34946 Lehigh Acres, FL 339;
Palatka Fla Zip: 32177		4	ا مور	For La	b Use (Only	255 Enten Deltona, F	Prise KO., Suite 1 2514 Ass.
Hent Contact: Pay Thompson	e-mail: Standard Laboratory Turn Around Time	Tempé	agma .	Custody Inta	Seals		pH Checked N	LAB# 2127059
ampled By: Range Ampled By:	Or Rush in Business Days	И	AN	ALYSES	REQUE	STED		Preservation Key H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium
ARID COLLECTION & & SAMPI	Requires Laboratory Approval LE DESCRIPTION	2						S=Sulfuric Acid Thiosulfide SH=Sodium Hydroxide U=Unpreserved
DATE TIME & S S As Wil	I Appear On Report	7425						COMMENTS
	IUE			 	-			
							-	
* Sample Type: G=Grab. C=Composite	Matrix: S=Solid SL=Sludge DW=Dri	nking Wa	ter GW=G	round Wa	iter SW=	Surfees		
RECEIVED BY	ATE/TIME by 1/06 7:19			DATE/TIN	E			Wastewater M=Marine
	ТЕЛІМЕ			RECEIVE DATE/TIM	D FOR HB	EL CUST		Harre le

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

CHAIN PAGE _____ of __

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed	by sampler - Please type or print legibly)									
System Name: Falm Fort	PWS1.D.#: 0540865									
System Type (check one)	ransient Noncommunity Transient Noncommunity									
Address: East River Orive										
city: Last falatica	State: FL ZIP Code: 323									
	Fax#:3502-787. Le333									
E-Mail Address:	λ									
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 trihalor	nethanes and haloacetic acids mg/L Field pH:									
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)									
Distribution Proutine Co	ompliance (with 62-550) Quarterly (Which Otr?)									
Pentry Point (to Distribution) Confirmation	on of MCL Exceedence* Special (not for compliance with 62-550)									
Plant Tap not for compliance with 62-550) Composite	of Multiple Sites** Violation Resolution									
Raw (at well or intake)	(permitting) Replacement (of Invalidated Sample)									
Max Residence Time Other:										
Ave Residence Time Sampling Pro	cedure Used or Other Comments:									
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 MARRIUTT										
Sampler's Phone #: 386 - 319 - 1122	Sampler's Fax #:									
Sampler's E-Mail Address: 1										
CERTIFICATION (to be completed by sampler)										
1. PAU THOMPSON FOR ETLAN MARR	NOTT REN CORNINATION									
Print Name	Print line									
do HEREBY CERTIFY that the above public water system completed and correct.	n and sample conection information is									
, ()	Date: 11/3/06									
Signature: Reporting Formal 62-550,730 Effective Janu										

Safe Drinking Water Program Laboratory Reporting Format

LABORATO	ORY CERTIFIC	ATION INFORMATION	(to be complete	d by lab - Please type or prin	nt legibly)							
	IRRENT DOH AN			,	• ,,							
Lab Name:	Harbor Bra	nch Environmental Labo	oratories, Inc.	Florida Certificati	on #: E83509							
	5600 US 1			Certification Expiration Date: 06/30/2007								
_	Fort Pierce	e, FL 34946		•								
ANALYSIS		(to be completed by lab)			10/11/06							
PWS ID (Fr				— •-	707770							
		per or Job ID:		27059001								
_												
		sults attached for compli	iance with Ch		• ••							
	ganics U47	Synthetic Organics		Volatile Organics	Disinfection Byproducts							
	.II 17 	∏Ali 30		☐All 21	Trihalomethanes							
	artial	All Except Dioxin		Partial	Haloacetic Acids							
	litrate	Partial			Bromate							
	litrite	Dioxin Only		Radionuclides	Chlorate							
A	sbestos Only			Single Sample	Secondaries							
				Qtrly Composite**	All 14							
Were any an	ialyses subconi	iracted? Yes	X No		[OPartial							
• ,	• •	certification numbers: _ FOR EACH SUBCONTRAC	CTED LAB*									
		CE	RTIFICATION	ł								
l,	Cindy Cron			Laboratory	/ Director							
: HCDENY	(Print Name)			(Print Title) a are correct and unless noted meet all requirements of the								
					et all requirements of the							
Mational Env	nronmeniai Lac	poratory Accreditation Co	onterence (NE	ELAU).								
Signature	<u> </u>	y Com		Date: 20-Oc	ot-06							
in rejection of the Bureau of Labo Please provide	he report, possible pratory Services. de radiological sar		blic water system n quarter.		or the attached analysis results will result nay result in notification of the DOH							
			No	Sample Analysis Info	Satisfactory: Yes No							
•		,	-	•	• 😅 😅							
		equired (circle or highlight grov	·	Nevised Report Re	equested (circle or highlight group(s) above)							
- 					Theory late Depart							
Reason(s):	Missing A	nalyte Sheet(s)	Loca	ection(s) ation Unsatisfactory	Incomplete Report Analysis Unsatisfactory							
Person Notifi	ed:			Date Notific	ed:							
Comments:												
Date Review	ed:	DI	EP/DOH Revi	ewing Official:								
				anuary 1995, Revised January 200	4							
				·								

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Paim Port TDS DE

Sample Location:

POE Grab

Sample Number:

2127059001

Sampling Date:

10/10/06 13:25

Preservative:

Date Received:

Nitric Acid or None 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

West Central Florida FDOH # E84418

Printed: 10/20/06



FDOH # E85370

HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. U.S. i North, Fort Plercy FL 34946 1772: 465-2400. Ext. 285 Feb. (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

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 # E8441B

Printed: 10/13/06

Page 1 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Plance R. 34946 Phone (772) 465-2400, Ext. 285 Faz. (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

EPA 505

PEST4794

2126845001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

Quality Control Summary

Analytical Issue

The above due to matrix effects.

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

Printed: 10/13/06

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 FOOH # E84418

Page 2 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. SECO U.S. I North Fort Pieros Ft. 34946 Phone: (772) 462-2400, Ext. 286 Fast (772) 467-584

CERTIFICATE OF ANALYSIS [2126845]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 DW Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analysi	Lab ID
Laboratory ID:	2126845001	٠			Sampled: 09/	19/08 8:00	Received		11.50	
	POE Grab				Matrix: Water			Wet Weight F		
Odor - Dechlorinated	1	1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15153		09/19/06 15:15		E83509
рH	Q	7.41	SU	0.200	EPA 150.1	WCDE15156		09/20/06 14:47		E83509
Total Dissolved Solid	is	510	mg/L	5.0	EPA 160.1	WCDE15177		09/22/06 15:07		E83509
Atuminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:49		E96080
Barlum		0.015	mg/L	0.0018	EDA 200.7	LAFTARIAR		09/28/06 14:49		E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 14:49		E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	METAB148		09/28/06 14:49		E96080
Chromium		0.0018 U	mg/L :	0.0018	EPA 200.7	META8148		09/28/06 14:49		E96080
Copper		0.018		0.0014	EPA 200.7	METAB146		09/28/06 14:49		
tron		0.044	mg/L	0.025	EPA 200.7	META8148	••	09/28/06 14:49		E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	METAB14B		09/28/06 14:49		E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 14:49		E96080
Silver		0.0010 Ú	mg/L	0.0010		METAS148	,	09/28/06 14:49		E96080
Sedium		72	-	0.50	EPA 200.7	METAS148		-	=	E96080
Zinc		0.013	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:49		E96080
Antimony		0.013 0.0042 U	mg/L	0.010	EPA 200.7			09/28/06 14:49		E96080
Lead		0.0042 0	mg/L	0.0042	EPA 200.9	META8149 META8156		09/28/06 12:00		E96080
Selenium		0.0022 0.0022 U	mg/L mg/L	0.00001	EPA 200.9	META8163		10/3/06 12:34	DM	E96080
Thallium		0.0022 U	mg/L	0.0022	EPA 200.9	META8162		10/6/06 9:18	DM	E96080
Mercury		0.000000 U	mg/L	0.000060	EPA 200.9		MANUSC A.C.	10/5/06 11:25	OM	E96080
mercury Chloride			mg/L		EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:31	DM	E96080
Chioride Fluoride		140	mg/L	5.0	EPA 300.0	106955		09/25/06 18:50	JL -	E96080
		0.20	mg/L	0.011	EPA 300.0	IC6952		09/20/06 13:30	J.,	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	1L	E96080
Sulfate		73	mg/L	1.4	EPA 300.0	IC6955		09/25/06 18:50		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		0.0046 U	ug/L	0.0046	EPA 504.1	PEST4802	09/29/06 10:33	09/29/06 23:58	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505		09/25/06 13:52			E96080
Endrin			ug/L	0.098	EPA 505		09/25/06 13:52			E96080
gamma-BHC (Lindan	e)		ug/L	0.019	EPA 505		09/25/06 13:52			E96080
Heptachlor	-1		ug/L	0.035	EPA 505		09/25/06 13:52			
Heptachlor epoxide			ug/L	0.026	EPA 505		09/25/06 13:52 09/25/06 13:52			E96080
Methoxychlor			ug/L	0.042			09/25/06 13:52			E96080
PCB			•	0.13	EPA 505 EPA 505					E96080
Foxaphene			na/r	0.13			09/25/08 13:52			E96080
2,4,5-TP			vg/L		EPA 505		09/25/06 13:52			E96080
2,4,5=1P 2,4-D			ug/L	0.19	EPA 515.1		09/26/08 10:24			E96080
r,4-U Dalapon			ug/L	0.22	EPA 515.1		09/26/06 10:24			E96080
Dalapon Dinoseb			ug/L	2.3	EPA 515.1		09/26/06 10:24		JL	E96080
			ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL.	E96080
5600 US 1 North Fort Pierce, FL 34		5 St. Johns I nford, FL 327				307 Coolidge A Lehigh Acres, F		16331 Corte Brooksville,		

FDOH # E96080

FDOH # E83509

Printed: 10/13/06



Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

FDOH # E84418

Page 3 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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 IO
Pentachlorophenol		0.39 ม	ug/L	0.39	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 22:04	JL	E96080
Pictoram		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	E96060
1,1-Dichlorcethene		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	VQC2700		09/29/06 0:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ng/L	0,21	EPA 524.2	VQC2700		09/29/06 0:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/29/08 0:52	WR	E96080
1,2-Dichloropropane		0.40 U		0.40	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
1,4-Dichiorobenzene		0.23 U	ug/L	0.23	EPA 524,2	VOC2700		09/29/06 0:52	WR	E96080
Benzene		0.20 ป	.ug/L	0.20	EPA 524.2	VOC2700		09/29/06 0:52	WR	E96080
Carbon tetrachionide		0.24 U	ug/C	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	ā.	09/29/06 0:52	WR	E96080
cis-1,2-Dichloroethene		0.21 U	∠ ug/t,	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 0.21 U	<u>ЦФ∕Т</u>	0.23	EPA 524.2	VOC2700	يمائك وسر	09/29/06 0:52	WR	E96080
Styrene Tetrachioroethene		0.21 U 0.24 U	υg/L.	0.21	EPA 524.2	VOC2700	`*·	09/29/06 0:52	WR	E96080
Toluene		0.24 U	υ g/L	0.24	EPA 524.2	VOC2700	: 3 . 7 . 7	:09/29/06 0:52	WR	E96080
Total Xylenes	•	0.48 U	ug/L ∪g/L	0.22 0.46	EPA 524.2 EPA 524.2	VOC2700 VOC2700		09/29/06 0:52 09/29/06 0:52		E96080
trans-1.2-Dichloroethene		0.35 U	ug/L	0.45	EPA 524.2	VOC2700	•	09/29/06 0:52		E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2700		09/29/06 0:52		E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/29/06 0:52		E96080
Alachlor		0.61 U	ng/r	0.61	EPA 525.2			10/3/06 10:52	WR	E96080 E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	-	09/27/06 10:25			E96080
Benzo(a)pyrene		0.070 U	ng/L	0.070	EPA 525.2			10/3/06 10:52		E96080
bis(2-ethylhexyl)phthalate)	D.84 U	n8/J	0.84	EPA 525.2		09/27/06 10:25	10/3/06 10:52		E96080
Di(2-ethylhexyl)adipate		0.68 U	ng/L	0.68	EPA 525.2		09/27/08 10:25			E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2		r	10/3/06 10:52		E96080
Hexachlorocyclopentadie	ne	0.24 U	ug/t_	0.24	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 10:52		E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2440		10/3/06 10:52		E96080
Carboluran		0.18 ¥	υg/L	0.18	EPA 531.1	HPLC2338		10/3/06 17:18		E96080
Oxamyt		0.41 U .	υg/L	0.41	EPA 531.1	HPLC2338		10/3/06 17:16		E96080
Glyphosate		28 U	ug/L	26	EPA 547	HPLC2337		09/28/06 16:52		E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2443	09/22/06 11:53	10/4/06 20:57		E96080
Diquat		4.8 U	υg/L	4.8	EPA 549.2	HPLC2336	09/25/06 7:53	09/26/06 14:54		E96080
Gross Alpha		4.7 +/- 1,4	-		EPA 900.0	KNL1360		10/3/06 8:00		E84025
Radium 226		0.9 U +/- 0.6	pCi/L		EPA 903.1	KNL1360		10/5/06 15:00		E84025
Radium 228		1.0 U +/- 0.7	pCI/L		EPA Aller.	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	SAI	E84129
Color		3.0	CD.	1.8	SM2120 B	WCGE26304		09/20/06 13:30		E96080
Cyanide		0.0047 U	rng/L	0.0047	SM4500CN E	WCGE26357	10/2/06 9:00			E96080

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509

Printed: 10/13/06



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

Page 4 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2126845]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 DW Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory IO:	2126845002				Sampled:		Received.	09/19/06	11:50	
Sample ID:	TRIP BLANI	(Matrix: Water	Results	reported on t	Wet Weight &	Basis	[
1,1,1-Trichloroethar	18	0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/29/06 1:25	WR	E96080
1,1,2-Trichloroethar	n ë	0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/29/06 1:25	WR	E96080
1,1-Dichloroethens		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/29/06 1:25	WR	E96080
1,2,4-Trichlorobenz	ene	0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/29/06 1:25	WR	E96080
1,2-Dichlorobenzen	8	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			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-Dichlorobenzen	e	0.23 U	υ 9 /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 -	. 44.2	09/29/06 1:25	WR	E96080
cis-1,2-Dichloroethe	ne	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	υg/L	0.23	EPA 524.2	VOC2700		09/29/06 1:25	WR	E96080
Styrene		0.21 U	ugA	0.21	EPA 524.2	VCC2700	č,	09/29/06 1:25	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700	194 P	09/29/06 1:25	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VQC2700		09/29/06 1:25	₩R	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700	- "-	09/29/06 1:25	WR	E96080
trans-1,2-Dichloroet	hene	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	, A	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 Fort Pierce, FL 34946 FDOH # E96080

Printed: 10/13/06

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



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

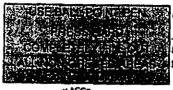
Å

HARBOR BRANCH ENVIRONMENTAL

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



Method(s) of Shipment:	-



Laboratory not responsible for omitted information FDOH # E96080

5600 U.S. 1 North Fort Pierce, FL 34948

___FOOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33935

Compar						Method(s) of Shipment:		FDOH # E83509 FDOH # E84 4155 St. Johns Pkwy. 16331 Cortez Bive						FDOH # E84418			
Address	ハファ	SOUT	15			Svite 3				8				Suite 1		Brook	csville, FL 34601
	PAH	1/4	Fl	<u>. </u>	Zip:	32177		F									
Phone:	: 386-329-1127 Fax: 386-329-997						e-mail: Standard Labor	ratory			er Ne Voc						
Client Co		PAL				oson	Turn Around Time	• F	PRESERVATIVE								
Project N		PAIN		201	17	¥6444	Or	<u> </u>	13/14	_1/_	YSES	2501		HAO	Hel	Preserva: H-Hydrochloric Acid	P=Phosphoria Acid
Sampled		1	vio	/ /	1/2	1/19	Rush in Business [Requires Laboratory Appro	Days oval	X	7 8	113	HE GO	ESTEL L	+ %	× ×	N-Allerio Acid S-Sulkurio Acid SH-Sodium Hydroxide	ST-Sodium Thiosulfets U=Unpreserved
LABID	COLLE	CTION	1. 1.	;	retra	SAMP	LE DESCRIPTION	N §	12 11 CHAPA	200	2 ×	6	EX.		\$		
	DATE	TIME	Samp	MATRIX	# Conta	As Wil	As Will Appear On Report			裂化	T.	3	量		Par	COMM	ENTS
00 Jin	195906	0800	6	ou	11		20E		///	1	1	1	/	ک	3	Collectio	n Time
002					3	Try	Blank									is when	1.45+
\$526.7 6				_		······································			_							SAMPLE	Collectel
										-	ļ						
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	Sample Type				e		Matrix: S-Solid SL-Sludg	e DW-Drini	dné Wati	or GW-G	round V	ater S	K-Surt	ice Wat	er WW.	-Wastewater, M-Ma	rina
0.3	RELINQUISHED BY DOWN HOUSE RELINQUISHED BY LOOK							idx		RELINC							
Q A	DATE/TIME	1950	dil	4	15		ATE/TIME 4/14/00	1600			DATE/T						
	RECEIVED B	12	119	Tou	,		ECEIVED BY / *					10	PERC		ES/EA	YWARD WATER	
	T		1.1	, , ,	- 1	<u> </u>					A	-		3/2/19	the heart	OTEN WITH THE	100 100 ALL ALL ALL ALL ALL ALL ALL ALL ALL A

ENVIRONMENTAL	schain or Güstöğy.	Laboratory not responsible for omitted information
LABORATORIES, INC SECO US I North, Fort Plance, Ft. 34946 Phone: (772) 465-2400, Est. 285 Fait: (772) 467-	A president to the arount Services.	COMP 5 5800 U.S. 1 North 307 Coolidge Avenue Fort Pierce, FL 34948 Lehigh Acres, FL 3393
Address: 930 South SR 19 Syrie	Method(s) of Shipment:	FDOH # E83509 FDOH # E84418 4155 St. Johns Pkwy. 18331 Cortex Blvd.
PHAHRA F-L zip: 32177 Phone: 386-329-1/27 Fax: 386-329-997	e-mail:	Sanford, FL 32771
Client Contact: PAU Thompson	Standard Laboratory Turn Around Time	PRESERVATIVE
Project Name: PAIM POA #6444 Sampled By: DAVIO HATIA	Or Rush in Business Days	ANALYSES DECULES TO Harry Harry troops of the Proposition Rey
COLLECTION IS IN A STATE OF THE	Requires Laboratory Approval PLE DESCRIPTION	N-Mirto Aold ST-Sodium S-Sulturio Aold Thiosuriere SH-Sodium Hydroxide U-Ungreserved
- 1 - 一分科 DATC ティィット え 1件 トライ	ill Appear On Report	COMMENTS
	POE 3	1711313 Collection Time
		Stople Collecte
* Sample Turns C. Out		
Sample Type: G-Grab C-Composite RELINQUISHED BY AWAY DATE/TIME / Yen 66 / G/	Matrix: S-Solid St-Studge DW-Drinking Water LINQUISHED BY A Gold Trees	RELINQUISHED BY
DATE/TIME 9/19/04/157	CEIVED BY	DATE/TIME RESERVED CONTROL OF THE PROPERTY OF
Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT:	GOLD for SAMPLER	

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type or p	rint legibly)
System Name: 4000 PC	PWS I.D.#:	2540845
System Type (check one) Communi	ity Montransient Noncommunity	Transient Noncommunity
Address: East Kiver	Onic	·
CINTAG PALATRA	nu. Cl	30.5
		- -
Phone #: 506 18)-()48L) Fax#: <u>3つと78つ</u> -	-6333
E-Mail Address:	$\Delta \rho$	
SAMPLE INFORMATION (to be completed b	y sampler)	
Sample Number:	Location Code (if known)	·
Sample Date: 09/19/06	Sample Time:	8:00 AM
Sample Location (be specific): POE Grab)	\$ 3;
		:mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550
System Name: ## PWS LD. #: DB ## OB ## System Name: ## OB ##		
	Clearance (permitting)	Replacement (of Invalidated Sample
		
	Sampling Procedure Used or Other Co	mments:
"See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition	al requirements attach a res	
Sampler's Name: DAUID HAVI	19	
Sampler's Phone #: 386-329-//2	Sampler's Fax #:	78- <i>329-99</i> 77
Sampler's E-Mail Address:	NA	
CERTIFICATION (to be completed by sampler)		
System Type (check one)		
do HEREBY CERTIFY that the above publ	ic water system and sample collection inf	omation is
	•	100.01

LABORATO	RY CERTIFIC	ATION INFORMATION (o be completed by lab - Please type or prin	t legibly)
ATTACH A CUI	RRENT DOH AN	ALYTE SHEET		
Lab Name:	Harbor Bra	nch Environmental Labor	atories, Inc. Florida Certificatio	n#:E96080
Address: _	5600 US 1	North	Certification Expiration D	ate: 06/30/2007
ent en	Fort Pierce	e, FL 34946	Phone #:	2) 465-2400 Ext. 285
ANALYSIS I	NFORMATIO	(to be completed by lab)	Date Sample(s) Received::	9/19/06
PWS ID (Fro	om Page 1):		Sample Number (From Page 1):	
Lab Assigned	d Report Numi	per or Job ID:	2126845001	
Group(s) Ana	alyzed and Re	sults attached for complia	nce with Chapter 62-550, F.A.C. (0	theck all that apply):
Inorg	anics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
□Al	II 17	☐AII 30	⊠All 21	Trihalomethanes
⊠ Pa	artial	All Except Dioxin	☐ Partial	Haloacetic Acids
□Ni	trate	Partial	· · ·	Bromate
	trite	Dioxin Only	Radionuclides	Chlorite
As	sbestos Only		Single Sample	Secondaries
			Qtrly Composite**	.,
Were any an	alyses subcon	tracted? X Yes	No	Ali 14
If ves, please	provide DOH	certification numbers:	E84129, E84025	: Partial
		FOR EACH SUBCONTRACT		
		CER	TIFICATION	
1,	Cindy Cron	ner	Laboratory	Director
	(Print Name)		(Print 1	Title)
		an attached analytical da poratory Accreditation Cor	ta are correct and unless noted meen reference (NELAC).	et all requirements of the
Signature	Ci	1 Come	Date:13-Oc	L-06
Failure to prov	ride a valid and ci	rrent Florida DOH lab certifica	tion number and a current Analyte Sheet for	r the attached analysis results will result
in rejection of th	e report, possible	enforcement against the publi	c water system for fallure to sample, and m	ay result in notification of the DOH
Bureau of Labor ** Please provid	,	nple dates liocations for each o	ouarter.	
		ATION (to be completed by I		
Sample Colle	ction Info Sati	sfactory: Yes I	No Sample Analysis Info	Satisfactory: Yes No
Replacerr	nent Sample(s)	Requested (circle or highlight	group(s) above) Revised Report Re	quested (circle or highlight group(s) above)
Additional	Monitoring Re	equired (circle or highlight group	(s) above)	
Reason(s):	MCL(s) E	xceeded	Detection(s)	Incomplete Report
		nalyte Sheet(s)		Analysis Unsatisfactory
Person Notific	ed:		Date Notifie	d:
Comments:_				
Date Reviewe		DEI	P/DOH Reviewing Official:	
		Reporting Format 62-550.7	30 Effective January 1995, Revised January 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. SECOLUS I North, Fort Plevol Pt. 34946 Phone (772) 465-2400, Ext. 285 PRIX (772) 467-584

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:

9/19/08 8:00

Date Received:

9/19/06 11:50

Contam ID	Contam Name	MCL	Units	'Analysis Result	Qual.	Analytical Method	⊲abab 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	Ų	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 3	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	J.	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 200.9	0.0010	10/05/06 11:25	E96080

Reporting Format 62-650,730 Effective January 1995, Revised January 2004

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

^{*} Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 82-180, 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.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plence Ft. 34946 Phone (772) 465-2400, Crt. 295 Fav. (772) 467-584

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	Arialysis Result	Qual.*	Analytical Method	Lạb 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	9/20/069/20/06	E96080
1028	Iron	[0.3]	mg/L	0.044	1	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	1	EPA 200.7	_	9/28/06 14:49	E96080
1905	Color	[15]	CU	3.0	1	SM2120 B	1.8	9/20/06 13:30	£96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	Ü	EPA 140.1	1.0	9/19/06 15:15	E83509
1925	рH	[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	9/22/06 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

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

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

10	December	1401	1.1	D	*				Extracted	Analyzed	
ID	Parameter	MCL		Result		Method	MDL	RDL	Date	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	υ	EPA 505 J	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	Datapon	[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	Ĭ	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 .	, i ·	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]	υg/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	9/27/08	10/03/06 10:52	E96080
2046	Carbofuran	[40]	ug/L	0.18	บ	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	2.4-0	[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	υ	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	บ	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 82-550,730 Effective January 1985, Revised January 2004 NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 82-550. 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 peri

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

4155 St. Johns Pkwy, Suite 1300 Sanford, FL. 32771

FDOH # E83509

307 Coolidge Avenue 16331 Cortez Blvd. Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

FDOH # E84418

ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. 1 North Fort Plercy R. 34946 Phone (772) 465-2400, Ext. 255 Fau: (772) 467-584

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	D:41	υ	EPA 524.2	0,414	1.6	9/29/06 0:52	E96080
2380	cis-1,2-Dichlorcethene	[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]	vg/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	ប	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	υ	EPA,524.2	0.21	0.84	9/29/06 0:52	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	Ŭ	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	Trichioroethene	[3]	ug/L	0.36	υĖ	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]	υg/L	0.20	U	EPA 524.2	0.20	0.80	9/29/06 0:52	E96080
2991	Toluene	[1000]	ug/L	0.22	บ	EPA 524.2	0.22	0.88	9/29/06 0:52	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	ับ	EPA 524.2	0.21	0.84	9/29/06 0:52	E96080
2996	Styrene	[70]	ug/L	0.21	Ü	EPA 524.2	0.21	0.84	9/29/08 0:52	E96080

Reporting Format 82-650,730 Effective January 1995, Rovised January 2004

5600 US 1 North Fort Pierce, FL 34946

4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509

*DOH # E96080 'rinted: 10/13/06



FDOH # E85370

307 Coolidge Avenue 16331 Cortez Blvd. Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E84418

^{*} 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 peri

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	ī	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.

System Type (check one)	System Name:	PWS I.D. #:	
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) Distribution Routine Compliance (with 62-550) Quarterly (Which Cor? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 52-55) Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or Intake) Clearance (permitting) Replacement (of invalidated Sample Max Residence Time Other: Ave Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Note: See 52-550.50(s) for requirements and restrictions. Note: See 52-550.50(s) for requirements and altach a results page for each site. Sampler's Phone #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #:	System Type (check one) . Community N	ontransient Noncommunity	Transient Noncommunity
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) Distribution Routine Compliance (with 62-550) Quarterly (Which Cor? Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 52-55) Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or Intake) Clearance (permitting) Replacement (of invalidated Sample Max Residence Time Other: Ave Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Note: See 52-550.50(s) for requirements and restrictions. Note: See 52-550.50(s) for requirements and altach a results page for each site. Sampler's Phone #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #: Sampler's Fax #:	Address:		
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 bihalomethanes and haloacetic acids):mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) DistributionRoutine Compliance (with 62-550)Ouarterfy(which cits?	• •		
E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known); Sample Date: Sample Date: Sample Location (be specific): TRIP BLANK Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Reason(s) for Sample (check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (which corry	City:	State:	ZIP Code:
SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Date: 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 (Chack Only One) Reason(s) for Sample (Check all that apply) Distribution Resultine Compliance (with \$2.550) Quarterly (Which One) Entry Point (to Distribution) QConfirmation of MCL Exceedence* Special (not for compliance with \$2.550) Plant Tap not for compliance with \$2.550) QComposite of Multiple Sites** Violation Resolution Raw (at well or intake) QClearance (permitting). Replacement (of invalidated Sample Max Residence Time QOther: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See \$2.550.500(6) for requirements and restrictions. Note: See \$2.550.512(3) for requirements and attach a results page for each site. for Nitrate or Nitrite MCL exceedences. Sampler's Phone #: Sampler's Phone #: 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.	Phone #:	Fax #:	
SAMPLE INFORMATION (to be completed by sampler) Sample Number: Location Code (if known): Sample Date: 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 (Chack Only One) Reason(s) for Sample (Check all that apply) Distribution Resultine Compliance (with \$2.550) Quarterly (Which One) Entry Point (to Distribution) QConfirmation of MCL Exceedence* Special (not for compliance with \$2.550) Plant Tap not for compliance with \$2.550) QComposite of Multiple Sites** Violation Resolution Raw (at well or intake) QClearance (permitting). Replacement (of invalidated Sample Max Residence Time QOther: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See \$2.550.500(6) for requirements and restrictions. Note: See \$2.550.512(3) for requirements and attach a results page for each site. for Nitrate or Nitrite MCL exceedences. Sampler's Phone #: Sampler's Phone #: 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.	E-Mail Address:		
Sample Date: Sample Time: Sample Location (be specific): TRIP BLANK Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):			
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)	Sample Number:	Location Code (if known)	· · · · · · · · · · · · · · · · · · ·
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) Distribution Routine Compliance (with 62-550) Quarterfly (Which Qur? Entry Point (to Distribution) QConfirmation of MCL Exceedence* Special (not for compliance with 62-550) Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or intake) Qclearance (permitting) Replacement (of invalidated Sample Max Residence Time Qother: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer "See 62-550.500(6) for requirements and restrictions. Note: See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements and attach a results page for each site. Sampler's Name: Sampler's Name: Sampler's Fax #: 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.		· ·	*
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids):mg/L Field pH:	a transfer of the second section of the section		
Reason(s) for Sample (Check all that apply) Distribution	· · · · · · · · · · · · · · · · · · ·	alomethages and haloacatic acids)	mg/L Field pH:
Distribution	· · · · · ·	·	
Entry Point (to Distribution) Confirmation of MCL Exceedence* Special (not for compliance with 52-55)			
Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of invalidated Sample Max Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Nature			
Max Residence Time Ave Residence Time Sampling Procedure Used or Other Comments: 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. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.		site of Multiple Sites**	☐Violation Resolution
Ave Residence Time Sampling Procedure Used or Other Comments: 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. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Raw (at well or intake)	ICE (permitting)	Replacement (of invalidated Sample
Near First Customer See 62-550.500(6) for requirements and restrictions. See 62-550.550(4) for requirements and note: See 62-550.512(3) for additional requirements altach a results page for each site.	Max Residence Time Other:		·
"See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Ave Residence Time Sampling I	Procedure Used or Other Co.	mments:
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. Sampler's Name: Sampler's Phone #: Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	Near First Customer		
Sampler's Phone #: Sampler's Fax #:	Note: See 62-550.512(3) for additional requirements		
Sampler's Phone #: Sampler's Fax #:	Sampler's Name:		
Print Name Print Title do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.			
CERTIFICATION (to be completed by sampler) I,	Sampler's E-Mail Address:	·	
do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.			
do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.	,	ı	
completed and correct.	Print Name		Print Title
Signature: Date:	·	em and sample collection inf	ormation is
	·	Date:	

	RY CERTIFICA RRENT DOH ANA		be completed by lab - Please type or print	legibly)
			atories, Inc. Florida Certification	v#- EOGNAN
Address:	5600 US 1		Certification Expiration Da	
	Fort Pierce	, FL 34946	Phone #:(772) 465-2400 Ext. 285
ANALYSIS I	NFORMATION	(to be completed by lab)	Date Sample(s) Received::	9/19/06
PWS ID (Fro	m Page 1):		Sample Number (From Page 1):	
Lab Assigned	d Report Numb	per or Job ID:	2126845002	
Group(s) Ana	alyzed and Res	sults attached for complia	nce with Chapter 62-550, F.A.C. (Cl	heck all that apply):
Inorg	<u>janics</u>	Synthetic Organics	Volatile Organics	Disinfection Byproducts
[]Al	I 17	[]All 30	Ali 21	Trihalomethanes
— ∏Pa	artial	All Except Dioxin		Haloacetic Acids
	trate	Partial		
Ni		Dioxin Only	Radionuclides	Chlorite
∏A:	sbestos Only		Single Sample	Casandaria
<u> </u>	•		Qtrly Composite**	Secondaries
Were any an	alyses subcon	tracted? X Yes	No	All 14
		certification numbers:		. Partial
		CER	RIFICATION	
l,	Cindy Cron	n <u>er</u>	,Laboratory	Director
J. HEDEDV	(Print Name)		(Print 1	îtle)
		ali attached analytical da xoratory Accreditation Col	ita are correct and unless noted mee nference (NELAC).	t all regulrements of the
Signature	_	•	Date:13-Oct	- 06
in rejection of th Bureau of Labor	ride a valid and co e report, possible ratory Services.	rrent Florida DOH lab certifica	ition number and a current Analyte Sheet for ic water system for failure to sample, and ma	the attached analysis results will result
COMPLIANC	E DETERMIN	ATION (to be completed by I	DEP or DOH)	
Sample Colle	ction Info Sati	sfactory: Yes	No Sample Analysis Info	Satisfactory: Yes No
Replacem	ent Sample(s)	Requested (circle or highligh	a group(s) above) Revised Report Rea	QUESted (circle or highlight group(s) above)
Additional	Monitoring Re	equired (circle or highlight group	o(s) above)	
Reason(s):	MCL(s) E		Detection(s)	Incomplete Report
		nalyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
Person Notific				d.
Comments:			Date Notife	<u> </u>
Date Review	•	DE	P/DOH Reviewing Official:	
DOIG MENICHI	ρυ·		730 Effective January 1995, Revised January 2004	· · · · · · · · · · · · · · · · · · ·
		. •		

ENVIRONMENTAL LABORATORIES, INC.

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

				•		•	40.0			
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	1[75]	ug/L	0.23	U -	EPA 524.2	0.23	0.92	9/29/06 1:25	E96080
2976	Vinyi chloride	[1]	ug/L	0.32	υ	EPA 524.2	0.32	1.3	9/29/06 1:25	E96080
2977	1,1-Dichloroethene	(7)	ug/L	0.23	. ย ;	EPA 524.2	0.23	0.92	9/29/06 1:25	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	Ų ·	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	ับ	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]	υg/L	0.22	υ	EPA 524.2	0.22	0.88	9/29/06 1:25	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	บ	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080
2996	Styrene	[70]	ug/L	0.21	Ü	EPA 524.2	0.21	0.84	9/29/06 1:25	E96080

Reporting Format 62-550,730 Effective January 1995, Revised January 2004

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

^{*}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 peri

HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 5600 U.S. I North, Fort Pierce FL 34945 Phone (772) 465-2400, 6rt 225 Fax (772) 467-1584

Date issued: October 9, 2006

Brian Heath To:

> Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Agua 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.

Fort Pierce, FL 34946 FDOH # E96080

4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 34601 FDOH # E85370

16331 Cortez Blvd FDOH # E84418

Printed: 10/9/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Fort Plerce FL 34946 Phone: 072) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 THM/HAA5

[2126797]

Received:

9/13/06 12:45

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North Photos 285 1840 1772 1457-584

CERTIFICATE OF ANALYSIS [2126797]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 THM/HAA5

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2126797001 Trip Blank				Sampled: Matrix: Water	Results	Received reported on	: 09/13/06 Wet Weight B		
Bromodichlorometha	ne	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
Chioroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 11:49	WR	E96080
Dibromochlorometha	ene	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
	2126797002 115 Cow Cr			· · · · · · · · · · · · · · · · · · ·	Sampled: 09/12 Matrix: Water		Received			
			_			· · - · - · - · - · - · - · · · ·	геропео оп	Wet Weight B		
Bromodichlorometha	ine	5.0	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 12:23		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
Dibromochlorometha	ane	16	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 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.

Printed: 10/9/08

À

Company:

HARBOR BRANCH 5600 US | North, Fort Pierce, Pl. 34945 Phone (772) 465-2400, Ext. 285 | Fax: (772) 467-584

Chain-of-Custody

and

Agreement to Perform Services

Method(s) of

Shipment:

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

Laboratory not responsible for omitted information

FDOH # E960B0 5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

FDOH # E83509 FDOH # E84418 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.

Address	930	SWITT	5.	2	19	su TL3				V COV			Delto	ona, FL 3	32725 Sprin	g Hill, FL 34607
,	PALATA	CA F 1-11-11	<u>د</u> ا	Fax:	Zip:	32177 -529-997		Indard Laboratory	Tempe	cked	Custody Inta	×	pH Check Y		LAB# <i>2Ľ</i>	1297
Client Co	ontact:	PAU	سا	<i>]]]</i>]	<u> </u>	18W									Preserva	- }
Project N	Name:	PALM	1	300	17	4 6444		Or	<u> </u>		ANALYSES	REQUE	STED		H#Hydrochloric Acid N#Nitric Acid	P*Phosphoric Acid ST=Sodium
Sampled	By:	PAL	j	7/0	m.P.		Rush in	Business Days boratory Approval		5	•				S=Sulfuric Acid SH=Sodlum Hydroxide	Thiosulfate U=Umpreserved
LABID	COLLE DATE	TIME	Sample Type*	MATRIX**	Conteiners		LE DESC Il Appear C	RIPTION on Report	7	IFFR					COMM	IENTS
	cods		S.	Σ	*	~\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	121 A L	7	1	V-		- 				
oe:	174712P		ļ			11017	<u> </u>	-7	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<i>/</i> -		_			ļ,	
002	9/14/06	4:580	6	W	4	15° C	an che	EC_	人	X					CL-	0.6
]			1			_
			<u> </u>			· 						1				
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· · · · · · · · · · · · · · · · · · ·																
*	Sample Typ	e: G=@reb	\C=C0	mposit			" Matric S=S	olid St.=Sludge DW=	-Drinking	Water (3W=Ground	Water SV	/=Surface M	/ater W/	V≃Wastewater M=N	larine
~ ₽	RELINQUISH	IED B					ELINQUISHED B		حتري		RELII	IQUISHED	BY An	rde	to FOX	
1 A A	DATE/TIME	9/13/	116		8:U		ATE/TIME 9/5	3/0e 12/	८३५			DATE/TIME 9-14-06 16W				W
- C 20	RECEIVED E) <u></u>			ECEIVED BY	growte		مست		RECEIVED FOR HBEL CUSTODY BY DATE/TIME O. 14:11/ (2.2)				
	DATE/TIME		1/17				ATE/TIME &	9-13-06	12)	5	DATE	/ IME		CLASS	9.14.06	
Distribution	: WHITE with	h REPORT;	YELL	UW fo	rfilE	; PINK to CLIENT	, GOLD for SAV	IPLER						CHAI	N PAGE	of

PUBLIC WATER SYSTEM INFORMATION (to be complete	d by sampler - Please type or pr	int legibly)
System Name: DUMPEU	PWS I.D. #:	2540865
System Type (check one) Community Non	transient Noncommunity	Transient Noncommunity
Address: Fast River Orice		
city: Fast Palatta	State: FL	ZIP Code: 32131
Phone #:352-787-0980	Fax#: 3502-78	7-11333
E-Mail Address:	~	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number:	Location Code (#known):	
Sample Date:		
·		
Sample Location (be specific): Trip Blank		<u> </u>
Disinfectant Residual (Required when reporting results for trihalo	methanes and haloacetic acids)	:() Co mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (c	Check all that apply)
Distribution Routine C	ompliance (with 62-550)	Quarterly (Which Otr? 350
Entry Point (to Distribution)	ion of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	e of Multiple Sites**	Violation Resolution
Raw (at well or intake)	"	Replacement (of Invalidated Sample)
Max Residence Time Other:		
	ocedure Used or Other Co	mments:
Near First Customer *See 62-550.500(6) for requirements and restrictions.	** See 62-550.5	550(4) for requirements and
Note: See 62-550.512(3) for additional requirements	atlach a res	sults page for each site.
for Nitrate or Nitrite MCL exceedences.		
Sampler's Name: PML Thompson Sampler's Phone #: 386 329 - 1122		- 0/ 1 - 0917
Sampler's Phone #: 386 329 1122	Sampler's Fax #:	386-319-9917
Sampler's E-Mail Address:	}	
CERTIFICATION (to be completed by sampler)		
1, PAR Thomason.	KELD C	- verelin mm
Print Name	n and comple collection in	Print Title
do HEREBY CERTIFY that the above public water system completed and correct.	н ани затріе сопеслой ій	r / .
Signature:	Date:	10/19/16
Reporting Format 62-550.730 Effective Janu	 	
	•	

LABORATO	RY CERTIFIC	ATION INFORMATION (to be completed by lab - Please type or pri	int legibly)
ATTACH A CU	RRENT DOH AN	ALYTE SHEET		
Lab Name:	Harbor Bra	nch Environmental Labo	ratories, inc. Florida Certificat	tion #: E96080
Address: _	5600 US 1	North	Certification Expiration	Date: 06/30/2007
	Fort Pierce	e, FL 34946	Phone #:(7	72) 465-2400 Ext. 285
ANALYSIS I	INFORMATIO	(to be completed by lab)	Date Sample(s) Received::	9/13/06
PWS ID (Fig	om Page 1):		Sample Number (From Page 1)	
Lab Assigne		ber or Job ID:		
Group(s) An	alyzed and Re	sults attached for compli	ance with Chapter 62-550, F.A.C.	(Check all that apply):
lnor	ganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
A	JI 17	Aii 30	Ali 21	Trihalomethanes
□P	artial	All Except Dioxin	[_]Partial	Haloscetic Acids
	litrate	Partial		Bromate
	litrite	Dioxin Only	Radionuclides	Chlorite
A	sbestos Only		Single Sample	Secondaries
_	•		Qtrly Composite	All 14
Were any ar	nalyses subcor	ntracted? X Yes	No	[]All 14 [Partial
If you nless	e provide DOS	certification numbers:	E84129	[Pallial
	•	T FOR EACH SUBCONTRAC		
		CE	RTIFICATION	
l,	Cindy Cro	mer	Laborato	ory Director
	(Print Name)	(Pri	int Title)
		t all attached analytical c boratory Accreditation C	lata are correct and unless noted monference (NELAC)	neet all requirements of the
Signature	\sim	_	·	O-1 00
•				Oct-06
			cation number and a corrent Analyse Snee blic water system for failure to sample, and	It for the attached analysis results will result of may result in notification of the DOH
	oratory Services.	to the last of the same of the		
		ample dates Jocations for each		
		NATION (to be completed bitisfactory:	y b⊵r di boh) ∏No Sample Analysis In	fo Satisfactory: Yes No
•		, _ =		Requested (circle or highlight group(s) above)
	•	Required (circle or highlight gro	· · · · · · · · · · · · · · · · · · ·	A to the same of free party will will will be a same of
Reason(s):	MCL(s)	Exceeded	Detection(s)	Incomplete Report
		Analyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
Person Noti	fied:		Date No	tified:
Comments:				
Date Review			EP/DOH Reviewing Official:	
			50.730 Effective January 1995, Revised January	2004

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

Client:

Aqua Utilities Florida, Inc.

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Sample Location:	Trip Blank			Disir	dual (mg/L				
Sample Number:	2126797001					PWSID			
Sampling Date:									
Date Received:	9/13/06 12:45								
Contam ID Contam Name	e MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDI	Analysis Date	Analysis Time	Lab ID

Report Number/ Job ID

Palm Port 6444 THM/HAA5

2941	Chloroform	[N/A]	ug/L	0.25 ป	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 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 colected during the same monitoring peri

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

stem Name:	PW\$ I.D. #:	
stem Type (check one) Commun		Transient Noncommunity
ily:	State:	
hone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed to		
Sample Number:		·
Sample Date: 09/12/06		4:35 PM
Sample Location (be specific): 115 Cow		
· · · · · · · · · · · · · · · · · · ·		
Disinfectant Residual (Required when reporting		
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Otr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-55
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer *See 62-550.500(6) for requirements Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exce	onal requirements attach a re	550(4) for requirements and substitute for each site.
Sampler's Name:		
Sampler's Phone #:	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (
CERTIFICATION (to be completed by sample	ŋ	
I, Print Name		Print Title
do HEREBY CERTIFY that the above pu completed and correct.	blic water system and sample collection in	
Signature:	Date:	and the second s

LABORATORY CERTIFICATION INFORMATION (100 to ATTACH A CURRENT DOH ANALYTE SHEET	e completed by lab - Please type or print le	gibly)				
Lab Name: Harbor Branch Environmental Laborate	ories Inc. Florida Certification	#: E96080				
	Certification Expiration Dat					
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:						
Group(s) Analyzed and Results attached for compliance	ce with Chapter 62-550, F.A.C. (Che	eck all that apply):				
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts				
All 17All 30	All 21	Trihalomethanes				
Partial All Except Dioxin	Partial	Haloacetic Acids				
NitratePartial		Bromate				
☐Nitrite ☐Dioxin Only	Radionuclides	Chlorite				
Asbestos Only	Single Sample	Secondaries				
	Qtrly Composite**	All 14				
Were any analyses subcontracted? X Yes	_ No	Partial				
If yes, please provide DOH certification numbers:	E84129	tar star				
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED	D LAB					
CERT	IFICATION					
I, Cindy Cromer						
(Print Name) do HEREBY CERTIFY that all attached analytical data	(Print Till are correct and unless noted meet					
National Environmental Laboratory Accreditation Confi		an ichnicinous oi me				
Signature Cong Comm		06				
* Failure to provide a valid and current Florida DOH lab certification						
in rejection of the report, possible enforcement against the public						
Bureau of Laboratory Services. ** Please provide radiological sample dates locations for each qu	arter					
COMPLIANCE DETERMINATION (to be completed by DE						
Sample Collection Info Satisfactory: Yes No.		atisfactory: Yes No				
Replacement Sample(s) Requested (circle or highlight g	proup(s) above) Revised Report Req	uested (circle or highlight group(s) above)				
Additional Monitoring Required (circle or highlight group(s	s) above)					
Reason(s): MCL(s) Exceeded	[]]Detection(s)	Incomplete Report				
Missing Analyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory				
Other.	Data Matition					
Person Notified:	Date Notified:					
Comments:	/DOH Reviewing Official:					
Panatin Fame 57 550 73	0 Effective January 1995, Revised January 2004	·				
reproduced to the control of the con	Commerce outsides, 1997, 1013000 (003001) 2001					

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Pierce Pt. 34946 Phone: (772) 465-2400, Ext. 286 Fast: (772) 467-584

Aqua Utilities Florida, Inc.

Client:

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

						***			· · · · · · · ·	
Conta ID	nm Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
Date F	Received:	9/13/06 12:45								
Sampl	ling Date:	9/12/06 16:35								
Sample Samplir Date Re	le Number:	2126797002					PWS ID			···
Sampl	e Location:	115 Cow Creel	k Grab		Disi	nfectant Resi	dual (mg/L		*·	
		•		PWS ID Analysis Analytical Analysis Analys)	•				

Report Number/ Job ID

Palm Port 6444 THM/HAAS

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

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

^{*} 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 peri

SOUTHERN ANALYTICAL LABORATORIES, INC.



110 BAYVIEW BOILLEVAROLUCIDOMATOLOGISMOV BYLESS 1844 OKOTUBUS 2210

Harbor Branch Environmental Laboratory

2126 773- 2126 798

Sample ID: 2126 797 0028

September	29,	2006
-----------	-----	------

Sample No.: 63442.09

PWS ID:

Disinfectant Residual (mg/L):

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MOL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroscetic 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	1	EPA 552.2	1	09/29/06	04:40	E84129
2452	Trichloroscetic Acid	N/A	ug/L	1.3	1	EPA 552.2	1	09/29/06	04:40	E84129
2453	Monobromoacetic Acid	N/A	μg/L	1.4	1	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:

¹ 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 fimit.

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 12/05/2903

	nch environmen Hangs	TAL LABORATO	DRY							
PROJECT NAME:	HARS				1 '	NALYSIS RI	EQUIRED		COLLECTION	n remarks
						PRESERVA	TIVE			
					Wingel					
SAMPLE TYPE: Comp	posite = C, Grab = G,		. HNO ₃ = N, Na ₃ S ₂ O ₃ = SH, Unpreserved = U	sT,	2					
AATRIX: Drinking Wi . Waste = W, Oil =	ater = DW, Groundwater = GW •O	V, Surface Water = SW, \	Yastewater - WW, Soil (or solids =	14					
Client Cets.	MATRIX COLLECTION DATE TIME	TYPE	IDEL SAMPLE ID	goules		[SAMPUE ÇOL	HOLDERTES
01	DIU 9724 6940	G 2126	7730018	1	2			7x	Done	26 NHC
62-	1 91206 1110	2126	7740CZ	/	4	1		3_	ovnea	GNHC
03	91706 8980	2/26	7750018		ا ا	 				
<u>(H</u>	97201 0800	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	776002							
<u>65</u>	9-1206 8925	12/26	7770018							
<u> </u>	2720 0925	سيحناك كالكائمان ويها المحاد	778002		<u> </u>					
<u> </u>	41706 0845		77900113		_ 	 -				
08	7-12 04 1505		796 co 18							
09	272=1- 1635		297002B	-/-	<u> </u>	ļ				
10 1	010 177206 1535	(2126)	198001 B	1/	<u>سر</u>					

ARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. OD U.S. I North, Fort Plence P. 34946 One: 0772) 465-2400, Ext. 228 Fast. (772) 467-584

Date issued: June 8, 2006

To: **Brian Heath**

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

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

Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 Brooksville, FL 3460 FDOH # E85370

16331 Cortez Blvd FDOH # E84418

Printed: 6/8/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. I North, Fort Pierce Rt. 34946 Phone: (772) 465-2400, Ext. 295 Fez: (772) 467-584

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 TTHM

Received:

5/17/06 14:00

[2125743]

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North, Fort Plane P. 34946 Phone: (772) 465-2400. Ext 285 Fix: (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: Sample ID:	2125743001 115 Cow Cre	ek Grab			Sampled: 05/16/06 Matrix: Water		Received: reported on \	05/17/06 Net Weight B		_
Bromodichlorometh.	ane	3.4	ug/L	0.25	EPA 524.2	VOC2639	<i>,,</i> *	05/30/06 17:09		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
Dibromochlorometha	ane	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
	2125743002 Trip Biank				Sampled: Matrix: Water	Danilla		05/17/06		· · · · · · · · · · · · · · · · · · ·
Bromodichlorometha	•	0.25 ป		0.05		·	reported on V			
	31 10		n∂ √ F	0.25	EPA 524.2	VOC2639		05/30/06 17:45		E96080
Bromoform		0.41 U	ug/L	0.41	2, , , , , 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
Dibromochlorometha	ane	0.30 U	υ 9 /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

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.

<u> </u>
<u>a</u>

HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 5600 US I North, Fort Plance Rt. 34946 Phone (772) 465-2400. Ext. 285 Fex. (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 FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946 FDOH # E83509 255 Enterprise Rd., Suite 1	FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 3393 FDOH # E84418
For Lab Use Only	Deltona, FL 32725	Spring Hill, FL 34607

Company: AGUA UTILITES	Method(s) of Shipment:	PRINT LEGIBLY	FDOH # E83509	
Address: 930 SWTH 5.R. 19 SUITES	Shipment:	heled	255 Enterprise Rd., Suite 1 2514	_FDOH # E84418 4 Osawaw 8lvd, ing Hill, FL 34607
PALATIKA. FL Zip: 32177 Phone: 386-319-1122 Fax: 386-315-9977 Client Contact: PAUL Thompson Project Name: PALM PURT # 6444 Sampled By: PAUL THOMPSON	e-mail: Standard Laboratory Turn Around Time Or Rush in Business Days Requires Laboratory Approvel	-	Preservi	ation Key P=Phesphone And ST=Sodium Thiosuffate
DATE TIME W AS WILL	E DESCRIPTION Appear On Report		SH#Sodium Hydroxide	
001 5/16/06 TIS 6 DW 3 1/5 (W CREEK X BLANK X		Cl - 8	5.2
* Sample Type: G=Grab C=Composite				
RELINQUISHED BY DATE/TIME 5/17/16 RECEIVED BY RECEIVED BY RECEIVED BY	Matrix: S=Solid SL=Studge DW=Drinking \ LINQUISHED BY	DATE/TIME RECEIVED FOR HIBEL OF	LAPPE TO FLA	4
Committee of the commit	DOLD IN OMBIFER		CHAIN PAGE of	

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

PUBLIC WATER SYSTEM INFORMATIO	(to be completed by sampler - Please type or print legibly)
System Name: PCUNT F	DY+ _ PWS I.D. #: 25408 65
System Type (check one) Communi	
Address: EUST River	NITE
CAST CICCI	
FOX De 16	
city: East Palatka	State: FL ZIP Code: 32131
Phone #: 362-787-098	50 Fax#: 350-787-6333
E-Mail Address:	
SAMPLE INFORMATION (to be completed by	complete
Sample Number:	Location Code (if known):
Sample Date: 05/16/06	Sample Time: 4:35 PM
Sample Location (be specific): 115 Cow 0	Creek Grab
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 0, > mg/L Field pH: 1.5
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Otr? 2001
Entry Point (to Distribution)	Confirmation of MCL Exceedence* [Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites** Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition	
for Nitrate or Nitrite MCL exceed	
Sampler's Name: PAV 77	ton Price
	1122 Sampler's Fax #: 386 - 329 9977
Sampler's E-Mail Address:	Na
CERTIFICATION (to be completed by sampler)	
1 PAL THOMBW	Ca. A (mag. im a
Print Name	FIELD CONCINATIVE
-	ic water system and sample collection information is
completed and correct.) 1
Signature:	Date: 6 /19/06
	0.730 Effective January 1995, Revised January 2004

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

LABORATO	RY CERTIFICA	ATION INFORMATION (N	be completed by lab - P	ease type or print leg	ibly)
ATTACH A CUF	RRENT DOH ANA	LYTE SHEET		•	
Lab Name:	Harbor Bran	nch Environmental Labora	atories, Inc. Flor	rida Certification #	: E96080
Address:	5600 US 1	North_	Certification	n Expiration Date	: 06/30/2006
	Fort Pierce	FL 34946	Phone #:	•	65-2400 Ext. 285
ANALYSIS II	NFORMATION	(to be completed by lab)	Date Sample(s) F		
PWS ID (From					# # WINT
		er or Job ID:			
		sults attached for complian		·	ik ali that annivi:
	anics	Synthetic Organics		Organics	Disinfection Byproducts
[<u></u>	17	All 30	All 2		Trihalomethanes
[]Pa	ırtial	All Except Dioxin	Parti		Haloacetic Acids
[Ni	trate	Partial			Bromate
[_]Nit	trite	Dioxin Only	Radion	uclides	Chlorite
[];As	bestos Only		Sing	ie Sample	Cocandarios
	-		[]Qtrly	Composite**	Secondaries
Were any ana	alyses subcont	racted? Yes	X_ No		All 14
If ves niease	provide DOH	certification numbers:			Partial
		FOR EACH SUBCONTRACT	ED LAB		and the second s
		CER	TIFICATION		
Ι,	Cindy Crom	<u>er </u>		Laboratory Dir	ector
/ Ufferny	(Print Name)			(Print Title	
		all attached analytical dal oratory Accreditation Cor		ess noted meet at	requirements of the
Signature		y ame	•	00 1 0	3
					e attached analysis results will result esult in notification of the DOH
Bureau of Labor	atory Services.	•	•	• • •	
		nple dates .locations for each on ATION (to be completed by E			
		sfactory: Yes !		Analysis Info Sal	isfactory: Yes No
•		1	•	•	ested (circle or highlight group(s) above)
		equired (circle or highlight group	* ***	. , , , , , , , , , , , , , , , , , , ,	, and a few section of the section o
Reason(s):	MCL(s) E	xceeded	Detection(s)		Incomplete Report
,,,		nalyte Sheet(s)	Location Uns	atisfactory	Analysis Unsalisfactory
D 41 400	[]Other:			D (11 11A ·	
	ed:			_ Date Notified:	
Comments:	.4.	· DEI	P/DOH Reviewing Of	ficial:	
Date Reviews	eu;		30 Effective January 1995, I		
		reporting number 02-250.1	LIEOTE JOINEY 1999.	ANDRA ABINDIÀ COCA	

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

PW\$ ID

Sampling Date:

5/16/06 16:35

Date Received:

Contam Name

5/17/06 14:00

Contam

ID

MCL

Analysis Units Result

Qualifier Method

Analytical

Lab MDL

Analysis Analysis
Date Time

ysis . .

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	[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, Yable 1. Results Qualified with A. F. H. N. O. Y. 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 peri

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

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

Fore Williams

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Bivd Brooksville, FL 3460 FDOH # E84418

Printed: 6/8/08

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

PUBLIC WATER SYSTEM INFORMATIO	I (to be completed by sampler - Please type or p	print legibly)
System Name:	PWS I.D. #:	
System Type (check one)		
Address:		•
City:	State:	ZIP Code:
Phone #:		
E Stall Address.		
SAMPLE INFORMATION (to be completed by		
Sample Number:		C.,
Sample Date:	•	
Sample Location (be specific): Trip Blank		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	: ma/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (0	
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Cor	
Near First Customer *See 62-550.500(6) for requirements a	and restrictions. ** See 62-550.5	(50(4) for requirements and
Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed		sults page for each site.
Sampler's Name:		
Sampler's Phone #:	•	en en en en en en en en en en en en en e
Sampler's E-Mail Address:	and the control of the same of the control of the c	•••
CERTIFICATION (to be completed by sampler)		
l,Print Name		Print Title
do HEREBY CERTIFY that the above publicompleted and correct.	c water system and sample collection inf	
Signature:	Date:	
	0.730 Effective January 1995, Revised January 2004	

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

LABORATORY CERTIFICATION INFORI	WATION (to be completed)	by lab - Please type or print	legibly)
ATTACH A CURRENT DOH ANALYTE SHEET			
Lab Name: Harbor Branch Environme	ntal Laboratories, Inc.	Florida Certification	n#: E960 <u>8</u> 0
Address: 5600 US 1 North	Ce	rtification Expiration Da	ite: 06/30/2006
Fort Pierce, FL 34946	Ph	one #: (772) 465-2400 Ext. 285
ANALYSIS INFORMATION (to be completed	i by lab) Date Sam	ple(s) Received::	5/17/06
PWS ID (From Page 1):	Sample N	umber (From Page 1):	
Lab Assigned Report Number or Job ID:			
Group(s) Analyzed and Results attached for	or compliance with Chap	oter 62-550, F.A.C. (Ch	eck all that apply):
Inorganics Synthetic Org		/olatile Organics	Disinfection Byproducts
	_	All 21	X]Trihalomethanes
Partial All Excep	t Dioxin	Partial	Haloacetic Acids
Nitrate Partial			[]Bromate
Nitrite Dioxin On	ıly	Radionuclides	Chlorite
Asbestos Only		Single Sample	Secondaries
		Qtrly Composite**	[]All 14
Were any analyses subcontracted?	Yes X No		A# 4 Partial
If yes, please provide DOH certification nu	mbers:		["]ı athar
ATTACH DOH ANALYTE SHEET FOR EACH SUB			·
	CERTIFICATION		
I, Cindy Cromer		Laboratory	
(Print Name) do HEREBY CERTIFY that all attached an		(Print T	•
National Environmental Laboratory Accred	-		an requirements or the
Signature Cing Com	•	•	-06
* Failure to provide a valid and current Florida DOH			
in rejection of the report, possible enforcement again			
Bureau of Laboratory Services. ** Please provide radiological sample dates locatio	ne for nach mizetar		
COMPLIANCE DETERMINATION (to be con			
Sample Collection Info Satisfactory: Y	•	Sample Analysis Info S	Satisfactory: Yes No
Replacement Sample(s) Requested (circ	,	Revised Report Rec	(Uested (circle or highlight group(s) above)
Additional Monitoring Required (circle or)	nighlight group(s) above)		
Reason(s): MCL(s) Exceeded	Detec	tion(s)	Incomplete Report
Missing Analyte Sheet(s)		ion Unsatisfactory	Analysis Unsatisfactory
Other:Person Notified:		Date Notifier	-
Comments:	DEP/DOH Revie	wing Official:	
Reporting F	Format 62-550.730 Effective Jan	uary 1995, Revised January 2004	

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North, Fort Plance, Ed. 34946 Fire (772) 465-2400, Ed. 25.

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

MCL

Contam

Contam Name

Analysis

Units Result

Analytica Qualifier Method

Analytical

Lab MDL Date

Analysis Analysis Date 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 ป	EPA 524.2	0.25	5/30/06	5:45 PM	E96080
2944	Dibromochforomethane	[AVA]	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 82-550. 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 peri

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771

FDOH # E83509

Printed: 6/8/06



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370 16331 Cortez Blvd Brocksville, FL 3460 FDOH# E84418

HARBOR BRANCH ENVIRONMENTAL Laboratories. Inc. 5600 U.S. I 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

[2124848]

Received:

2/22/06 12:40

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

4155 St. John's Pkwy, Suite 1300

Sanford, FL 32771 FDOH # E83509

Lehigh Acres, FL 3393 FDOH # E85370

307 Coolidge Avenue

2514 Osawaw Boulevard Spring Hill, FL 3460 FDOH # E84418

FDOH # E96080 Printed: 3/14/06

Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. I 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

2/22/06 12:40

[2124848]

Received:

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

HBEL Sample

Method Narratives (If Applicable)

<u>Number</u>

Sample ID

Analytical Method

Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plance R. 34946 Phone: (772) 465-2400, Ext. 295 Fax. (772) 467-1584

CERTIFICATE OF ANALYSIS [2124848]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port 6444 THM/HAA5

Parameter Qual	ifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab . ID
Laboratory ID: 2124848 Sample ID: 2124848	- * *			Sampled: 02/21/0 Matrix: Water		Received reported on	: 02/22/06 Wet Weight 6		- !
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
Dibromochioromethane	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/t.	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	υg/L	0.28	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96080
Monochioroacelic Acid	0.88 U	ug/L	88.0	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:48	RS	E96050
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: 21248486 Sample ID: Trip Blar				Sampled: Matrix: Water	Results	Received,	02/22/06 Wet Weight B		:
Bromodichloromethane	0.25 U	սց/[_	0.25	EPA 524.2	VOC2604		02/28/06 21:43		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 Ú	ug/L	0.50	EPA 524.2	VOC2604		02/28/06 21:43	WR	E96080

Company: Address: 9.3 Phone: 366 Client Contact: Project Name: Sampled By: LAB ID DATE UOI ZUIN OM- SA	ABOR SOUTH OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF TH	Fax: Si	SUITES. INC 34946 SFAX: (772) 467-151 SUITES SUITE	Method(s) of Shipment:	Laboratory d Time	1 1	FOUR CUSTON ANALYS	Lab Usitody Seals Intact	RD LL OUT DAREAS NLY B Only	5600 U.S. Fort Pierc FDOI 255 Enterp Deltona, Fi	H # E96080 I North Se. FL 34946 H # E83509 Drise Rd., Suite 1 L 32725 LAB #	ervation Key bid P=Phosphone Acid ST=Sodken Thiosustate
Sample Typo: Control Spanning Control S	2/20/01				dae DW=Drinkin	Q Water G		40.01160	V=Surface V	Water WW=	Wastewater M=M	arine
Distribution: WHITE with F	2-24 CG	/OCC	PINK IN CLIENT: GOL			240	DATE/	VED FOR	IBEL CUST	ODY BY CHAIN F	3700	10:50

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: POUN POR	+ PWSI.D.#: 21540865
System Type (check one) Community	Nontransient Noncommunity Transient Noncommunity
Address: East River C	rice
ciny. East Pauatka	State: FL ZIP Code: 32(3)
Phone #352 1787-0080	Fax# 352 781- 6333
E-Mail Address:	والموارد المستوي والموارد والمراج والمستوين والمستوين والمستوي والمائية والمتعارض والمستوين والمستوين
SAMPLE INFORMATION (to be completed by sam	pier)
Sample Number:	Location Code (if known):
Sample Date: 02/21/06	Sample Time: 11:00 AM
Sample Location (be specific): 115 Cow Creel	•
Disinfectant Residual (Required when reporting resu	Its for trihalomethanes and haloacetic acids) mg/L Field pH;
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Lauraterly (Which Otr: 181
·	Confirmation of MCL Exceedence* Special (not for compliance with 62-550)
	Composite of Multiple Sites** Violation Resolution
Raw (at well or intake)	Clearance (permitting) [Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time Sa	mpling Procedure Used or Other Comments:
Near First Customer *See 62-550.500(6) for requirements and requirements and requirements and requirements and requirements and requirements and requirements are some some seed of the second of the	uirements attach a results page for each site.
Sampler's Name: PAR Thurs.	ມ
Sampler's Phone #: 366- 329-112 L	Sampler's Fax #: 386 329-9977
Sampler's E-Mail Address:	λ
CERTIFICATION (to be completed by sampler)	
1, Are Transie	, FIELD CLARDIUMON
Print Name	Print Title
do HEREBY CERTIFY that the above public was completed and correct.	iter system and sample collection information is i
Signature:	Date: 3 1 2 3/1/6
	Effective January 1995, Revised January 2004

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

_ UU TUI) G.	Harbor Pr	anch Environmental Laborat	ories, Inc. Florida Certification	n #· Enenan
Address:	5600 US 1			
Addiess.			Certification Expiration Da	
-	Fon Piero	ce, FL 34946	Phone #: (772	2) 465-2400 Ext. 285
ANALYSIS I	NFORMATIO	N (to be completed by lab)	Date Sample(s) Received::	2/22/06
PWS ID (Fro	om Page 1):		Sample Number (From Page 1):	
Lab Assigne	d Report Nurr	nber or Job ID:	2124848001	
Group(s) Ana	alyzed and Re	esults attached for compliant	ce with Chapter 62-550, F.A.C. (ci	heck all that apply):
	ganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
[⁻]A/	JI 17	All 30	All 21	⊠ Trihalomethanes
P	artial	All Except Dioxin	Partial	KHaloacetic Acids
. N	itrate	Partial	'	Bromate
[N	itrite	Dioxin Only	Radionuclides	Chlorite
[<u>_</u> A:	sbestos Only		Single Sample	Secondaries
			Qtrly Composite**	C All 14
Were any an	alyses subco	ntracted? Yes X	No	Partial
	A' 4 A		IFICATION	
l,	Cindy Cro (Print Name	mer	Laboratory	
do HEREBY			Print 1) are correct and unless noted mee	
	ironmental La	aboratory Accreditation Confe	erence (NELAC).	,
National Env			Date: 44 No.	c06
National Envi Signature	Cini	of Come	Date: 14-Ma	1-00
Signature Fallure to proving rejection of the Bureau of Labo Please provides	vide a valid and o he report, possib tratory Services, de radiological sa	e enforcement against the public ample dates locations for each qu	on number and a current Analyte Sheet for water system for failure to sample, and ma arter.	 the attached analysis results will result
Signature * Fallure to provin rejection of the Bureau of Labo ** Please provid COMPLIANC	vide a valid and one report, possiboratory Services. de radiological so CE DETERMII	current Florida DOH lab certification of the enforcement against the public ample dates. locations for each quench (to be completed by DE	on number and a current Analyte Sheet for water system for failure to sample, and ma parter. P or DOH)	the attached analysis results will result ay result in notification of the DOH
Signature * Fallure to provin rejection of the Bureau of Labo ** Please provid COMPLIANC Sample Colle	vide a valid and one report, possibloratory Services. de radiological se CE DETERMII ection Info Sal	current Florida DOH lab certification of the enforcement against the public ample dates. locations for each quintally (to be completed by DE tisfactory; NATION (to be completed by DE tisfactory; Note: The end of the en	on number and a current Analyte Sheet for water system for failure to sample, and mater. P or DOH) Sample Analysis Info S	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
Signature * Fallure to proving rejection of the Bureau of Labo ** Please provid COMPLIANC Sample Colle Replacent	vide a valid and one report, possiboratory Services. de radiological so CE DETERMII ection Info Sample (somple)	current Florida DOH lab certification of enforcement against the public ample dates. locations for each que NATION (to be completed by DE tisfactory: Yes Notes) Requested (circle or highlight gets)	on number and a current Analyte Sheet for water system for failure to sample, and mater. P or DOH) Sample Analysis Info Stroup(s) above) Revised Report Recognitions	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
Signature * Fallure to proving rejection of the Bureau of Labo ** Please provid COMPLIANC Sample Colled Replacem Additiona	vide a valid and one report, possiboratory Services. de radiological se CE DETERMINATION (Section Info Salment Sample) (section Info Salment Sample)	current Florida DOH lab certification of the enforcement against the public ample dates. locations for each quenched to be completed by DE disfactory; Yes Notes Requested (circle or highlight group);	on number and a current Analyte Sheet for water system for failure to sample, and mater. P or DOH) Sample Analysis Info Stroup(s) above) Revised Report Ret	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No
Signature * Fallure to proving rejection of the Bureau of Labo ** Please provid COMPLIANC Sample Colled Replacem Additiona	vide a valid and one report, possible radiological set of EDETERMING action Info Salment Sample (set of MCL(s) in MCL(s) in the report of MCL(s) in the report of MCL(s) in the report of MCL(s) in the report of MCL(s) in the report of MCL(s) in the report of MCL(s) in the report of	current Florida DOH lab certification of enforcement against the public ample dates locations for each questional part of the completed by DE listactory: "Yes Notes" Requested (circle or highlight group) Required (circle or highlight group) Exceeded Analyte Sheet(s)	on number and a current Analyte Sheet for water system for failure to sample, and material current. P or DOH) Sample Analysis Info Stroup(s) above) Detection(s) Location Unsatisfactory	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No Augusted (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory
Signature * Fallure to proving rejection of the Bureau of Labo ** Please provid COMPLIANC Sample Colled Replacem Additiona Reason(s):	vide a valid and one report, possible ratory Services, de radiological section Info Salment Sample(section Monitoring Research) Monitoring Research	current Florida DOH lab certification of enforcement against the public ample dates. locations for each que NATION (to be completed by DE tisfactory: Yes No National Control of highlight group (sequired (circle or highlight group)).	on number and a current Analyte Sheet for water system for failure to sample, and mater. Por DOH) Sample Analysis Info Sproup(s) above) Revised Report Revisionabove) Detection(s) Location Unsatisfactory	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No Quested (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory
Signature * Fallure to proving rejection of the Bureau of Labo ** Please provid ** COMPLIANC Sample Colled Replacem Additiona Reason(s):	vide a valid and one report, possible radiological set of radiolog	current Florida DOH lab certification of enforcement against the public ample dates. locations for each questional to be completed by DE listactory: Yes No. No. Yes No. No. No. Requested (circle or highlight group(seeded) Exceeded Analyte Sheet(s)	on number and a current Analyte Sheet for water system for failure to sample, and material current. P or DOH) Sample Analysis Info Stroup(s) above) Revised Report Revisionabove) Detection(s) Date Notifie	the attached analysis results will result ay result in notification of the DOH Satisfactory: Yes No quested (circle or highlight group(s) above

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S.I North Fort Perce Pl. 34946 Phone: (772) 465-2400. Ext. 265. Fast: (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

Conta fD	m Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-									<u></u>	·
2450	Magaziklarınında Azid	SAUAD		0.00.11						
	Monochloroacetic Acid	(NVA)	ug/L	0.88 U	,	EPA 552.1	0.88	3/04/06	9:48 AM	E96080
2451	Dichloroacetic Acid	[NVA]	ug/L	1.7		EPA 552.1	0.66	3/04/06	9:48 AM	E96080
2452	Trichloroacetic acid	(NVA)	ug/L	0.26		EPA 552.1	0.20	3/04/06	9:48 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.67		EPA 552.1	0.28	3/04/06	9:48 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	5.2		EPA 552.1	0.18	3/04/06	9:48 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chlorotorm	[N/A]	ug/L	1.8		EPA 524.2	0.25	2/28/06	9:09 PM	E96080
2942	Bromoform	[N/A]	ug/L	25		EPA 524.2	0.41	2/28/06	9:09 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	4.6		EPA 524.2	0.25	2/28/06	9:09 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	14		EPA 524.2	0.30	2/28/06	9:09 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	- •		CI A VET.E	4,00	PLGW	SAPERIL	

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, Q, 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. Y 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 Senford, FL 32771

FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

. .

²rinted: 3/14/06

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

PUBLIC WATER SYSTEM INFORMATION	N (to be completed by sampler - Please type or pr	int legibly)
System Name:	PWS I.D. #:	
System Type (check one) [Communi		
Address:		·
		•
City:	Transfer of the second	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed by	r sampler)	· / · · · · · · · · · · · · · · · · · ·
Sample Number:		
Sample Date:	Sample Time:	•
Sample Location (be specific): Trip Blank		
Disinfectant Residual (Required when reporting	يران يايانيونومين عاربها مستمعه بالسمينات فالخابات	-
Sample Type (Check Only One)	Reason(s) for Sample (c)	
Distribution	The state of the s	
Entry Point (to Distribution)	Routine Compliance (with 62-550) Confirmation of MCL Exceedence*	Quarterly (Which Qtr?
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Corr	
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for additional for Nitrate or Nitrite MCL exceed	attach a resu	0(4) for requirements and its page for each site.
Sampler's Name:		
Sampler's Phone #:	Sampler's Fax #:	······································
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
l, Print Name		
do HEREBY CERTIFY that the above public completed and correct.	c water system and sample collection info	rmation is
Signature:	Date:	and the second s
	3.730 Effective January 1995, Revised January 2004	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legisty)

ran Name:		and Carrier and 1995	. L		مد مر .	F00000
		nch Environmental La				E96080
Address:	5600 US 1 I	North		Certification Expirati	ion Date:	06/30/2006
	Fort Pierce	,FL 34946		Phone #:	(772) 46	5-2400 Ext, 285
ANALYSIS II	NFORMATION	(to be completed by late) Date S	ample(s) Received::		2/22/06
PWS ID (Fro	m Page 1):		Sample	e Number (From Pag	e 1):	
Lab Assigned	d Report Numb	er or Job ID:		124848002		
Group(s) Ana	alyzed and Res	sults attached for con	npliance with C	hapter 62-550, F.A.(C. (Check	all that apply):
	janics	Synthetic Organics		Volatile Organics		Disinfection Byproducts
[]AI	117	All 30	-	All 21	•	☆ Trihalomethanes
Pa	artial	All Except Diox	in	Partial		Haloacetic Acids
[]Ni	trate	Partial		·- ~		Bromate
[]Ni	trite	Dioxin Only		Radionuclides		Chlorite
; ¡As	sbestos Only	,,		Single Sample	9	Secondaries
				Qtrly Compos	ite**	All 14
Were any and	alyses subcont	racted? Yes	X No			Partial
			CERTIFICATIO		-4 Pi	etor
I,	Cindy Crom			Labor	atory Dire	0(0)
	(Print Name) CERTIFY that	all attached analytica oratory Accreditation		ect and unless noted	(Print Title)	
	(Print Name) CERTIFY that ironmental Lab	all attached analytica		ect and unless noted IELAC).	(Print Title)	requirements of the
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san	all attached analytica oratory Accreditation or control of the con	Conference (No. 1) Tification number public water systems arch quarter.	ect and unless noted NELAC). Date: 1 and a current Analyte St am for failure to sample,	(Print Title) I meet all 4-Mar-06 neet for the	requirements of the
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san CE DETERMIN	all attached analytical oratory Accreditation or the conference of the complete Conference (No. 1) rtification number public water systems and quarter.	ect and unless noted NELAC). Date: 1 and a current Analyte Stem for failure to sample,	Print Title) I meet all 4-Mar-06 heet for the and may re-	requirements of the attached analysis results will result in notification of the DOH	
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san iction Info Satis	all attached analytical oratory Accreditation oratory Accreditation or a conference of the conference	tification number public water systemath quarter. d by DEP or DOH)	ect and unless noted IELAC). Date: 1 and a current Analyte St am for failure to sample, Sample Analysis	Print Title) I meet all 4-Mar-06 heet for the and may re	requirements of the attached analysis results will result in notification of the DOH
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle Replacem	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san cetion Info Satis ment Sample(s)	all attached analytica oratory Accreditation with the conference of the complete of the comple	rdification number public water systemath quarter. d by DEP or DOH) No	ect and unless noted IELAC). Date: 1 and a current Analyte St am for failure to sample, Sample Analysis	Print Title) I meet all 4-Mar-06 heet for the and may re	requirements of the attached analysis results will result in notification of the DOH
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle Replacem	(Print Name) CERTIFY that ironmental Lab ride a valid and cu le report, possible ratory Services le radiological san EEDETERMIN ection Info Satis ment Sample(s) I Monitoring Re	all attached analytica oratory Accreditation for the complete dates locations for each ATION (to be completed stactory: ;Yes Requested (circle or highlight	ttification number public water system that public water system to p	ect and unless noted IELAC). Date: 1 and a current Analyte Stam for failure to sample, Sample Analysis ve) Revised Repo	Print Title) I meet all 4-Mar-06 leet for the and may re- Info Satis	requirements of the attached analysis results will result in notification of the DOH stactory: Yes Notification (circle or highlight group(s) about the property of the prope
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle Replacem Additional	(Print Name) CERTIFY that ironmental Lab ride a valid and cu le report, possible ratory Services le radiological san ection Info Satis ment Sample(s) Monitoring Re MICL(s) Ex Missing A	all attached analytical oratory Accreditation oratory Accreditation or a conference or a confe	ttification number public water system to pub	ect and unless noted NELAC). Date: 1 and a current Analyte St em for failure to sample, Sample Analysis ve) Revised Report tection(s) cation Unsatisfactory	Print Title) I meet all 4-Mar-06 seet for the and may re- Info Satis	requirements of the attached analysis results will result in notification of the DOH
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle Replacem Additional Reason(s):	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san cetion Info Satis ment Sample(s) Monitoring Re MCL(s) E: Missing Ai	all attached analytical oratory Accreditation oratory Accreditation or a complete oration of the complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete	rtification number public water system public	ect and unless noted IELAC). Date: and a current Analyte St am for failure to sample, Sample Analysis ve) Revised Repo tection(s) cation Unsatisfactory	Print Title) I meet all 4-Mar-06 heet for the and may re Info Satis	requirements of the attached analysis results will result in notification of the DOH stactory: Yes Notified (circle or highlight group(s) about the complete Report Analysis Unsatisfactory
National Envi Signature * Faiture to provi in rejection of the Bureau of Labor ** Please provid COMPLIANC Sample Colle Replacem Additional Reason(s):	(Print Name) CERTIFY that ironmental Lab ide a valid and cu ie report, possible ratory Services. le radiological san cetion Info Satis ment Sample(s) I Monitoring Re MCL(s) Ex Missing Ai Other:	all attached analytical oratory Accreditation oratory Accreditation or a complete oration of the complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete oration or a complete	rtification number public water system public water system public water system public water. In the public water system publi	ect and unless noted IELAC). Date: 1 and a current Analyte St am for failure to sample, Sample Analysis ve) Revised Repo tection(s) cation Unsatisfactory	Print Title) I meet all 4-Mar-06 leet for the and may re- Info Satis rt Reques	requirements of the attached analysis results will result in notification of the DOH stactory: Yes Notified (direte or highlight group(s) about the complete Report Analysis Unsatisfactory

HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 5600 U.S. I North, Fort Pierce Fl. 34946 Phone: (772) 465-2400, Ext. 285 | Fau: (772) 467-1584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client:

Aqua Utilíties 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

Analysis

Analytical

Lab MDL

Analysis Analysis Date Time

Lab ID

ID Contam Name MCL Units Result Qualifier Method

2941 Chloroform [NVA] ug/L 0.25 U EPA 524.2 0.25 2/28/06 9:43 PM E96080 2942 Bromoform [NA] 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 E96080 9:43 PM 2944 Dibromochloromethane [NA] ug/L 0.30 U EPA 524.2 0.30 2/28/06 E96080 9:43 PM 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. T 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

Printed: 3/14/06



307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

2514 Osawaw Boulevard Spring Hill, FL 34607 FDOH # E84418

DOCUMENT NUMBER-DATE



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: cmmcclure@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/

State of Florida Department of Environmental Protection Northeast District

SANITARY SURVEY REPORT

Plant Name Palm Port Subdivision	<u>WTP</u>	_ County _	Putnam	_ PWS ID # .	2540865
Plant Location 355 East River Road, East P	alatka, FL 3	2131		_ Phone	
Owner Name Aqua Utilities Florida, Inc. // N	ls. Candice I	McClure		_ Phone3/	52-435-4020
Owner Address Post Office Box 490310, Le	esburg, FL 3	34749			
Designated Rep. Ms. Candice McClure	Tit	tle Owner	•	Phone 3/	52-435-4020
Facility Contact Mr. Paul Thompson	Til	tle Opera	tor	Phone 3	86-937-1143
Facility Contact Mr. Paul Thompson This Survey Date 8/2/07 Last Sur	vev Date	3/3/04	Las	t C.I. Date	3/29/06
PWS TYPE & CLASS: Community - (4D)		RAW WA	TER SOURC	Æ	
			IND; Number	of Wells	1
SERVICE AREA CHARACTERISTICS		SURF	ACE/UDI; So	urce	
Residential Subdivision		□ PURC	HASED from	PWS ID#_	· · · · · · · · · · · · · · · · · · ·
Food Service: ☐ Yes ☐ No ☒ N/A					
		•	,		
GENERAL INFORMATION		AUXILIAF	RY POWER S	SOURCE	
Number of Service Connections102		Yes	■ None		uired
Population Served 357 Basis estima	<u>te</u>	Source		W)	
Plant Design Capacity 37,100 gp	<u>d</u>	Capacity	Standby (k	W)	
Basis Aerator is limiting capacity.		Switchove	r: Autom	atic 🔲 Man	ual
Average Day (from MORs) 14,192 gpd	<u></u>	Standby F	lan: 🗀 Yes	□No	
Max. Day (from MORs) 18,900 gpd		Hrs Opera	ated Under Lo	aad	
Total Storage Capacity 18,800 gallons		Mihat aqui	nmont door	it Operato?	
Comments Based upon July, 2007 MOR data.		□ Well	pumps	. \	
		☐ Hiat	Service Pur	nps	
		I I Tros	tmant Fakin	mont	
LOCATION		Satisfy 1/2	2 max-day de	mand? TYe	s No Unk
Latitude 29° 40' 59.69" North		Comment	s		7
Longitude 81° 37' 23.18" West		00			
GPS: Yes Date: 07/97					
Directions US Hwy 17 south to Putnam County Blvd.	Turn_	TREATM	ENT PROCE	SSES IN US	Ε
west on East River Road and the plant is on the left				l aeration	
				<u> </u>	
		What add	tional treatm	ent is needed]?
OPERATION & MAINTENANCE				ent is required	
Certified Operator: Yes □ No □ Not req	uired		of what def		-
Operator(s) & Certification Class-Number	,uou	_			
Mr. Paul Thompson A-7251					
WII. Faur Hichipson A-1231		DISTRIBU	JTION SYST	EM	
O&M Log: ⊠Yes □No O&M Manual: ⊠Yes	□No	Flow Mea	suring Device	e Flov	v Meter
		Meter Siz	e & Type		er Turbine Mtr.
Operator Visitation Frequency		Backflow	Prevention D	evices: X Y	es No
Hrs/day: Required Actual 5 Days/wk: Required 5 Actual 5				readed tap a	
					rogram: Yes
Non-consecutive Days? ☐ Yes ☐ No ☒				n: ⊠ Yes 🗌	
MORs submitted regularly? Yes No		Comment		23 . 00 [J : 1-
Data missing from MORs? No Yes					
Complete operations, maintenance & equipment on site with sampling plans.	iogs		-,,-		
он эне мин запирниц ріанз.					

Palm Port Subdivision WTP

PWS ID # <u>2540865</u> Survey Date <u>8/2/07</u>

GROUND WATER SOURCE

			 1
	er (PWS Identification)	2540865	
	(System Identification)	1	
Year Drilled	d	Unknown	
Depth Drille	ed	265'	
Latitude		29" 40' 59.697" N	
Longitude		81° 37′ 23.189" W	
GPS (Y or N)) / Date (if applicable)	Y - 7/97	
Florida Wel	II ID	AAC1900	
Static Water	er Level	Artesian	
Actual Yield	d (if different than rated capacity)		
Strainer		Unknown	
Length (out	tside casing)	Unknown	•
Diameter (d	outside casing)	6"	
Material (o	utside casing)	Steel	
Well Conta	mination History	None	
Is inundation	on of well possible?	No	
6' X 6' X 4"	'Concrete Pad	ОК	
	Septic Tank	OK	
SET	Reuse Water	OK	
BACKS	WW Plumbing	ОК	
	Other Sanitary Hazard	OK	
	Туре	Centrifugal	
	Manufacturer Name	Goulds	
PUMP	Model Number	GT30	
	Rated Capacity (gpm)	80	
	Motor Horsepower	3	
Well casing	g 12" above grade?	ОК	•
Well Casin	g Sanitary Seal	OK	
Raw Water	r Sampling Tap	Smooth/downturned	
Above Gro	und Check Valve	Solenoid valve	
Fence/Hou	sing	OK	
Well Vent F	Protection	Not required.	

Fence/Housing	OK		
Well Vent Protection	Not required.		
COMMENTS No hazards observe	ed within setback distances.		

Palm Port Subdivision	WTP		
CHLORINATION (Dis Type:Hypo-Chlorine Feed RateAvg. Amount of Cl2 ga Chlorine Residuals: Remote tap locationDPD Test Kit: OrNo Injection Points Pre/ Booster Pump Info Comments	orination 45%, 6 as used Plant Ut Cowcr n-site one Post aer	Dacity_ 55% J1.53 eek Wa Wit Not ation/G	N/A Remote99 stewater Plant h operator t Used Daily ST.
Chlorine Gas Use Requirements	YES	NO	Comments
Qual System			
Auto-switchover		一一	
Alarms:			
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Scale			
Chained Cylinders		$\overline{}$	
Reserve Supply	7		
Adequate Air-pak	X		
Sign of Leaks	H	- 	
Fresh Ammonia		7	
Ventilation			
Room Lighting		<u> </u>	<u> </u>
Warning Signs			
Repair Kits	<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Fitted Wrench		$\overline{}$	
Housing/Protection		\dashv	
AERATION (Gases, F Type UU <u>Cascade</u> Aerator Condition <u>G</u> Bloodworm Presence Visible Algae Growth Protective Screen Con	Sood None None o	Capacit observe	y 46 gpm ved.

Comments Aerator is in good condition.

PWS ID#	2540865	
Survey Date	8/2/07	

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			

HIGH SERVICE PUMPS

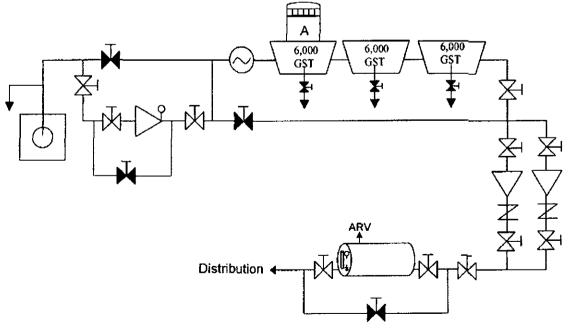
Pump Number	1	2	·
Туре	Centr	Centr	
Make	Goulds	Goulds	
Model	3456	3456	
Capacity (gpm)	140	140	
Motor HP	7.5	7.5	
Date Installed	Unknown	Unknown	
Maintenance	Good	Good	

Comments	The high se	<u>ervice pui</u>	mps app	<u>ear to be</u>	<u> </u>
in good co	ndition.				
	•				_

COM			ONITORING VATER SYSTEMS
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from each 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 each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2006	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.
Radionuclides	2006	2009	Taken from each 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 each 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):



Palm	Port	Subdiv	ision	WTP

PWS ID # 2540865 Survey Date 8/2/07

MONITORING VIOLATIONS	MCL \	IOLATIONS
No monitoring violations	No MCL violations.	
DEFICIENCIES:		
1. Threaded hosebib at the hydropneumati	c tank.	
7.		_
Inspector	Title Environmental Specialist I	Date September 12, 2007
Ben Piltz		
Approved by Blanca R. Rodriguez	TW E	D-4- 0140107
Approved byBlanca R. Rodriguez	Title Engineer Specialist IV	Date <u>9/12/07</u>
Dialica IV. IVousiguez		



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

T: 352.787.0980 F: 352.787.6333 www.aquautiitiesflorida.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,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Patrick Farris

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 Baymesdows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749 LIMIT:

Final Minor REPORT: Monthly **GROUP: Domestic**

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001.

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

COUNTY:	Putnam			MONITORING F	ERIOD-From:	01/01/2007	To:		01/31/07	
Parameter		Quantity of Loading	Units	Qua	lity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample		1		3.7		mg/L	o	Monthly	Grab
lve-dav. 20° C	Measurement									
PARM Code 80082 Y	Permit	į		ļ	20.0	1	mg/L	l	Monthly	Grab
Mon.Site No. EFA-1	Requirement		J		(An. Avg.)	<u></u>	<u> </u>			
3OD, Carbonaceous	Sample				14.0	14.0	mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement		J.,		1-1-0					
PARM Code 80082 I	Permit				Report	60.0	mg/L		Monthly	Grab
flon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)				
Solids, Total	Sample				4.3		mq/L	0	Monthly	Grab
Suspended (TSS)	Measurement				4.0					
PARM Code 00530 Y	Permit				20.0	1 :	mg/L		Monthly	Gnsb
fon.Site No. EFA-1	Requirement]	<u> </u>	(An. Avg.)					
Solids, Total	Sample				4.8	4.8	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement		<u> </u>							
PARM Code 00530 I	Permit			ļ	Report	60.0	mc/L		Monthly	Grab
fon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)			<u> </u>	
Coliform, Fecal	Sample				1.2		#/100mL	0	Monthly	Grab
	Measurement		<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	 	
PARM Code 74055 Y	Permit .			ĺ	200	1	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)				ļ	
Coliform, Fecai	Sample				10	10	#/100mL	0	Monthly	Grab
	Measurement	J		<u> </u>						
PARM Code 74055	Permit		1		200	800	#/100mL]	Monthly	Grab
Mon.Site No. EFA-1	Requirement		<u> </u>		(МоСеоМеап)	Max			<u> </u>	
oH	Sample			7.2		7.5	3 .u.	0	Daily, five days per	Grab
	Measurement		1	1.6				<u> </u>	week	
ARM Code 00400 I	Permit			6.0		8.5	S.U.		Daily, five days per	Greb
Mon.Site No. EFA-1	Requirement		İ	(Min)		(Max)		<u> </u>	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 Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering 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 inforecomment for knowing violations.

The file increase and the first state of the first		_						
NAMESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FIGN	MT	URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DATE ((YYMMOD)	
MAN INTERPRETATION OF THE PROPERTY OF THE PROP	1/	7		000 007 4442	48/	1	1119	
Paul Thompson, Lead Operator	<u> </u>	L.		386-937-1143	1 OD 1	<u> </u>	<u> </u>	
Calculation of AMALES (TIPOISE Control of the Amale hard); Calculate	Veral 120 A		in the answers of the reason telepoon to be assessed the proceeding	a 11 month's avreace	٠. *			

NELAC CERTIFICATION NUMBER(S):

DOCUMENT NUMBER-DATE

04327 MAY 22 8

FPSC-COMMISSION CLERK

Doing on Wing on

DISCHARGE MONTORING REPORT - PART A (Coninued)

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	Qı	ality or Cond	entration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement		<u> </u>		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 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 mater 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	Dally, five days per week	Recording flow mater and lotalizer
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						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:_	01/01/2007	To:	01/31	1/2007		County: F	utnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	Disinfect)	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				7.4	2.2		0.030		
2				7.2	2.2	!	0.019		
3				7.3	2.0	1	0.012		
4				7.3	2.2	<u> </u>	0.014		
5	1	1		7.3	2.2	}	0.017	<u> </u>	
6	1	Ī		7.2	2.24	i	0.014	i	
7				1			0.018		
8				7.2	2.2		0.018		
9	14.0	4.8	10	7.2	2.2	0.06U	0.013	210	220
10				7.3	1.2		0.018		
11				7.4	2.2		800.0		
12				7.3	2.2		0.017		
13		į		7.5	2.2	;	0.011		
14	-					1	0.016		
15		_ i	i	7.4	2.2		0.016		
16				7.4	2.2		0.014	; !	
17			<u> </u>	7.4	2.2		0.014	·	
18				7.4	2.2	<u></u>	0.014	<u> </u>	······································
19				7.5	2.2		0.014		
20		1		7.4	2.2		0.011		
21			i				0.015	· · · · · · · · · · · · · · · · · · ·	
22				7,5	2.2		0.015		
23				7.5	2.2		0.011		
24				7.5	2.2		0.016		
25				7.5	2.2		0.013		
26				7.5	2.2		0.015	<u> </u>	
27				7.3	2.2-	+	0.011		
28						<u>i i i i i i i i i i i i i i i i i i i </u>	0.018	!	
29				7.4	2.2	: : : : : : : : : : : : : : : : : : :	0.018	!,	
30				7.4	2.2	<u> </u>	0.016	1	
31	j			7.4	2.2		0.014		
Total		<u>:</u>					0.468	,	
Mo.Avg.	14.0	4.8 ;	10	7.4	1.9	i i	0.015	7 !	7
PLANT STAI Day Shift Op		Class:	В	Ce	ertification No.	: 12476	Name.	David Haring	
Evening Shif		Class:	c					·	
Night Shift O	-	Class:	<u>C</u>		rtification No. rtification No.		Name: Name:	Relph Marriott	
Lead Operate		Class:	A		rtification No.			Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PRESS: PO Box 490310

LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

Rapid intill

COUNTY:

Putnam

MONITORING PERIOD-From: 01/01/2007

To:

01/31/07

COUNTY:	Putnam		•	MONITORING I	PERIOD-From:	01/01/2007	10:		01/31/07	
Parameter		Quantity of Loading	Units	Qua	lity or Concentrati	lon	Units	No. Ex.	Frequency of Analysis	Sample Type
30D, Carbonaceous	Sample				3.7		mg/L	đ	Monthly	Grab
ive-day, 20° C	Measurement				<u> </u>	ļ	ļ <u></u>			
PARM Code 80082 Y	Permit	1			20.0		mg/L.		Monthly	Grab
Mon.Site No. EFA-1	Requirement		<u> </u>		(An. Avg.)	<u> </u>	·			
BOD, Carbonaceous	Sample		1		14.0	14.0	mg/L	0	Monthly	Grab
Ive-day, 20° C	Measurement									
PARM Code 80082 I	Permit			İ	Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement		<u> </u>	<u>{</u>	(Mo.Avg.)	(Max)				
Solids, Total	Sample				4.3		mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement	<u> </u>		<u> </u>	<u> </u>	<u> </u>			<u> </u>	
PARM Code 00530 Y	Permit	-	}	1	20.0	1	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>			(An. Avg.)	1				
Solids, Total	Sample				4.8	4,8	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement	<u></u>					-			
PARM Code 00530	Permit		\		Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>			(Mo.Avg.)	(Max)	ļ <u>-</u>	<u> </u>	<u> </u>	
Coliform, Fecal	Sample			i	1.2		#/100mL	0	Monthly	Grab
	Measurement		<u> </u>	<u> </u>		<u> </u>			<u> </u>	
PARM Code 74055 Y	Permit	Į	}		200		#/100mi.	ļ	Monthly	Grab
Mon.Site No. EFA-1	Requirement			J.,	(An. Avg.)			Ļ		
Coliform, Fecal	Sample		-1		10	10	#100mL	0	Monthly	Grab
	Measurement	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
PARM Code 74055	Permit		1		200	800	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(McGeoMean)	Max	<u> </u>	<u> </u>		
рН	Sample]	7.3	1	7.5	S.U.		Daily, five days per	Grab
	Measurement			<u> </u>	<u> </u>		1	•	week	
PARM Code 00400	Permit			6.0	1	8.5	S.U.		Daily, five days per	Grab
Mon.Site No. EFA-1	Requirement	1 1		(Min)		(Max)	3.0.	<u></u>	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 menage 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.

	ارد د د آ ۱۰۰۰ سر	ر ۱		· !	· - · - · - · - · - · - · - · - · - · -
NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SKINATURI	E ÓP	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMOO)
The state of the s	1 (λ		386-937-1143	67/10/27
Paul Thompson, Lead Operator		ν.			-1./
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculat	led-Roll An Avg	. ia 1	the average of the current monthly average and the preced	ing 11 month's avreage.	'

NELAC CERTIFICATION NUMBER(S):

DISCHARGE MONTORING REPORT - PART A (Coninued)

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 o	of Loading	Units	ts 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				<u> </u>		0.06	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Greb
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						Dally, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.003	0.010	mgd					0	Dally, 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.	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

NG PERIOD	From:	01/01/2007	To:	01/3	1/2007	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	
80082	. 00530	74055	00400	50060	00620	50050	80082	0053	
EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-	
			7.5	2.2		0.007			
			7.4	2.2		0.003			
			7.4	2.2		0.002			
	:		7.5	2.2		0.003			
			7.4	2.2		0.003			
					·	0.002			
	T				1	0.002			
			7.5 ;	2.2		0.002			
14.0	4.8	10	7.4	2.2	0.06U	0.002	210		
	1		7.4	2,2		0.004			
			7.4	2.2		0.003			
	1		7.4	2.2	i	0.002			
		:				0.002			
		:			:	0.002			
			7.4	2.2		0.003			
			7.4	2.2		0.002			
			7.4	2.2		0.003			
			7.5	2.2		0.002			
			7.3	2.2		0.002			
						0.003			
						0.003			
			7.3	2.2		0.002			
			7.3	2.2	!	0.002			
			7.3	2.2	! <u></u>	0.003			
			7.4	2.2		0.003			
						0.003			
						0.003			
						0.003			
		. !	7.3	2.2	1	0.002			
			7.4	2.2	1	0.002			
			7.4	2.2	1	0.002			
	1				1	0.082			
14.0	4.8	1U)	7.4	1.6) <u> </u>	0.003	7		
AFFING:	Class		Ca	etification No	.: 12476	Name: I	David Haring		
Operators:	Class:	B		rtification No		-	Ralph Marriott		
hift Operators:	Class:	<u> </u>		rtification No		Name: _	verbit mattion		
Operators:	Class:			rtification No		_	0-47		
ator:	Class:	Α	Ce	rtification No	.: 4894	Name:	Paul Thompson		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT: Monthly

Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Minor

GROUP: Domestic

FACILITY: LOCATION:

Dog Branch Road East Palatke, FL 32131

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

COUNTY

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

To:

COUNTY:	Putnam			MONITORING F	EKIUU-From.	02/01/2007	10.		02128101	
Parameter		Quantity of Loading Un		Qua	ality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample				3.7		mg/L	0	Monthly	Grab
lve-day, 20°C	Measurement									
PARM Code 80082 Y	Permit	 	}	ļ	20.0]	mg/L		Monthly	Grab
Non.Site No. EFA-1	Requirement				(An. Avg.)		ļ			
30D, Carbonaceous	Sample				2U	2U	mg/L	0	Monthly	Greb
ive-day, 20° C	Measurement			<u> </u>	<u> </u>					
PARM Code 80082 1	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)				
Solids, Total	Sample]		4.1		mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement	<u> </u>			<u></u>					
PARM Code 00530 Y	Permit				20.0	ļ	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>	<u> </u>		(An. Avg.)		ļ			
Solids, Total	Sample	:	-	-	1.3	1.3	mg/L	0	#onthly	Grab
Suspended (TSS)	Measurement						ļ			
PARM Code 00530 I	Permit	ļ	}	ļ	Report	60.0	mg/L		Monthly	Greb
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)				
Coliform, Fecal	Sample		1		1.2		#/100mL	0	Monthly	Grab
	Measurement					ļ	ļ			
PARM Code 74055 Y	Permit	}			200	J	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>			(An. Avg.)	1				
Coliform, Fecal	Sample				10	10	#/100mL	0	Monthly	Grab
	Measurement	1					-			
PARM Code 74055 I	Permit			ļ	200	800	#/100mL	1	Monthly	Grab
Mon.Site No. EFA-1	Requirement			<u> </u>	(МобесМвап)	Max			 	
рH	Sample			7.2		7.5	\$.U.	. 0	Dally, five days per	Grab
	Measurement	ļ			 	<u> </u>	 	ļ <u>.</u>	week	
PARM Code 00400 I	Permit			6.0		8.5	3 .U.	1	Daily, five days per	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>	<u> </u>	(Min)	<u> </u>	(Max)		<u> </u>	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 evel Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information automitted 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	BIGHAT	THRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DAJE (YY/MM/DD)
Paul Thompson, Lead Operator	1		386-937-1143	07/03/21
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	ted-Roll of	Avg. is the average of the current monthly average and the preced	ing 11 morth's avreage	

NELAC CERTIFICATION NUMBER(S):

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER .: R-001

					MONITORING F	PERIOD-From:	02/01/2007	To:		02/28/07	
Parameter		Quantity of Loading		Units					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		Dally, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.50	mg/L	0	Monthly	Grab
PARM Code 00520 1 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	m8∖r'		Monthly	Grab
Flow	Sample Measurement	0.013		mgd				ļ	0	Daily, five days per weak	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An_Avg.)		mgd						Dally, five days per week	Racording 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 Regulrement	Report (Mo.Avg.)	Report (Three-Mo.	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

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor

[]

REPORT: Monthly **GROUP: Domestic**

FACILITY:

Palm Port WWTP

Leesburg, FL 34749

MONITORING GROUP NUMBER: R-001

LOCATION:

Dog Branch Road

MONITORING GROUP DESC:

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

Rapid Infiltration

MONITORING PERIOD-From:

COUNTY:	Putnam			MONITORING	PERIOD-From:	03/01/2007	To:		03/31/07	
Parameter		Quantity of Loading	Units	Qua	lity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample				3.7		mg/L	0	Monthly	Grab
five-day. 20° Ç	Measurement									
PARM Code 80082 Y	Permit	1			20.0		mg/L	į	Monthly	Grab
Mon.Site No. EFA-1	Requirement			1	(An. Avg.)	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BOD, Carbonaceous	Sample		1	1	2U	2U	mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement									
PARM Code 80082 I	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement			<u></u>	(Mo,Avg.)	(Max)				
Solids, Total	Sample				4.1		mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement			<u> </u>						
PARM Code 00530 Y	Permit		}	}	20.0	ł	mg/L	}	Monthly	Grap
Mon.Site No. EFA-1	Requirement		}		(An. Avg.)				***************************************	
Solids, Total	Sample				1.1	1.1	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement		<u> </u>	<u> </u>						
PARM Code 00530 1	Permit		:	ļ	Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)		<u></u>		
Coliform, Fecal	Sample				1.2		#/100mL	G.	Monthly	Grab
· · · · · · · · · · · · · · · · · · ·	Measurement		J		<u></u>			<u> </u>		
PARM Code 74055 Y	Permit		ł		200]	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement		<u> </u>	<u> </u>	(An. Avg.)	<u>. </u>		ļ <u>.</u>		
Coliform, Fecal	Sample				10	10	#/10DmL	0	Monthly	Grab
	Measurement							Ļ.		
PARM Code 74055 I	Permit				200	800	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement		1	l	(MoGeoMean)	Max			,,	
pH	Sample		1	7.2		-7.4	3 .U.	0	Dally, five days per	Grab
,	Measurement		<u> </u>	1.2		. 7.4	3.0.		week	
PARM Code 00400 I	Permit		Ţ	6.0		8.5	8 .U.		Daily, five days per	Grab
Mon.Site No. EFA-1	Requirement	i		(Min)		(Max)	a.U.	l	week	- Cith

Learnity under penalty of lew 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 su 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 felse information, including the possibility of fine any imprisonment for knowing violations.

• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	/ DA	TF (YYAMA/DD)
Paul Thompson, Lead Operator	1		386-937-1143	7/04	119
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Colculated R	a An	Avg. Is the average of the current monthly average and the precedi-	ng 13 month's avreage.	11	,
	•				

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

				N	MONITORING	PERIOD-From:	03/01/2007	To:		03/31/07	
Parameter		Quantity	of Loading	Units	Qi	uality or Cond	centration		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 Regulrement				0.5 (Min)			mg/L		Dally, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.59	mg/L	0	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd					0	Dally, five days per week	Recording flow mater 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	Dally, 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		٠		,		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 CBOD₅ TSS рН TRC (For Flow CBOD5 **T\$S** Fecal Nirtrogen, Coliform (mg/L) (mg/L) (SU) Disinfect) Nirtate, Total (mgd) (mg/L) (mg/L) Bacteria (as N) (mg/L) (mg/L) (#/100ML) Code 74055 80082 00530 00400 50060 00620 50050 80082 00530 Mon.Site EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 INF-1 EFA-1 EFA-1 1 0.010 7.3 2.2 2 0.016 7.3 2.2 : 3 0.024 7.3 2.2+ 0.016 5 7.3 2.2 0.016 6 0.014; 7.4 2.2 7 2U 1.10 10 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 2.2 7.3 0.020 20 7.4 2.2 0.012 21 2.2 7.4 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 2.2+ 7.3 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: В 12476 Certification No.: Name: David Haring С Evening Shift Operators: Class: Certification No.: 9320 Name: Ralph Marriott Night Shift Operators: Class: Certification No.: Name: Lead Operator: Class: Α Certification No.: 4894 Name: Paul Thompson

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

Leesburg, FL 34749

East Palatka, FL 32131

PERMIT NUMBER:

CLASS SIZE:

FLA011742

REPORT: Monthly

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor

GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

COUNTY:	Putnam			MONITORING I	PERIOD-From:	04/01/2007	To:		04/30/07	
Parameter		Quantity of Loading	Units	Qua	ility or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample		1		3.6		mg/L	0	Monthly	Grab
live-day, 20°C	Measurement]		3.0	l	11197		in criticity	
PARM Code 80082 Y	Permit	* · · · · · · · · · · · · · · · · · · ·			20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)		eng/L		Motivity	
BOD, Carbonaceous	Sample				<2.0	<2.0	mg/L	0	Monthly	Grab
five-day, 20° C	Measurement				₹2.0	\ <u>4.0</u>	rng/L	U	Monuny	
PARM Code 80082 I	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	migr.		Mortuny	
Solids, Total	Sample				3.2		mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement				3.2		mg/L	U	Monthly	Grap
PARM Code 00530 Y	Permit				20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)		tuñir.		Mortuny	WIND
Solids, Total	Sample				3.8	3.8	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement				3.0	3.6	mgr.		montally .	
PARM Code 00530 I	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	In Gra	<u></u>		
Coliform, Fecal	Sample				1,2		#/100mL	0	Monthly	Grab
	Measurement						W			
PARM Code 74055 Y	Permit				200		#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)				, , , , , , , , , , , , , , , , , , , ,	
Coliform, Fecal	Sample				<1.0	<1.0	#/100mL	0	Monthly	Grab
	Measurement		1		7110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PARM Code 74055	Permit				200	800	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(MoGeoMean)	Max	Pr TOVING			
ЭН	Sample			7.2		7.5	8.U.	O	Daily, five days per	Grab
·	Measurement		<u> </u>	1.2	<u> </u>	7.0	3,4.	"	week	
PARM Code 00400 I	Permit			6.0		8.5	S.U.		Daily, five days per	Grab
Mon.Site No. EFA-1	Requirement			(Min)		(Max)	G.V.		week	Zieh

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering 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 time and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	URE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DATE (YYMMOD)	
Paul Thompson, Lead Operator		لم		386-937-1143	07/	05/	22	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). Calculat	led-Roll An	Vo. 1	s the average of the current monthly average and the preced	ing 11 month's avreage.		/		
NELAC CERTIFICATION NUMBER(S):	_							

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

	_				MONITORING !	PERIODFrom:	04/01/2007	To:		04/30/07	
Parameter		Quantity	of Loading	Units	Qu	ality or Con	centration	· · · · · · · · · · · · · · · · · · ·	No. Ex.	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 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 Gode 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	Colculated

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITORIN	NG PERIOD	From:	04/01/2007	To:	04/3	0/2007		County: I	outnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Colliform 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							0.010		
2		:	 	7.2	2.2	·	0.010		
3				7.2	2.2	<u> </u>	0.012		
4	<2.0:	3.8	<1.0	7.2	2.2	0.19	0.011.	270	470
5		<u></u>		7.2	2.2		0.016		
6		· · · · - · ·		7.5	2.2	<u>.</u>	0.015		
7				7.3	2.2		0.015		
8							0.015		
- 10				7.4	2.2		0.015		
10 - 11				7.5	2.2		0.012		
		····		7.4	2.2		0.014		
13		· 		7.5	2.2	f <u>-</u> .	0.013		
14		!		7.2	2.2	· 	0.013:		
15				7.3	2.2		0.014		
- · 16 · · ·	··· ··· ·	-					0.018.		- .
17			·	7.2	2.2		0.018		
18			<u>-</u>		2.2	i	0.008		
19	<u></u>		+	7.3	2.2	L -	0.019	 	
20				7.4	2.2	 	0.014 0.011	 ;	
21			<u>-</u> -	7.4	2.2+	 	0.011	:	
22				· · · · · · · · · · · · · · · · · · ·	2.27	ļ			
23	-	<u>-</u>		7.3	2.2	L i	0.015	·····	
24	· · · · · · · · · · · · · · · · · · ·		· -	7.3	2.2	÷	0.015 0.012	A	** *
25				7.3	2.2	ii			-
26		-	· ·	7.4	2.2		0.014		
27				7.4	2.2		0.013		
28							0.016		•
29			• • • • • • • • • • • • • • • • • • • •	7.5	2.2+		0.023		
30			·· · · · · · · · · · · · · · · · · · ·			-	0.014		
31				7.3 .,	2.2		0.014		
Total							0.421		
Mo.Avg.	2 U:	3.8	1U;	7.3	1.7	0.01	0.421	9	15
PLANT STAF						0.07	0.014		
Day Shift Op	erators:	Class:	В	Cer	tification No.:	12476	Name I	David Haring	
Evening Shift		Class:	c		tification No.:	9320	_		
Night Shift O		Class: _				8320	-	Ralph Marriott	
Lead Operate		_	Α		tification No.:		Name: _		
read Oberati	<i>.</i> п.	Class: _	A	Cer	tification No.:	4894	Name: [Paul Thompson	

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011742

Final

REPORT: Monthly

MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749

LIMIT: CLASS SIZE:

Minor

GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

K: R-001 Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

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East Palatka, FL 32131

Parameter Putnam		MONITORING PERIOD-From: 05/01/2007				To:		05/31/07		
tal dilibitat	l	Quantity of Loading Units Quality or Concentration		ion	Units	No.	Frequency of	Sample Type		
POD Corbonia								Ex.	Analysis	
BOD, Carbonaceous	Sample				3.3			٥	**	Grab
five-day, 20° C	Measurement				3.3		mg/L	U	Monthly	Gran
PARM Code 80082 Y	Permit			<u> </u>	20.0					
Mon.Site No. EFA-1	Requirement			ļ	(An. Avg.)	Ţ	mg/L	1	Monthly	Grab
BOD, Carbonaceous	Sample							<u> </u>		
live-dav. 20° C	Measurement				<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082	Permit		1		Report	60.0			· · · · · · · · · · · · · · · · · · ·	
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L		Monthly	Grab
Solids, Total	Sample		1			(terres)				
Suspended (TSS)	Measurement				2.7	i	mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit		1		20.0	·				
Mon.Site No. EFA-1	Requirement		1		(An. Avg.)		mg/L		Monthly	Grab
Solids, Total	Sample		 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	+				
Suspended (TSS)	Measurement	1		l	2.1	2.1	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit				Report	60.0				
Mon.Site No. EFA-1	Requirement		1		(Mo.Avg.)	(Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample					(Max)			· · · · · · · · · · · · · · · · · · ·	
	Measurement			}	1.2		#I/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit	•	1		200	 				
Иол.Site No. EFA-1	Requirement	ļ]	i	(An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample		1		/	 				
	Measurement			i	<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055	Permit		 		200	800				
Non.Site No. EFA-1	Requirement			/6.	loGeoMean)	Max	#/100mL		Monthly	Grap
Н	Sample		 	· -	ioocomodii)	HEA				
	Measurement			7.2		7.4	5.U.	0	Daily, five days per week	Grab
ARM Code 00400 I	Permit		 	6.0		8.5				
fon.Site No. EFA-1	Requirement			(Min)		(Max)	3 .U.		Daily, five days per week	Greb

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 preperly 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 gethering 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): C	Calculated-Roll An. Avg. is the average of the current monthly average and the prec	eding 11 month's avreage.	——————————————————————————————————————
NELAC CERTIFICATION NUMBER(S):	ŧ		

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

	····		<u> </u>		MONITORING I	PERIOD-From:	05/01/2007	To:		05/31/07	
Parameter		Quantity	of Loading	Units	Qu	ality or Con	centration		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		Oally, five days per week	Grøb
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.10	mg/L	0	Monthly	Greb
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd					0	Dally, 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,	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	Grap
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 MONITORING PERIOD From: 05/01/2007 To: 05/31/2007 CBOD₅ TSS Feçal TRC (For Nirtrogen, Flow CBOD5 (mg/L) (mg/L) Coliform Disinfect) (mg/L): Nirtate, Total (SU) (mgd) (mg/L) Bacteria (as N) (mg/L) (#/100ML) Code 80082 00530 74055 00400 50060 00620 50050 80082 Mon.Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 INF-1 EFA-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 7.2 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 10 No Flow due to pump Out 0.021 11 7.4 2.2 0.013 12 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

Facility: Palm Port WWTP .

TSS

(mg/L)

00530

INF-1

220

County: Putnam

180

20				7.4	2.2	i	0.011 [!]		
27						· -	0.016		•
28			,	7.3	2.2		0.016		
29	<u>i</u>		 ;	7.3	2.2		0.017		ļ
30				7.4	2.2		0.017		[
31			:	7.3	2.0		0.013		
Total							0.445:	 	{
Mo.Avg.	20	2.1	10	7.3	1.9	0.00	0.014		
PLANT STA	AFFING:					0.00	0.014	6;	
Day Shift O	perators:	Class:	В	Certi	fication No.:	12476	Name: David I	Haring	
Evening Shi	ift Operators:	Class:	C	Certi	fication No.:	9320	Name: Ralph		
Night Shift C	Operators:	Class:		Certi	fication No.:	<u> </u>	Name:		
_ead Operat	tor:	Class:	Α	Certi	fication No.:	4894	Name: Paul T	hompson	

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

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor

REPORT: Monthly **GROUP: Domestic**

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: []

06/30/07

COUNTY:

Putnam

MONITORING PERIOD--From: 06/01/2007 To: Parameter Units Quality or Concentration Sample Type Quantity of Loading Units No. Frequency of Ex. Analysis BOD, Carbonaceous Sample 3.1 a mg/L Monthly Grab Measurement fiye-day, 20° C PARM Code 80082 Y Permit 20.0 mg/L Monthly Grab Mon.Site No. EFA-1 Requirement (An. Avg.) BOD, Carbonaceous Sample <2.0 <2.0 mg/L Monthly Measurement five-day, 20° C PARM Code 80082 Permit 60.0 Report mg/L Monthly Grab Mon.Site No. EFA-1 Requirement (Mo.Avg.) (Max) Solids, Total Sample 1.7 mg/L Monthly Grab Suspended (TSS) Measurement PARM Code 00530 Y Permit 20.0 ma/L Monthly Grab Mon.Site No. EFA-1 Requirement (An. Avg.) Solids, Total Sample <1.0 <1.0 0 mg/L Monthly Grab Suspended (TSS) Measurement PARM Code 00530 | Permit Report 60.0 mg/L Monthly Grab Mon.Site No. EFA-1 Requirement. (Mo.Avg.) (Max) Coliform, Fecal Sample 1.2 #/100mL Monthly Grab Measurement PARM Code 74055 Y Permit 200 #/100mL Monthly Grab Mon.Site No. EFA-1 Requirement (An. Avg.) Coliform, Fecal Sample <1.0 <1.0 #/100mt Monthly Grab Measurement PARM Code 74055 Permit 200 800 #/100mL Monthly Grab Mon.Site No. EFA-1 Requirement (MoGeoMean) Max pН Sample Daily, five days per 7.4 7.5 0 \$.U. Grab Measurement PARM Code 00400 | Permit 6.0 8.5 Daily, five days per 8.U. Requirement Mon.Site No. EFA-1 (Min) (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 BRINGIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.			(Y/M44/00)	
Paul Thompson, Lead Operator			386-937-1143	07/	071	19	\neg
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	ted-Roll An -Avg. is	the average of the current monthly average and the preceding	ing 11 month's avreage.		1		

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

		1				PERIOD-From:	06/01/2007	To		06/30/07	
Parameter		Quantity	of Loading	Units	Qı	ality or Con	centration		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						1.4	mg/L	0	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd					0	Delty, five days per week	Recording flow meter an totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd						Dally, five days per week	Recording flow meter an totalizer
Flow	Sample Measurement	0.016	0.015	mgd					0	Daily, five days per week	Recarding flow meter an totalizer
PARM Code 50050 P Mon.Site No. INF-1	Parmit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd						Daily, five days per week	Recording flow meter an 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 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

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITORIN	G PERIOD	From:	06/01/2007	To:	06/3	0/2007		County:	Putnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Collform 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	50D60	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	<u> </u>		· · · · · · · · · · · · · · · · · · ·	7.4	2.2		0.011		
3							0.017	1	
4				7.4	2.2		0.017	· · · · · · · · · · · · · · · · · · ·	
$-\frac{5}{6}$				7.5	2,2		0.015		
 -	<2.0	<1.0	<1.0	7.5	2.2	1.4	0.010i	220	220
8				7.5	2.2		0.010		
9				7.4	2.2		0.016		
10		 		7.3	2.2		0.013:		
11				7.4	2.2	4 4	0.017 0.017	.=	
12				7.4	2.2		0.011		
13				7.4	2.2	<u> </u>	0.019		
14			:	7.4	2.2		0.015		
15			,	7.5	2.2		0.014		
16		<u> </u>		7.5	2.2+		0.024		. •
17							0.018		
18	·			7.4	2.2		0.018		
19	- 	·		7.4	2.2	ψ. mm .44	0.018		
20				7.5	2.2		0.025		•
22		•		7.4	2.2		0.020		
23	<u>:_</u>			7.4	2.2		0.021		
24				7.4	2.2		0.017	,	
25	·						0.021		
26		- -		7.4	2.0		0.021		
27				7.4 :	2.1		0.020		
28				7.5	2.2		0.014		
29				7.4	2.2		0.014		
30				7.5	2.2		0.015		
31			-	7,4			0.013		-
Total		<u>-</u>			<u></u>		0.491		
Mo.Avg.	2 U	10	10:	7.4 ;	1.8	0.05	0.016	7	7
PLANT STAF							2.010	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>'</u>
Day Shift Ope	rators:	Class:	В	Cert	ification No.:	12476	Name: D:	avid Haring	
Evening Shift		Class:	C		ification No.:	9320		alph Marriott	
Night Shift Op		Class:			ification No.:	5520		SINIT MICH HOLL	
ead Operator		Class;	Α		-	4904	Name:	and The second	
operator	•	C.6333,		cen	ification No.:	4894	Name: Pa	aul Thompson	

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

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT: Monthly

CLASS SIZE:

Minor

GROUP: Domestic

FACILITY:

Paim Port WWTP

Dog Branch Road

MONITORING GROUP NUMBER: R-001

LOCATION:

MONITORING GROUP DESC:

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD-From:

07/01/2007

To:

07/31/07

Parameter	rumam		Units		PERIOD-From:	07/01/2007	10:		0//31/0/	
		Quantity of Loading		CQU:	ality or Concentrati	Units	No. Ex.	Frequency of Analysis	Sample Typ	
BOD, Carbonaceous	Sample				3.3		mo/t.	a	Monthly	Grab
five-day, 20° C	Measurement				3.3		174076		Morachy	
PARM Code 80082 Y	Permit				20.0				Monthly	Grab
Mon.Site No. EFA-1	Requirement		l		(An. Avg.)		mg/L	1	Monthly	Grab
BOD, Carbonaceous	Sample				3.4	3.4		^		A
flye-day, 20° C	Measurement				3.4	3.4	mg/L	0	Monthly	Greb
PARM Code 80082 1	Permit		T		Report	60.0		i		
Mon.Site No. EFA-1	Requirement		1 !		(Mo.Avg.)	(Max)	mg/L	1	Monthly	Grab
Solids, Total	Sample									
Suspended (TSS)	Measurement])		1.7		mg/L	Q	Monthly	Grab
PARM Code 00530 Y	Permit				20.0					
Mon.Site No. EFA-1	Requirement				(An. Avg.)		mg/L	1	Monthly	Grab
Solids, Total	Sample					- 4				
Suspended (TSS)	Measurement	İ			<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit				Report	60.0				
Mon Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L		Monthly	Grab
Collform, Fecal	Sample				1		******			
	Measurement				1.2		WiscomiL	Q	Monthly	Grab
PARM Code 74055 Y	Permit				200					
Mon.Site No. EFA-1	Requirement				(An. Avg.)		#/100mL	[Monthly	Grab
Coliform, Fecal	Sample		1				 _			
	Measurement	ļ	1		<1	<1	#/100m/L	0	Monthly	Grab
PARM Code 74066 I	Permit				200	800	 			
Mon.Site No. EFA-1	Requirement		1		(MoGsoMean)	Max	#/100mL		Monthly	Grab
Hq	Sample		+		, ,		 		Dally, five days per	
r···	Measurement	į	1	7.3	;	7.5	\$.U.	0	week	Grab
PARM Code 00400 I	Permit		†	6.0		8.5			Daily, five days per	
Mon.Site No. EFA-1	Requirement			(Min)		(Max)	S.U.	li	Week	Grab

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 imprisoprified for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	E OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO.	JOATE CYYDUNDON]
Paul Thompson, Lead Operator	1	\mathcal{L}	386-937-1143	07/08/16	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	ted-Roll Pri - Pri	1.15 1	te everage of the current monthly average and the preceding 11 month's average		

NEI AC	CERTIFICATION	NUMBER(S)	
1000	OFIGURE OF FLICHT	MODEL NO.	

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

				i	MONITORING	PERIOD-From:	07/01/2007	To;		07/31/07	
Parameter		Quantity	of Loading	Units	Qı	uality or Con	centration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	Dzily, five days per week	Grab
PARM Code 50060 A Mon,Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Delly, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.63	mg/L	Q	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd		_			0	Dally, 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 lotalizer
Flow	Sample Measurement	0.015	0.015	mgd					a	Dally, five days per week	Recording flow mater and lotalizer
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 mater and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					124		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. [NF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					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

Permit Number:

FLA011742

Facility: Palm Port WWTP .

MONITOR	RING PERIOD	From:	07/01/2007	To:	07/3	1/2007		Coun	ty: Putnam
	CBÓD 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
ļ			!				0.013	3	
2			· —	7.4	2.2		0.013	3.	
F			·	7.4	2.2		0.017	7	· · · ·
4		<u> </u>		7.4	2.2	,	0.020). 	
5				7.4	2.2	;	0.027	7	•
6		;		7.5	2.2	<u> </u>	0.019		
7		i i	i	7.4	2.2	t	0.018		
8	<u> </u>						0.016		
8				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		1		7.3	2.2		0.013		
14				7.4	2.2	h	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		90
18		:	i	7.4	2.2		0.016		
19				7.4	2.2		0.016		:
20		1	:	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		<u>.</u> .
28		·		7.5 ;	2.2	- , . :	0.012		
29		·				•	0.014		
30	j=		i	7.4	22		• •		
31				7.4	2.2		0.013 0.010	- ·	
Total		<u> </u>							
Mo.Avg.	3.4	1U:	10	7.4	1.8 :	0.02	0.470		
PLANT STA			- 10,	7.4	1.0 :	0.02	0.015	4	3
Day Shift O		Class:	В	Cert	ification No.:	12476	Mana	David Haring	
	ift Operators:	Class:	c		-			· -	
		-			ification No.:	9320		Ralph Marriott	.
Night Shift (Class: _			ification No.:		Name:		
Lead Opera	KOJ:	Class:	Α	Cert	ification No.: _	4894	Name:	Paul Thompson	

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA011742

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY: LOCATION:

Palm Port WWTP Dog Branch Road

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

NO DISCHARGE FROM SITE:

Rapid Infiltration []

COUNTY:

COUNTY: Parameter	Putnam				PERIOD-From:	08/01/2007	To:		08/31/07	
		Quantity of Loading	Units	Qı	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample					T		1		
five-day, 20°C	Measurement				3.3	1	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit			,	20.0	<u> </u>		1		
Mon.Site No. EFA-1	Requirement		'		(An. Avg.)	1	mg/L		Monthly	Grab
BOD, Carbonaceous	Sample		· · · · · · · · · · · · · · · · · · ·				 	 		
lve-day, 20° C	Measurement				2,6	2.6	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit "				Report	60.0		 		
Mon.Site No. EFA-1	Requirement	. ''			(Mo.Avg.)	(Max)	mg/L	ł	Monthly	Grab
Solids, Total	Sample				T	(-		· · · · · · · · · · · · · · · · · · ·
Suspended (TSS)	Measurement				1.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit				20.0	Í				
Mon.Site No. EFA-1	Requirement				(An. Avg.)		mg∕l.	ĺ	Monthly	Grab
Solids, Total	Sample					 	·	 		·
Suspended (TSS)	Measurement			:	<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit				Report	60.0				
Vion.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L	i i	Monthly	Grab
coliform, Fecal	Sample						 	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Measurement				1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit				200	1,		-		
Ion.Site No. EFA-1	Requirement	[(An. Avg.)	1	#/100mL	i	Monthly	Grab
Coliform, Fecal	Sample									······································
	Measurement				1.0	1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 I	Permit				200	800	· · · · · · · · · · · · · · · · · · ·			
fon.Site No. EFA-1	Requirement				(MoGeoMean)	Max	#/100mL		Monthly	Grab
oH .	Sample		7		 				Dally, five days per	
	Measurement			7.3		7.7	S.U.	0	wask	Grab
ARM Code 00400 1	Permit			6.0	 	8,5		·	Daile flor days	·
ion.Site No. EFA-1	Requirement			(Min)		(Max)	S.U.	l l	Daily, five days per week	Grab

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 ponalties for submilling false information, including the possibility of fine and imprisonment for knowing violations

	~ · · · · · · · · · · · · · · · · · · ·		·	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	HUTANAS	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DAJE (YYAMA/OD)
Paul Thompson, Lead Operator			386-937-1143	07/09/18
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	ated-Holl An -Avg. I	is the average of the current monthly average and the precedi	ing 11 month's avreage.	

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING		08/01/2007	To		08/31/07	
Parameter		Quantity	of Loading	Units	Qu	Quality or Concentration				Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	Ex.	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	D	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement		_				12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd					0	Dally, 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.	mgd						Dally, five days per l	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

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITORIN	G PERIOD	From:	08/01/2007	To:	08/3	1/2007		County:	Putnam
	CBOD _s (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		. 00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1			i	7.3	1.3	:	0.034		
3		· · · · · · · · · · · · · · · · · · ·		7.4	1.0	<u> </u>	0.019		
		·		7.4	2.2		0.020		
4				7.4	2.2		0.015		
6		·					0.016		
		· · · · · · · · · · · · · · · · · · ·		7.4	2.2		0.016		
8				7.4	2.2		0.011		
9	2.6	1U:	1:	7.5	2.2	1.90	0.013	298	239
10				7.5 :	2.2		0.013		
11				7.5	2.2		0.012		
12				7.5	2.2	-	0.012	•	
13			··	7.5	2.2		0.014	•	
14		1	·	7.5	2.2	 :	0.014. 0.013		
15			:	7.5	2.2		0.013		i.
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	<u> </u>			7.6	2.2		0.014		•
22	<u>.</u>			7.5	2.2	r	0.016		
23				7.5	2.2 ;		0.015		
24		- <u></u>		7.5	2.2 ;		0.017		
25 26		_ · <u>i</u> _		7.6	2.2		0.012,		·
27		· -		i	; 		0.015		
28		<u>-</u>		7.4	2.2		0.015	• • • • • • • • • • • • • • • • • •	
29			<u> </u>	7.4	2.2		0.012		İ
30				7.4	2.2	ة المراجعة الماسية الماسية	0.013		
31				7.4	2.2		0.016.		
Total	 	<u> </u>		7.4	2.2		0,017		
Mo.Avg.	2.6	<u> </u>		!	1	•	0.473;		
PLANT STAF		10;	10:	7.5	1.8 ;	0.06	0.015	10	8
Day Shift Ope		Class:	В	0	figntics No.	40.470	,		
Evening Shift					fication No.: _	12476		vid Haring	
Night Shift Op		Class:	С		fication No.:	9320	Name: Ra	iph Marriott	
Lead Operator		Class:			fication No.: _		Name:		
resea Obelatol	•	Class:	A	Certi	fication No.: _	4894	Name: Pa	ul Thompson	

MONITORING GROUP DESC:

Rapid Infiltration

8.5

(Max)

S.U.

Daily, five days per

Grab

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite 8200, Jacksonville, 32256-7590 FERMITTEE NAME: Agua Utilities Florida PERMIT NUMBER F! An11749 MAILING ADDRESS: PO Boy 490310 LIMIT: Final REPORT: Monthly Leesburg, FL 34749 CLASS SIZE: Minor GROUP: Domestic FACILITY: Palm Port WWTP MONITORING GROUP NUMBER: R-001 LOCATION:

East Palatka, FL 32131 NO DISCHARGE FROM SITE: 11 COUNTY: Putnam MONITORING PERIOD-From: 09/01/2007 To: 09/30/07 Parameter Quantity of Loading Units Quality or Concentration Units No. Frequency of Sample Type Fy Analysis ROD, Carbonaceous Sample 3.3 ma/L П Monthly Onsh five-day, 20° C Measurement PARM Code 80082 Y Permit 20.0 Mon.Site No. EFA-1 mo/L Monthly Grab Requirement (An. Avg.) BOD, Carbonaceous Sample <2 <2 mal Ð Grab Monthly five-day, 20° C Measurement PARM Code 80082 1 Permit Report 60.0 ma/L Monthly Grah Mon.Site No. EFA-1 Requirement (Mo.Ava.) (Max) Solids, Total Suspended Sample 1.7 Ō (TSS) mg/L Monthly Grab Measurement PARM Code 00530 Y Permit 20.0 ma/L Monthly Mon.Site No. EFA-1 Grab Requirement (An. Ava.) Solids, Total Suspended Sample <1 (TSS) <1 ma/L Monthly Measurement Grah PARM Code 00530 I Permit Report 60.D ጠይ/ኒ Mon.Site No. EFA-1 Requirement Monthly Grab (Mo.Avg.) (Max) Coliform, Fecal Sample 1.83 #/100mL Monthly Grab Measurement PARM Code 74055 Y Permit 200 #/100mt. Monthly Mon.Site No. EFA-1 Grah Requirement (An. Avg.) Coliform, Fecal Sample 9.0 9.0 M100mL Monthly Measurement Grab PARM Code 74055 Permit 200 800 Max 6/100mL Monthly Mon.Site No. EFA-1 Grab Requirement (MoGeoMean) сH Sample Daily, five days per 7.3 7.8 5.U. Ð Measurement Grab

I certify under penalty of izw 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, accorded, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

6.0

(Min)

Commence of the second of the	~~~~~~~~~~				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ,	siq	NATUR	OF INTINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMOD)
Paul Thompson, Lead Operator		0		386-937-1143	07/10/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here); Calculated-Roll Au	nAvg. is the av	eraga	of the current monthly average and the preceding 11 month's awaag	je.	

NELAC CERTIFICATION NUMBER(S):

Dog Branch Road

Permit

Requirement

PARM Code 00400 1

Mon.Site No. EFA-1

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

Parameter		Owner	61		MONITORING F		09/01/2007	To		09/30/07	
Lardilläfäl	ĺ	Quantity o	r Loading	Units	ļ ,	Quality or Co	oncentration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	Dally, five days per Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Dally, five days per Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1				ANC	mg/L	0	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					19 and 19	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013		mgd		1			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	Dally, 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.	mgd	aran magnaban da digira, yangban dan mamman gelakanya majag	f	n et til til menn g med men er en en de de eggere en en gelen.		:	Dafly, five days per Week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					129		mg/L	0	Manthly	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	Catculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Report (Mo.Total)	Percent		Monthly	Calculated

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

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITORIN	NG PERIOD	From:	09/01/2007	To:	09/30	0/2007		County:	Putna m
	CBOD _s (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				7.4	2.2		0.019		
3	<u></u>						0.021		
4				7.4	2.2		0.021		
5	21.1			7.4	2.2	<u>-</u>	0,018		 -
6	20	10	9	7.4	2.2	ANC	0.017	129	120
7				7.4	2.2		0.025		
8				7.4	2.2		0.013		
9							0.012		·
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 15				7.4	2.2		0.013		
15				7.5	2.2		0.013		
17							0.011		
18			,	7.4	2.2		0.014		
19				7.5	2.2		0.014		
20				7.4	2.2		0.010		
21				7.3	2.2		0.017		
22				7.4	2.2		0.010		·
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		
30				7.6	2.2		0.014		
31							0.010		
Total									
Mo.Avg.	20	4(1)					0.441		
PLANT STAFF		10	9	7.4	1.8		0.014	4	4
Day Shift Oper		Ciass:	В	C	lification Ma	40.70	.,		
Evening Shift (Class:	C		lification No.:	12476	Name: Da		
Night Shift Ope		Class:			lification No.:	9320		lph Marriolt	
_ead Operator:		Ciass:	Α		tification No.:		Name:	150	
		Ja25		cen	tification No.:	4894	Name: Pa	ul Thompson	

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PQ Box 490310 Leesburg, FL 34749 LIMIT: CLASS SIZE: Final

REPORT: Monthly

Minor

GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-001

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

[]

COUNTY: P	utnam				MONITORING PE	RIOD-From:	10/01/2007	To	; <u> </u>	10/31/07		
Parameter	Quantity of Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous ive-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	4	Monthly	Grab	
3OD, Carbonaceous Ive-day, 20° C	Sample Measurement					20	2U	mg/l.	0	Monthly	Grab	
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	ragit.	(3-1)	Monthly	Grab	
Solids, Total Suspended TSS)	Sample Measurement					1.8		mg/L	Û	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 Mon:Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab	
Coliform, Fecal	Sample Measurement					1.2		#100mi.	٥	Wonthly	Grab	
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					, 200 (An, Avg.)		#/100mk		Monthly	Grab	
Coliform, Fecal	Sample Measurement					10	10	#ridoms.	0	Monthly	Grab	
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement					200 (MoGeoMean)	800 Max	#180mL		Monthly	Grab	
Н	Sample Measurement				7.3		7.6	\$.U.	0	Daily, five days per work	Grab	
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)		8.5 (Max)	su.		Daily. Sive days per week	Grab	

Learlify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or parsons 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 ewere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

The state of the s		~		1			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	1	ଷତ୍ରା	ATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		ATE (YY/MM/DO)
Paul Thompson, Lead Operator	ا ر			386-937-1143	07/11	II	15
		~					

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

NELAC CERTIFICATION NUMBER(S):	
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Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

Parameter					MONITORING P		10/01/2007	To	s:	10/31/07	
1 eralliafel		Quantity o	f Loading	Units		Quality or Con	centration		No. Ex.	,	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			 	0.7			mg/L	1	Daily, five days per weak	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)		<u>⊀</u>	mg/L	-	Daily, five days per :	s. Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.70	mg/L	0	Monthly	Grab
PARM Code 00820 Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd			inux.		0	Daily, five days per	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (.gvA:nA)		mgd						Daily, five days per week	Recording Now meter and
Flow	Sample Measurement	0.018	0.016	mgd			<u> </u>		0	Daily, five days par	Recording flow mater and
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd					-	Daily, five days per week	Recording flow meter and
BOD, Carbonaceous 5 day, 20C	Sample Measurement			 -i		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	-	Í			240	• • • • • • • • • • • • • • • • • • • •	mg/L	0	Monthly	Grab
PARM Code 00530. G Mon.Site No. INF-1	Permit Requirement			77.		Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, FMADF/Permitted Papacity) x 100	Sample Measurement			···		funciosativ	53.3%	Percent	0	Monthly	Calculated
ARM Code 00180 G fon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

ΠP.

		15-1011742						Facility	: Palm Port WW
MONITOR	RING PERIOD	From:	10/01/2007	То:	10/3	1/2007	٠	County	Putnam
	CBOD _s (mg/L)	TSS (mg/L)	Fecal Collform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBODS (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	00000	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	80082 INF-1	00530 INF-1
1				7.5	2.2		0.036		1141 * 1
2				7.5	2.2		0.055		
3				7.4	1.9		0.033	·	
4				7.4	2.2		0.013		-
5				7.4	2.2		0.013		
6				7.5	2.2		0.024		<u></u>
7							0.024		
8	1			7.5	2.2		0.024		
10				7.4	2.2		0.015		
11	<2.0	<1.8	<1.0	7.5	2.2	2.70	0.015	190	240
12				7.5	2.2		0.017		
13	!	·		7.5	2.2		0.017		
14				7.6	2.2		0.014		
15	 	-					0.014		
16				7.4	2.2		0.014		
17				7.4	2.2		0.013		
18		-		7.5	2.2		0.013		- <u>-</u> -
19				7.5	2.2		0.013		
20				7.4	2.2		0.013		·
21				7.5	2.2		0.015		·
22							0.015		
23		 +		7.4	2.2		0.015		
24				7.4	2.2		0.016		
25				7.3	0.7	~	0.016		
26				7.4	2.2		0.013		
27				7.3	2.2		0.013		
28							0.014		
29				7.3	2.2		0.014		
30				7.3	1.9		0.023		
31				7.3	2.2		0.015		———
Total							0.543		
Mo.Avg.	20	1.8	10	7,4	1.8	0.09	0.018	6	8
PLANT STAF						<u></u>		<u>~_</u>	
Day Shift Op		Class:	В	Cert	fication No.:	12476	Name: Da	vid Haring	
vening Shift	t Operators:	Class:	С		ification No.:	9320		ph Marriott	
Night Shift O	perators:	Class:			ification No.:		Name:		

Lead Operator.

Certification No.:

4894

Name: Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7828 Baymeadows, Way, Suite B200, Jacksonville, 32266-7590 PERMITTEE NAME: Aqua Utilities Florida PERMIT NUMBER: FLA011742 MAILING ADDRESS: PO Box 490310 REPORT: Monthly LIMIT: Final Leesburg, FL 34749 CLASS SIZE: Minor **GROUP: Domestic**

FACILITY: LOCATION:

l.:

Palm Port WWTP Dog Branch Road East Palatka, FL 32131 MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE: []

COUNTY

	utnam				MONITORING F	PERIOD-From:	11/01/2007	To:		11/30/07		
Parameter		Quantity	of Loading	Units	Qu	Quality or Concentration				Frequency of Analysis	Sample Type	
BOD, Carbonaceous	Sample				·	3.3		mg/L	1	Monthly	Greb	
flve-day, 20°C	Measurement	ļ							L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PARM Code 80082-Y Mon Site No. EFA-1	Permit Requirement_					20.0 (An. Avg.)		mg/L :		Monthly	Grab 😘	
BOD, Carbonaceous	Sample											
five-day, 20° C	Measurement	[]			}	3.0	3.0	ពាg/L	0	Monthly	Grab	
PARM Code 80082 Mon Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	mg/L	*	- Monthly b	Grad (
Solids, Total	Sample		**************************************	<u> </u>		7	- Carain		 	32.00 at 2 a 10 at 2	1 3.2.1 "see 3.1. N 1.0", 12 4	
Suspended (TSS)	Measurement	1			ļ	2.2		mg/L	0	Monthly	Greb	
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 [,] (An. Avg.)	1.	mg/L	1 1	Monthly	Grab	
Solids, Total	Sample				-		 			1 100 21/20 40	Bergin Francisco (C. 1922 of the C.	
Suspended (TSS)	Measurement	i				6.0	6.0	mg/L	0	Monthly	Grab	
PARM Code 00530 1	Permit: Requirement		· · · · · · · · · · · · · · · · · · ·			Report	60.0	mg/L	• 4	Monthly	Grab .	
Coliform, Fecal	Sample	-		 	<u> </u>	(Mo.Avg.)	(Mex)			- 1	75 - 1 7 Car 2 2 3 Car	
Somoth, Boar	Measurement					5,3		#100mL	0	Monthly	Gmb	
PARM Code 74055 Y Mon:Site No. EFA-1	Permit Requirement					200 (An. Avg.)		#/1 00mL	* A	Konthly	Greb	
Coliform, Fecal	Sample Measurement					45.00	45.0	#/100mL	0	Monthly	Grab	
PARM Code 74055 I Mon.Site No. EPA-1	Permit : Requirement					200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab	
рН	Sample Measurement		 		7.1	V-1	7.8	3 .u.	0	Daily, five days per week	Grab	
PARM Code 00400 (I	Permit Requirement				6.0 (Min)		8.5 (Max)	SU.	<u>.</u> د د	Daily, five days per-	Oráb .	

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

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	JRE d	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYPHAIDD)
Paul Thompson, Lead Operator				386-937-1143	07/12/17
COMMENTS AND EVEN ANATION OF ANY MODERNIONS (Perference of March mark home). Calcul-	dead Dall de Tarre		and the second s		

NELAC CERTIFICATION NUMBER(S)	

Facility Name: Paim Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING		11/01/2007	To	<u>. </u>	11/30/07	
Parameter		Quantity	of Loading	Units	ā	luality or Con	centration		No.	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	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Gmb.
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	200	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.)	7. 41.	mgd						Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.016	mgd					0	Delly, 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.	mgd					*	Daily, five days per-	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		,,,,,,	<u> </u>	<u> </u>	263		mg/L	0	Monthly	Grab
PARM Code 80082 G Won Site No. INF-1	Permit Requirement		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	7.		Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					299		mg/L	0	Monthly	Grab
PARM Code 00530 G Non 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
ARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement			-			Report (Mo.Total)	Percent		Monthly	Calculated

^{**} Note: We took at 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.

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITOR	ING PERIOD	From:	11/01/2007	To:	11/3	0/2007		County:	Putnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	Hq (U2)	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	800B2	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	i	
5				7.4	2.2		0.016		
6				7.6	2.2		0.013		
7				7.5	2.2		0.012		
8	<u> </u>			7.8	2.2		0.020	:	
9				7.4	2.2		0,020	· ·	
10				7.5	2.2+		0.010		
11							0.019	1	
12			<u> </u>	7.4	2.2		0.019		
13			i	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		0.016		
16 17				7.2	2.2		0.014	· · · · · · · · · · · · · · · · · · ·	
18	<u> </u>			7.2	2.2		0.012	1	
19	<u> </u>						0.019		
20			<u>-</u>	7.1	2.2		0.019		
21	-			7.2	2.2		0.017		····
22	ļ			7.3	2.2		0.013	<u>.</u>	
23				7.4	2.2		0.011		
24	 			7.3	2.2		0.020		
25				7.2	2.2		0.018		
26	<u> </u>	1					0.019		
27				7.2	2.2		0.019		
28	1			7.2	2.2		0.017	- -	
29		<u> </u> -		7.2	2.2	1.30	0.011		-
30	i			7.2	2.2		0.017		
31			+	7.2	2.2		0.014		
Total				<u> </u>			<u> </u>	<u>;</u>	
Mo.Avg.	3,0	6.0	1	7.0			0.473		
PLANT STA		0.U j	45	7.3	1.8	0.46]	0.015	8	10
Day Shift O		Class:	B	Ceri	tification No.:	12476	Name: D	lavid Haring	
Evening Shi	ift Operators:	Class;	C		ification No.:	9320		alph Marriott	
Night Shift (Operators:	Class:			tification No.:		Name:		
Lead Opera		Class:	Α		tification No.:	4894	_	aul Thompson	

NO DISCHARGE FROM SITE:

11

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 PERMIT NUMBER: FLA011742 MAILING ADDRESS: PO Box 490310 LIMIT: Final REPORT: Monthly Leesburg, FL 34749 CLASS SIZE: Minor **GROUP: Domestic** FACILITY: Palm Port WWTP MONITORING GROUP NUMBER: R-001 LOCATION: Dog Branch Road MONITORING GROUP DESC: Rapid Inflitration

East Palatka, FL 32131

COUNTY:	Putnam				PERIOD-From:	12/01/2007	То	:	12/31/07	
Parameter		Quantity of Loading	Units	a	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample									
five-day, 20°C	Measurement				3.3	1	mg/L	0	Menthly	Grab
PARM Code 80082 Y	Pennit				20.0	 				
Mon.Site No. EFA-1	Requirement				(An. Avg.)		mg/L	1	Monthly	Grab
SOD, Carbonaceous	Sample					 	- -	-		
flye-day, 20° C	Measurement	Ì	1		<2	∤ ∶ <2	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit		†		Report	60.0				
Mon.Site No. EFA-1	Requirement		1		(Mo.Avg.)	(Max)	mg/L	1 ,	Monthly	' Grab
Solids, Total	Sample		1			/iner/	- 	 -		
Suspended (TSS)	Measurement				2.5	1	mg/L	0	Monthly	Greb
PARM Code 00530 Y	Permit		 		20.0	 		┝╾╌┤		
Mon.Site No. EFA-1	Requirement	,	<u> </u>	•	(An. Avg.)		mg/L		Monthly	Grab
Solids, Total	Sample		 		_	ļ		 		<u> </u>
Suspended (TSS)	Measurement				4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit				Report	60.0	- 	 		· · · · · · · · · · · · · · · · · · ·
Mon.Site No. EFA-1	Requirement] .	•	(Ma.Avg.)	(Max)	mg/L	1.	Monthly	Grab
Coliform, Fecal	Sample		1 -		1	(IIIIaA)		 		<u> </u>
	Measurement		1 1		5.3	ł	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit				200					
Mon.Site No. EFA-1	Requirement		l í	•	(An. Avg.)	İ	#/100mL	,	Monthly	Grab
Coliform, Fecal	Sample		 	· · · · · · · · · · · · · · · · · · ·	(200 20 80)	 	 			
	Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 1	Permit		 		200	800	····	 		
Иоп.Site No. EFA-1	Requirement	ł	1		(McGeoMean)	Max	#/100mL	i i	Monthly	Grab
Н	Sample		 		(modeomean)	KBIVI	 		·	
	Measurement]	7.1	ĺ	7.4	S.U.	0	Dally, five days per	Grab
ARM Code 00400 1	Permit		 	6.0	 				week	
Ion.Site No. EFA-1	Regulrement					8.5	s.u		Dally, five days per	Grab
				(Min)	L.	(Max)		i .	week	3140

I certify under penelty of law that this document and all attackments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted.

Based on my inquiry of the person or persons who making 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

					
AMETITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNAT	TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	
Paul Thompson, Lead Operator	_		V		CIR / ML / 2', 3
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments there). Calculate	d-Rom	X.	I. Is the average of the current monthly average and the preceding 11 m	386-937-1143	90/01/03
NELAC CERTIFICATION NUMBER(S):		• •		ond to delegate.	• •

Version 11/10/2003

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1

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

Parameter		Ouantit -	-61			PERIOD-From:	12/01/2007	То		12/31/07	
Lalaniers.		- wantity	of Loading	Units	(Quality or Cor	ncentration		No.	Frequency	Sample Type
Total Residual Chlorine (For Disinfaction)	Sample Measurement				1.8			mg/L	0	Dally, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)	 		mg/L	 	Dally, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.10	mg/L	0	Monthly	Grab
PARM Code 00620 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	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd				1		Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.016	0.016	mgd				 	0	Dally, five days per week	Recording flow mater and totalizer
PARM Code 50050 P MortSite No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd		 				Dally, five days per	Recording flow mater 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 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						54.4%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo,Total)	Percent	 	Monthly	Calculated

Permit Number:

FLA011742

Facility: Palm Port WWTP

RING	PERIOD	From:	12/01/2007	To:	12/3	1/2007		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)
1	80082	00530	74055	00400	50060	00620	50050	80082	00530
	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
	:	<u> </u>					0.020		
┦_							0.014		
4_				7.2	2.2		0.014	-	
4				7.1	1.8		0.014	:	
-∦				7.3	2.2		0.014		
-11				7.4	2.2		0.013		
-				7.3	2,2		0.013		
- -				7.3	2.2	<u>;</u>	0.012		
╢							0.020		
-				7.2	2.2		0.020		
╢		<u>-</u>		7.3	2.2		0.018	·	
-	20'	4.8	1Q U	7.4	2.2	2.10	0.012	220	120
				7.4 !	2.2	i-	0.016		
ļ				7.4	2.2		0.015	<u></u>	
		·	 :	7.4 ;	2.2	<u>_</u>	0.014:		
1				7.2	2.2		0.018		
				7.3	2.2		0.015	-	
				7.4	2.2		0.013		
				7.4	2.2		0.012		
				7.4	2.2		0.017	i	
1				7.4	2.2	<u>-</u>	0.024		
		-	·				0.011		
	:			7.4	2.2	·	0.011	· · · · — · · · · · · · · · ·	
I			1	7.4	2.2		0.013		
<u></u>		,	10	7.4	2.2		0.017		
L	<u> </u>			7.2	2.2		9.020	:	
				7.4	2.2		0.014		
	<u> </u>		i	7.4	2.2		0.022		
ļ							0.018		 -
<u> </u>			<u> </u>	7.4	2.2+		0.018		
							0.487		
AFFII	2U	4.8	10	7.3	1.7	0.07	0.016	7 ;	4
Opera		Class	В	Α.	Mantley 41				
	ors. perators:	Class:	<u>B</u>		fication No.:	12476		vid Haring	
		Class:	С		fication No.: _	9320	Name: Ra	lph Marriott	
	ators:	Class:	·		fication No.: _		Name:		
ator:		Çlass:	A	Certi	fication No.:	4894	Nome: De	ul Thompson	

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7828 Baymeadows Way, Suite B200, Jacksonville, 32258-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

REPORT: Monthly

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749

LIMIT:

Final Minor

GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

COUNTY: P	utnam				MONITORING F	PERIOD-From:	01/01/2006	To:		01/31/08	
Perameter		Quantity	of Loading	Units	Qual	ity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample					2.1		mg/L	0	Monthly	Grab
lye-day, 20° C	Measurement		· •				V 1000 1 12	11.00.00 10.00 00.00	75 275	1985 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C. 1015 C	- 27 A/T \$ 855 - 62
ARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		m g/ L		Monthly	Ci Grab
OD, Carbonaceous	Sample					2U	2U	mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement		}	i		20	20	1119			and the second second second
ARM Code 80082 Joseph	Permit Communication of the Pe		生现象 多点小	145Ca-	12 14 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Report ∘ j	60.0	The same of	450	Monthly	Grab
Ion.Site No./EFA-1.∉ ो ः	Requirement	计算是有 企	是可是可能的	4-14-74	"你可靠你 是有	河南 (Mo:Avg.):9	Max)	A SECTION AND	راز ادی، ا		The same of the same of the
Solids, Total	Sample					2.3		mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement		1	ŀ	1	4.3				***************************************	2000019200219342368
ARM Code 00530 Y	Permit ***		多种产品的	1	2017年	20.0		1499年117		Monthly	Grab of 2
Mon Site No. EFA-1	Requirement		100		" "	(An. Avg.)	75.07	lingt.	7.5	建筑工业的企工。	Grab
Solids, Total	Sample	4					20		•	Monthly	Grab
Suspended (TSS)	Measurement		ļ		* .	2.9	2.9	mg/L		Monday	
PARM Code 00530 II	Permit	C. A. E. D. L.	Control of the Contro	11/3/24	14 CAN 12 LANS	Report	60.0	Y megrit	133	Monthly	Grab
Mon.Site No. EFA-1	Requirement		772 773	1.00	7.72	(Mo.Avg.)	(Max)	3.0	持续	BOX TO BOX	16 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Collform, Fecal	Sample				1			#/100ml	0	Monthly	Grab
•	Measurement		ł	ł		7.0	}	ay I Goins.		Montany	
PARM.Code 74055 Y	Permit Paragonia	A OF THE STATE		de Marke	· · · · · · · · · · · · · · · · · · ·	200		#r100mi	Je	de anti-	Grab
Mon.Site No. EFA-1	Regulrement		第 第30 个。		多种基本的	E (An. Avg.)	19 36		18	Monthly	
Coliform, Fecal	Sample		N		755				_	Monthly	Grab
	Measurement]	ł		10	10	ArtoomL	0	Montany	J. 27
ARM Code 74055	Permit	经验证 证证证		A. Garage	マングル がまた	200	721 800 / C	A Vall	× -19	Monthly	∂ Grab
Mon.Site No. EFA-1	Requirement	的 类等是 30		7 × 3! 🔻	种类的形式 的复数	(MoGeoMean)	Max	4 (comb		Montany	
oH	Sample	The state of the s	P. 170 - 1852-F2	1-3-55-55	The state of the s			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1	Daily, five days per	2
•••	Measurement			1.	7.1		7.4	8.U.	0	week	Grab
PARM Code 00400	Permit	A & S. C. C. C. C. C. C. C. C. C. C. C. C. C.	19.30	186 3 23	600	THE FOREST	8.5	CARE IV.	3 7	Dally, five days per	p,n - 27 -
A SPECIAL COSTS (BEEL AND A COST) AND A COST OF A COST OF A COST OF A COST OF A COST OF A COST OF A COST OF A	Mark 2018 18 18 18 18 18 18 18 18 18 18 18 18 1						(Max)	5.U.	132	week	Grab:
Mon:Site No. EFA-1	Requirement	TOP THE STORY	14個の 1000 1000 1000 1000 1000 1000 1000 10	10,000,00	State As CIMILLIAN AND A	destinated and some in the con-		das preside	.,	her and evaluate the ini	

2 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information aubmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am awere that there are significant panalties for submitting felse information, including the possibility of fine and impresement for knowing violations.

		\	,	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAHMOD)
Paul Thompson, Lead Operator	-		386-937-1143	06/02/23
i mari triampouri nama apartiri.			·	

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

NELAC CERTIFICATION NUMBER(S):

Version 11/10/2003

DOCUMENT NUMBER-DATE

04327 MAY 22 8

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING F	ERIOD-From:	01/01/2006	To:		01/31/06	
Parameter		Quantity o	f Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement		"		2.2			mg/∟	0	Daily, five days per week	Grab
PARM Code 50060 A	Permit Requirement		and the same		0.5	2 7 97 1		mg/L	200	Daily, five days per	Orab St
Nitrogen, Nitrate, Total (as N)	Sample Measurement		* GEN 17 1 10 W	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.30	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No. EFA-1	Permit: 🎉 🎢						12.0 / ·	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 m (An.Avg.)		mgd					\$ 1.00 m	Dally, flye days per- week	Recording flow meter and-
Flow	Sample Measurement	0.014	0.014	mgd	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				o	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P	Permit ## Requirement	Report (Mo.Avg.)	Report (Three-Mo	mgd				ije nasti		Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			14-500A 1-21		44		mg/L	0	Monthly	Grab
PÁRM Cöde 80082 G Mon Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mo/L		Wonthly	Grati
Solids, Total Suspended	Sample Measurement					38		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF:1	Permit: Requirement	11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Report (Mo.Avg.)		.emg/L-	* **	Monthly	One y
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			[47.8%	Percent	0	Monthly	Calculated
PARM Code 00180 G	Permit:		量的心态		Arrests (1984)	X Series	. : Report :: (Mo.Total)	Percent	震	Monthly	Calculated

To:

Permit Number:

FLA011742

Facility: Palm Port WWTP

RACKE	ITORI	ᄣ	CDI	ር
MUN		14/3/		~~

From:

01/01/2006

09/30/2004

County: Putnam

Code 80082 Aon.Site EFA-1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27				1					
Aon. Site		00530	74055	00400	50060	00620	50050	80082	00530
1 2 3 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		 	<u> </u>				0.016		
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		 		7.2	2.2		0.016		
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27				7.2	2.2		0.018		
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		 		7.2	2.2		0.018		
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27				7.2	2.2		0.019		
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	- 	 		7.2	2.2		0.008		
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		† †		7.2	2.2	· · · ·	0.014	-	
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27							0.015		
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27				7.2	2.2		0.015		
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		1		7.2	2.2		0.023		
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	20	2.9	10	7.2	2.2	0.30	0.009	. 44	
14 15 16 17 18 19 20 21 22 23 24 25 26 27			-	7.2	2.2		0.015		
15 16 17 18 19 20 21 22 23 24 25 26 27				7.2	2.2		0.013		
16 17 18 19 20 21 22 23 24 25 26 27				7.1	2.2+		0.017		
17 18 19 20 21 22 23 24 25 26 27			· ·				0.015		
18 19 20 21 22 23 24 25 26 27				7.2	2.2		0.015		
19 20 21 22 23 24 25 26 27				7.2	2.2		0.008		
20 21 22 23 24 25 26 27				7.2	2.2		0.012		
21 22 23 24 25 26 27				7.2	2.2		0.016		·
22 23 24 25 26 27				7.2	2.2		0.005		 -
23 24 25 26 27				7.2	2.2		0.018		ļ
24 25 26 27	-					<u> </u>	0.014		<u> </u>
25 · 26 · 27				7.1	2.24		0.014		
26 27				7.2	2,2	-1	0.011		-
27				7.2	2.24		0.017		
				7.2	2.2	<u> </u>	0.007		ļ
				7.2	2.2-		0.020		ļ
28				7.2	2.2	<u> </u>	0.019		<u></u>
29					ļ	<u> </u>	0.013		
30				7.4	2.2		0.013		<u> </u>
31	1			7.4	2.2		0.015		
Total				7.2	1.7	0.01	0.445 0.014	1	1

PLANT STAFFING:			1
Day Shift Operators:	Class: B	Certification No.: 12476	Name: David Haring
Evening Shift Operators:	Class:	Certification No.:	Name:
Night Shift Operators:	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

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

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY: LOCATION:

Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

East Palatka, Ft 32131

[] NO DISCHARGE FROM SITE:

Rapid Infiltration

COUNTY:	Putnam			MONITORING P	ERIODFrom:	02/01/2006	To:		02/28/06	
Parameter		Quantity of Loading	Units	Quali	ity or Concentrat	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample		1		2.1		mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement				£. I					
PARM Code 80082 Y	Permit				20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement		L		(An. Avg.)					
BOD, Carbonaceous	Sample				2U	20	mg/L	0	Monthly	Grab
Ive-day, 20° C	Measurement									· · · · · · · · · · · · · · · · · · ·
PARM Code 80082	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement	1			(Mo.Avg.)	(Max)	,			
Solids, Total	Sample				2.4		mg/L	8	Monthly	Greb
Suspended (TSS)	Measurement				4.7					
PARM Code 00530 Y	Permit		}		20.0		mg/L		Monthly	Grab '
Mon.Site No. EFA-1	Requirement				(An. Avg.)					
Solids, Total	Sample				2.3	2.3	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement									
PARM Code 00530	Permit	i "			Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo,Avg.)	(Max)				
Coliform, Fecal	Sample				7.0	ļ	#/100mL	0	Monthly	Grab
	Measurement	<u> </u>				<u> </u>				
PARM Code 74055 Y	Permit				200		#/100mi_		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)					
Coliform, Fecal	Sample				10	10	#/100mL	0	Monthly	Grab
	Measurement		<u> </u>	,						
PARM Code 74055 I	Permit				200	800	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement		<u> </u>		(MoGeoMean)	Max				
pH	Sample			7.2		7.3	S.U.	0	Dally, five days per	Grab
	Measurement	<u> </u>		1.6	<u></u>		ļ	<u> </u>	week	
PARM Code 00400 I	Permit		!	6.0		8.5	S.U.		Daily, five days per	Grab
Mon.Site No. EFA-1	Requirement		_	(Min)		(Max)			wesk	

I cartify 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 eware 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 PRINCIPA	LEXECUTIVE OFFICER OR AUTHORIZED AGENT	YELEPHONE NO.	DATE (YYAMADO)
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.

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

_					MONITORING	PERIOD-From:	02/01/2006	To:		02/28/06	
Parameter		Quantity of Loading Units						No. Ex.		Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	Dally, 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	D	Monthly	Grab
PARM Code 00620 i Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Gneb
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 lotalizer
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 lotalizer
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	Celculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

Facility: Palm Port WWTP

9	IITORIN	TORING PERIOD		ERIOD From: 02/01/2006			<u>8/2006</u>		County: Putnam		
No. Side				Coliform Bacteria		Disinfect)	· Nirtate, Total				
1	ode	80082	00530	74055	00400	50060	00620	50050	80082	00530	
Table Tabl	n.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1	
2	1				7.3	2.2		0.014			
1	2					2.2	1	0.012			
5	3				7.3	2.2	<u>.</u>	· - · · · · · · · · · · · · · · · · · ·			
S	4				7.3	2.2		0.022			
7	5							0.019			
8 2U 2.3 1U 7.3 2.2 1.40 0.008 160 9 7.3 2.2 0.013 11 7.3 2.2 0.020 11 7.3 2.2 0.020 12 0.021 13 7.3 2.2 0.021 14 7.3 2.2 0.021 15 7.3 2.2 0.021 16 7.3 2.2 0.021 17 0.0016 18 7.3 2.2 0.016 18 7.3 2.2 0.016 18 7.3 2.2 0.016 18 7.3 2.2 0.016 19 0.012 20 7.2 2.2 0.017 21 0.012 20 7.2 2.2 0.017 22 0.017 22 0.024 23 7.2 2.2 0.017 22 0.024 23 7.2 2.2 0.015 24 7.2 2.2 0.015 25 7.2 2.2 0.015 26 7.2 2.2 0.016 27 7.2 2.2 0.016 28 7.2 2.2 0.016 29 0.023 30 31 Total 0.002 20 0.003 1U 7.3 1.7 0.05 0.015 5 ANT STAFFING: y Shft Operators: Class: B Certification No: 12476 Name: David Haring shift Operators: Class: B Certification No: 12476 Name: David Haring shift Operators: Class: B Certification No: Name: Cartification No: Name: Certification Name: Certification Name: Certification Name: Certificati	6				7.3	2.2		0.019			
8	7				7.3	2.2		0.021			
9	8	2U	2.3	1U		2.2	1.40	0.008	160	54	
10	9 -		. ,			2.2		0.013			
11			,					0.013			
12					•	2.2		,			
13			-								
14	11		<u> </u>		7.3	2.2	!				
15	- 11		 								
16			4		7.3	2.2					
17					73						
18	ll l				7.3	2.2					
19	.10					1 :7					
7.2 2.2 0.012 2.1 7.2 2.2 0.017 2.2 0.024 2.3 7.2 2.2 0.015 2.4 7.2 2.2 0.016 2.5 7.2 2.2 0.010 2.5 7.2 2.2 0.010 2.5 7.2 2.2 0.010 2.5 7.2 2.2 0.019 2.7 7.2 2.2 0.019 2.8 7.2 2.2 0.019 2.8 7.2 2.2 0.019 2.8 7.2 2.2 0.017 2.8 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 2.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.017 2.9 7.2 0.019 2.0 7.2 0.019 2.0 7.2 0.019 2.0 7.2 0.019 2.0 7.2 0.019 2.0 7.2 0.019	. H				· · · · · ·						
	19				79	. 22	*			•	
7.2 2.2 0.024 7.2 2.2 0.015 24 7.2 2.2 0.010 25 7.2 2.2 0.010 26 0.019 27 7.2 2.2 0.019 28 7.2 2.2 0.019 29 7.2 2.2 0.019 29 7.2 2.2 0.017 29 30 30 31 0tal 0.019 29 30 30 31 0tal 0.019 20 20 2.3 1U 7.3 1.7 0.05 0.015 5 NT STAFFING: Shift Operators: Class: B Certification No.: 12476 Name: David Haring this plant of the company of the	- 11			•							
7.2 2.2 0.015 24 7.2 2.2 0.010 25 7.2 2.2 0.019 26 0.019 27 7.2 2.2 0.019 28 7.2 2.2 0.019 29 30 31 0tal 0.019 31 0tal 0.460 Avg. 2U 2.3 1U 7.3 1.7 0.05 0.015 5 NT STAFFING: Shift Operators: Class: B Certification No.: 12476 Name: David Haring ning Shift Operators: Class: Certification No.: Name: Mame: Mame: Mame: Name: Class: Name: Certification No.: Name: Name: Cartification No.: Name: Car			···· :					•			
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 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 29 0.017 20 0.017 20 0.017 20 0.017 21 0.05 0.015 5 INT STAFFING: I Shift Operators: Class: B Certification No.: 12476 Name: David Haring on the Shift Operators: Class: Certification No.: Name: Name: Name: Name: Name: Name: David Haring on the Shift Operators: Class: Certification No.: Name: Name: Name: David Haring on the Shift Operators: Class: Certification No.: Name	21		:		• - •				•		
7.2 2.2 0.023											
D.019 D.019 D.019 D.019 D.019 D.019 D.019 D.017 D.017 D.017 D.017 D.017 D.017 D.017 D.017 D.018 D.019 D.01	11		<u> </u>	;	1.2					. <u></u>	
7.2 2.2 0.019			!				1			· · · ·	
7.2 2.2 0.017	26		J								
29 30 31			<u> </u>								
30			1		7.2	2.2	1	0.017		- · · - · · ·	
1						ı ·					
Out											
2U 2.3					····						
ANT STAFFING: y Shift Operators: Class: B Certification No.: 12476 Name: David Haring ening Shift Operators: Class: Certification No.: Name: ht Shift Operators: Class: Certification No.: Name:											
y Shift Operators: Class: B Certification No.: 12476 Name: David Haring ening Shift Operators: Class: Certification No.: Name: ht Shift Operators: Class: Certification No.: Name:			2.3	10	7.3	1.7	0.05	0.015			
ening Shift Operators: Class: Certification No.: Name: tht Shift Operators: Class: Certification No.: Name:	ANT STA	AFFING:									
tht Shift Operators: Class: Certification No.: Name:	Shift O	perators:	Class:	8 ·	Ce	ertification No	12476	Nam e :	David Haring		
The State Operators.	ening Sh	ift Operators:	Class:		Ce	ertification No	.:	Name:			
	ht Shift (Operators:	Class:		C	ertification No	: <u> </u>	Name:			
		•	Class.					Name:	Paul Thompson	1	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749 LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Rapid Infiltration

Dog Branch Road East Palatka, FL 32131 MONITORING GROUP DESC:

NO DISCHARGE FROM SITE: []

COLINTY.

MONITORING DEDIOD From:

03/04/2006

03/31/06

COUNTY: Pi	ıtnam				MONITORING F	PERIOD-From:	03/01/2006	To:		03/31/05	
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
30D, Carbonaceous	Sample					2.3	,	mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement								1		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Ayg:)		mg/L*	1. 19	Monthly	Greb
BOD, Carbonaceous Tve-day, 20° C	Sample Measurement					4.0	4.0	mg/L	0	Monthly	Grab
PARM Code 80082	Permit				14	Report (Ma.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement	1 10 M				3.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			3 21				mg/L	1.5	Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement	<u>, , , , , , , , , , , , , , , , , , , </u>				14.0	14.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit /					Report (Mo.Avg.)	60.0 (Max)	mg/L	2 .E	Monthly	Grab
Coliform, Fecal	Sample Measurement					7.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement					200 (An. Avg.)		#/100mL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Monthly	Grab
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement					200 (MoGeoMean)	800 Max	#/100mL	71.	Monthly	Grab
рН	Sample Measurement	— . S. y ava es)			7.1		7.3	S.U.	0	Dally, five days per week	Grab
PARM Code 00400: I	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U.	3/4 	Daily, five days per week	Grab

f 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 algorificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGN	ATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELÉPHONÉ NO.	рате (YY/kM/00)
Paul Thompson, Lead Operator		0		386-937-1143	06/04	12-
		-				

NY VIOLATIONS (Reference all attachments here);		

NELAC CERTIFICATION	NUMBER(S):	
		

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING F	PERIOD-From:	03/01/2006	To:		03/31/06	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc		No. Frequency Ex.		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)		Alexander of the second	mg/L	,	Dally, five days per	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.51	mg/L	0	Monthly	Grab
PARM Code 00620 Mon;Site No. EFA-1	Permit ** Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014		mgd					0	Dally, 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					1	Dally, five days per week	Recording flow moter 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:	Report ((Ma:Avg.)	Report (Three-Mo.	mgd						Dally, five days per week	Recording flow meter and totalizar
BOD, Carbonaceous 5 day, 200	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	Graib
PARM Code 00530 G Mon Site No. INF-1	Permit					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			tan ing pangangan			Report (Mo.Total)	Percent	1,10	Monthly	Calculated

Permit Number:

FLA011742

MONITORING	PERIOD	From:	03/01/2006	To:	03/3	03/31/2006		County: P	utnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Collform 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		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	10	7.2	2.2	0.51	0.011	160	24
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	1	0.016		
15				7.2	2.2	1	0.017		
16				7.2	2.2	 	0.021		·
17				7.2	2.2		0.012		
18 19				7.2	2.2	.	0.011		
20				7.0	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	i	· ·	<u></u>	7.2	2.2		0.016		
25		· · · · · · · · · · · · · · · · · ·	·	7.3	2.2		0.018		
26							0.014		
27		i		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						1	0.514		
Mo.Avg.	4.0	14.0	10	7.2	1.9	0.02	0.017]	
PLANT STAP									
Day Shift Op	erators:	Class:	В	Ce	ertification No.	12476		David Haring	
Evening Shif	d Operators:	Class:		Ce	ertification No.		Name: _		
Night Shift O	perators:	Class:		Ge	ertification No	:	Name:		
Lead Operate	or:	Class:	A	Ci	ertification No	.:4894	Name:]	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT: Monthly

Leesburg, FL 34749

CLASS SIZE:

Minor

GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Dog Branch Road

MONITORING GROUP DESC:

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

COUNTY:

Dutnem

MONITORING PERIOD-From:

04/01/2006

04/30/06

COUNTY: P	utnam				MONITORING F	ERIOD-From:	04/01/2006	To:		04/30/05	
Parameter		Quantity	of Loading	Units	Qua	ity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample					2.6		mg/L	0	Monthly	Grab
ive-day, 20° C	Measurement					2.0		···gr-			
PARM Code 80082 Y	Permit Requirement		A Paris			∕20.0 (An. Avg.)	k -	mg/L	7	Monthly	Grab
3OD, Carbonaceous Ive-day, 20° C	Sample Measurement					5.4	5.4	mg/L	0	Monthly	Grab
PARM Code 80082 1	Permit:			37.		Report (Mo:Avg.)	60.0 (Max)	mg/L	- 54 - 43	Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement					3.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit"			2.7		20:0°. (An, Avg.)		mg/L		Monthly	Grab>
Solids, Total Suspended (TSS)	Sample Measurement		The state of the s	 		8.2	8.2	mg/L	0	Monthly	Grab
PARM Code 00530 L	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Greb
Coliform, Fecal	Sample Measurement					7.0		8/100mL	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	10	#/100mL	0	Monthly	Grab
PARM Code 74055	Permit Requirement		7 - 1 VX.	[23] 		200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
ьн	Sample Measurement		<u>, , , , , , , , , , , , , , , , , , , </u>		7.2	<u> </u>	7.3	5.U.	0	Dally, five days per week	Greb
ARM Code 00400 I	Permit Réquirement			5	6.0 (Min)		8.5 (Max)	8.U.	a ya Ma	Dally, five days per week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE D	PRINCI	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MMDD)
Paul Thompson, Lead Operator			}	386-937-1143	06/05/12
COMMITTEE AND EVEL ANATION OF ANY MONATIONS (Before any all the party and hear). Column	and Dall In Augusta	$X \subset$		11	

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING I	PERIOD-From:	04/01/2006	To:		04/30/06	
Parameter		Quantity	of Loading	Units	Quality or Concentration					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	1 - W 2 - 1 - 7 - 7			0.5			- mg/L		Daity, five days per,	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			A1-76	, , , , , , , , , , , , , , , , , , ,		0.18	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-1	Permit	Sie					12.0 S	mg/L		Monthly	Grab
Flow	Sample Measurement	0.015		mgd	3-4-334			10 May 10 10 10 10 10 10 10 10 10 10 10 10 10	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.)		mgď						Daily, five days per- week	Recording flow meter and totalizer
Flow	Sample Measurement	0.015	0.016	mgd			1,		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.	mgd			1.00		y dest destruction	Daily, five days per week	Recording flow meter an
BOD, Carbonaceous 5 day, 20C	Sample Measurement				的原始 就 走 一些 正表现	230	35.4.3543	mg/L	0	Monthly	Grab
PARM Code 80082 G Von Site No. INF-1	Permit			1.4.7		Report (Mo.Avg.)		mg/L		Monthly	Grab Crab
Solids, Total Suspended	Sample Measurement				7.00	210		mg/L	0	Monthly	Grab
ARM Code 00530 G Mon Site No. INF-1	Permit Requirement					Report (Mo:Avg.)		mg/L		Monthly	Grab
Percent Capacity, TMADF/Permitted Capacity) x 100	Sample Measurement		1			<u> </u>	52.2%	Percent	0	Monthly	Calculated
ARM Code 00180 G don.Site No. CAL-1	Permit Requirement) and all and and		464			Report (Mo.Total)	Percent	, .	Monthly	Calculated

Permit Number:

FLA011742

MONITORIN	NG PERIOD	From:	04/01/2006	To:	04/30)/2006		County:	
IF	CBOD ₅	TSS	Fecal	pH I	TRC (For	Nirtrogen,	Flow	CBOD5	TSS
	(mg/L)	(mg/L)	Coliform Bacteria (#/100ML)	(SU)	Disinfect) (mg/L)	Nintate, Total (as N) (mg/L)	(mgd)	(mg/L)	(mg/L)
Code									00000
Mon.Site	80082	00530	74055	00400	50060	00620	50050	80082	00530
	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2	<u> </u>	0.027		
2					· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.014	-	
3				7.3	2.2		0.014		
- 4				7.3	2.2	<u> </u>	0.014		
				7.3	2.2	<u> </u>	0.015		
6 7				7.3	2.2	<u> </u>	0.024		
8				7.3	2.2	<u> </u>	0.011	. ,	
9				7.3	2.2	ļ	0.018		
10				7.3	2.2+		0.032		
11				7.2			0.007	<u></u>	·
12	5.4	8.2	10	7.3 7.3	2.2	0.18	0.007	230	210
13	3.4	0.2	10		2.2	0.18	0.012	230	210
14	<u></u>			7.3 7.3	2.2		0.012	·	
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			0.015		
28			······································	7.3	2.2		0.013		
29	i		- i	7.2	2.2		0.012		
30							0.017		
31									
Total			T				0.458		
Mo.Avg.	5.4	8.2	10	7.3	1.7	0.01	0.015	7	7
PLANT STA	FFING:								
Day Shift Op	perators:	Class:	в	Ce	rtification No.:	12476	Name:	David Haring	•
Evening Shi	ift Operators:	Class:		Ce	rtification No.:		Name:		
Night Shift C	Operators:	Class:			rtification No.:		Name:		
Lead Operat		Class:	A		rtification No.:			Paul Thompson	
	•	3.20.		50		7007	Manie.	. 22 monpoon	<u> </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:

Agua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

FLA011742

LIMIT:

Final

REPORT: Monthly

MAILING ADDRESS:

PO Box 490310

CLASS SIZE:

Minor

[]

GROUP: Domestic

Sample Type

FACILITY: LOCATION: Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Dog Branch Road

MONITORING GROUP DESC:

Rapid Inflitration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

To: 05/31/06 COUNTY: MONITORING PERIOD-From: 05/01/2006 Putnam Units No. Frequency of Parameter Units Quality or Concentration Quantity of Loading Ex. Analysis 900. Carbonaceous Sample 0 Monthly 2.7 mg/L

Grab Measurement five-day, 20°C PARM Code 80082 Y 20.0 Permit: Monthly Grab mg/L . . Mon.Site No. EFA-1 Requirement... (An. Avg.) BCD. Carbonaceous Sample 0 Monthly Grab 3.5 mg/L Measurement five-day, 20° C Permit 📜 Report 60.0 PARM Code:80082 | Grab mg/L Monthly (Max) (Mo.Avg.) Mon.Site No. EFA-1 Requirement. Solids, Total Sample 0 Monthly Grab 4.4 mg/L Measurement Suspended (TSS) 20.0 PARM Code 00530 Y Permit : Monthly Grab mg/L . • • <u>•</u> ∴ Requirement' (An. Avg.) Mon, Site No. EFA-1 1016 192 Solids, Total Sample Monthly Grab 12.0 12.0 mg/L 0 (CZT) bebriedau2 Measurement Report 60:0 PARM Code 00530 I Permit: Monthly Grab ma/L Requirement (Max) Mon Site No. EFA-1 (Mo.Ava:) Coliform, Fecal Sample 0 Grab 7.0 #/100mL Monthly Measurement 200 PARM Code 74055 Y Permit . Grab #/100mL Monthly Mon.Site No. EFA-1 (An. Avg.) Requirement Coliform, Fecal Sample 10 0 Monthly Grab 10 #/100mL Measurement 200 800 PARM Code 74055 1. Permit #/100mL Monthly Grab-(MoGeoMean) Max Mon.Site No. EFA-1 Requirement Sample Daily, five days per 7.0 7.3 5.U. Grab week Measurement 8.5 PARM Code 00400 I Permit 6.0 Dally, five days per S.U. Grab (Maxi week Mon Site No. EFA-1 Requirement (Min)

Contrilly 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 parsons 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.

and a first time and a		÷	· · · · · · · · · · · · · · · · · · ·			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	8	GNAT	VIRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	PATE (Y	Y# (4/00)
Paul Thompson, Lead Operator	_	4)	386-937-1143	06/06	106
	I Paul	X7.		on 11 month's evenage		1

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll Aw-Avg

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

		•			MONIT	ORING F	PERIOD-From:	05/01/2006	To:		05/31/06	
Parameter		Quantity	of Loading	Units		Qu	ality or Cond	entration		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 Vitn)	ruse. S		mg/lu		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							0.39	mg/L	0	Monthly	Grab
PARM Code 00620 MortSite No. EFA-1	Permit Requirement						 	12.0 Max	mg/L	. : .	Monthly	Grab
Flow	Sample Measurement	0.015		mgđ			,			0	Daily, five days per week	Recording flow mater and totalizer
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd'							Duily, live days per week	Recording flow mater and totalizer
Flow	Sample Measurement	0.015	0.016	mgd						0	Daily, five days per week	Recording flow mater and lotalizer
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 mater 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				-	-2.	Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	<u> </u>					200		mg/L	0	Monthly	Grab
PARMICOde 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						, ė	Report (Mo.Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

MONITORING	PERIOU	From:	05/01/2006	10;	05/31	/2006		County: Putnam				
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU) !		Nidrogen, Nidate, 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			I	7.2	2.2		0.011	l				
2				7.2	2.2		0.013	į.				
3	3.5	12.0	1	7.3	2.2	0.39	0.012	500	20			
4			-!	7.3	2.2		0.014					
5				7.3	2.2	1	0.012					
6			i	7.3	2.2+		0.012)					
7							0.017					
8				7.3	2.2+		0.017					
9		!		7.3	2.2		D.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	<u> </u>	0.015					
14						!	0.015					
15			1	7.2	2.2		0.015.					
16		:	1	7.2	2.2		0.015					
17		:		7.0	1.8	·	0.012					
18		·		7.2	1.3	1	0.012	i				
19			, i	7.2	, 2.2	1 7	0.014					
20				7.3	2.2+		0.012					
21						1	0.017					
22				7.1	1.0		0.017	i	· · ·			
23			:	7.1	1.7		0.014	i				
24				7.2	2.2	T	0.013	i				
25				7.2	2.2	 	0.016					
26	Ī	-		7.3	2.2		0.017					
27				7.2	1.4	·	0.016					
28						1	0.018					
29				7.1	0.8	 	0.018					
30	1		i	7.1	0.8	†	0.016					
31				7.0	1.9	 	0.016					
Total						1	0.455					
Mo.Avg.	3.5	12.0	10	7.2	1.6	0.01	0.015	16				
LANT STAF			-									
ay Shift Ope	erators:	Class:	8	Ce	ntification No.:	12476	Name: [David Haring				
vening Shift	Operators:	Class:	С	Ce	rtification No.:	9320	Name: I	Ralph Marriott				
light Shift Op	perators:	Class:		Се	rtification No.		Name:					
ead Operato		Class:	A		rtification No.		_	Paul Thompson				

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida PERMIT NUMBER: FLA011742 MAILING ADDRESS: REPORT: Monthly 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 Inflitration East Palatka, FL 32131 NO DISCHARGE FROM SITE: [] COUNTY: Putnam MONITORING PERIOD-From: 06/01/2006 To: 06/30/06 Parameter Sample Type Quantity of Loading Quality or Concentration Units No. Frequency of Units Ex. Analysis BOD, Carbonaceous Sample Grab 2,7 mg/L Monthly Measurement five-day, 20° C PARM Code 80082 Y Permit 20.0 mg/L Monthly Grab Mon.Site No. EFA-1 Requirement (An. Avg.) BOD, Carbonaceous Sample Grab 2U 2U mg/L Monthly five-day, 20° C Measurement PARM Code 80082 | Permit 60.0 Report ma/L Monthly Grab Mon.Site No. EFA-1 Requirement (Mo.Avg.) (Max) Solids, Total Sample 4,3 mg/L Monthly Grab Suspended (TSS) Measurement PARM Code 00530 Y Permit 20.0 mg/L Monthly Grab Mon.Site No. EFA-1 Requirement (An. Avg.) Solids, Total Sample 1.1 1.1 mp/L Monthly Grab Suspended (TSS) Measurement PARM Code 00530 I Permit Report 60.0 mg/L Monthly Grab Mon.Site No. EFA-1 Requirement (Mo,Avg.) (Max) Coliform, Fecal Sample 7.0 #/100mL Monthly Grab Measurement PARM Code 74055 Y Permit 200 #/100mL Monthly Mon.Site No. EFA-1 Requirement (An. Avg.) Coliform, Fecal Sample 10 10 #/100mL Monthly Grab Measurement PARM Code 74055 Permit 200 800

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

7.0

6.0

(Min)

		$\overline{}$				_
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGN	TURE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DATE (YYMM/DD)
Paul Thompson, Lead Operator)	386-937-1143	06	07/17
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Catculate	led-Roll An	We i	s the average of the current monthly average and the precedi	ng 11 month's avreage.		······································
NELAC CERTIFICATION NUMBER(S):						

(MoGeoMean)

#/100ml

S.U.

S.U.

Max

7.4

8.5

(Max)

Monthly

Daily, five days per

weak

Dally, five days per

Grab

Grab

Grab

Mon.Site No. EFA-1

PARM Code 00400 1

Mon.Site No. EFA-1

Нα

Requirement

Measurement

Requirement

Sample

Permit

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING	PERIOD-From:	08/01/2006	To:		06/30/06	
Parameter		Quantity	of Loading	Units	Qı	uality or Con	centration		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 (Mln)			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 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				ļ	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 mater 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	ō	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

ORING PERIOD		ERIOD From: 06/01.		To:	06/3	0/2006		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.)		
	80082	00530	74055	00400	50060	00620	50050	80082	00530		
le	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1		
				7.0	2,2		0.015				
	1	;		7.1 ;	2.2	ī	0.015				
		!		7.1	2.2		0.019				
				j			0.016	*	• •		
			/	7.1	2.2		0.016				
				7.1	2.2		0.011	- • · · · · · · · · · · · · · · · · · ·			
				7.0	1.6	·	0.016	-			
				7.1	1.9		0.018				
				7.1	2.2		0.016				
ļ.		• • • • • • • • • • • • • • • • • • • •		7.1	2.2		0.012				
~ 				· · · · · · · · · · · · · · · · · · ·		 	0.016				
				7.1	2.2	r · · · · · · · · · · · · · · ·	0.016	4 ***			
				7.3	2.2		0.017				
	2U	1.10	10	7.4	2.2	1.30	0.011		1;		
				7.4	2.2	,	0.015		a and a second		
	,,		**	7.3	2.2		0.013	• •			
	•	- · ·		7.4	2.2		0.011	•	-		
				• • • • • • • • • • • • • • • • • • • •	2.2		0.015		•		
1				7.3	2.2		0.015				
				7.3	2.2		0.012	•			
	,		• • •	7.4	2.2	· ·	0.015				
-		•	i	7.3	2.2		0.014	the state of the s			
-	• • •	- •		7.3	2.2		0.014	• • • • • • • • • • • • • • • • • • • •			
		- ::-		1.:5 , . 7.4	2.2		0.012				
-								•• • • • • • • • • • • • • • • • • • • •			
· -					2.2		0.016				
		· · · · ·	i .	7.3	2.2		0.016				
.	and the control			7.2	2.2		0.014				
				7.2 :	2.2		0.011				
				7.2	2.2		0.013				
		**		7.2	2.2		0.016	 -	, ·		
╣—											
╬	2U	11	40)				0.434		<u></u>		
TAFF		1.1	10	7.2	1.8	0.04	0.014	5			
		ο.	_	_							
Opera		Class:	B		tification No.:	12476		David Haring			
	perators:	Class: _	<u> </u>	Cer	tification No.:	9320	Name:	Ralph Marnott	-		
ft Oper	rators:	Class:		Cer	tification No.:		Name:				
erator.		Class:	Α	C	tification No.:	4894	Name:	Paul Thompson			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - MAKE 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

Leesburg, FL 34749

East Palatka, FL 32131

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PO Box 490310

Final

REPORT: Monthly

LIMIT: CLASS SIZE:

Minor

[1

GROUP: Domestic

FACILITY:

Palm Port WWTP

MONITORING GROUP NUMBER: R-001

LOCATION: Dog Branch Road MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

To:

COUNTY

Putnam

MONITORING PERIOD-From:

07/01/2006

07/31/06

COUNTY:	Putnam			MONITORING	PERIOD-From:	07/01/2006	10:		07/31/05	
Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample			T	2.7	ĺ	mg/L	0	Monthly	Grab
five-day, 20° C	Measurement					.				
PARM Code 60082 Y	Permit	· ·			20.0		mo/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)					
BOD, Carbonaceous	Sample				2U	2U	mg/L	0	Monthly	Grab
five-day, 20° C	Measurement					<u> </u>		L.		
PARM Code 80082 1	Permit		1		Report	60.0	mg/L	ł	Monthly	Grab
Von Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	,,,,,,,,			
Solids, Total	Sample		1		4.3		mg/L	G	Monthly	Grab
Suspended (TSS)	Measurement		<u> </u>			<u> </u>	,,,,,,,			
PARM Code 00530 Y	Permit		1		20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(An. Avg.)		(Hg/S	ļ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Solids, Total	Sample				10	10	mg/L	. 0	Monthly	Grab
Suspended (TSS)	Measurement		1			<u> </u>			,	
PARM Code 00530 I	Permit				Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)				
Coliform, Fecal	Sample				6.9		#/100mL	0	Monthly	Grab
	Measurement	<u> </u>	<u> </u>				, ,	-		
PARM Code 74055 Y	Permit				200	Ì	#/100mL		Monthly	Grab
Von Sita No. EFA-1	Requirement				(An. Avg.)				4,5,4,6,	
Coliform, Fecal	Sample				10	10	#/100mL	0	Monthly	Grab
	Measurement		<u> </u>							
PARM Code 74055 I	Permit				200	800	#/100m1L		Monthly	Grab ·
Vion.Site No. EFA-1	Requirement				(MoGeoMean)	Max	77 1001116		m siresy	AIRA .
Н	Sample			7.1		7.6	\$.U.	0	Daily, five days per	Grab
	Measurement						4.0 ,		week	31 4 0
PARM Code 00400	Permit			6.0		8.5	S.U.		Daily, five days per	Grab
Mon Site No. EFA-1	Regulrement	* * * <u>*</u>	l ,	(MIñ)		(Max)	3.0,		week	GIAD

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am we significant penalties for submitting false information, including the possibility of fine and impleagment for knowing violations.

			\ . 					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIG	LATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DATE	(YYMHADD)	
Paul Thompson, Lead Operator		\geq		386-937-1143	06	08	/16	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	ted-Roll A	Avg	is the average of the current monthly average and the precedi	ng 11 month's avreage.	- 1			

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					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 Regulrement				0.5 (Min)			mg/L		Delly, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.20	mg/L	0	Monthly	Grab
PARM Code 00620 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	,					Dally, 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)	mgđ						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

Permit Number:

FLA011742

MONITORIN	G PERIOD	From:	07/01/2006	To:	07/3	1/2006		Count	ly: Putnam
	CBOD ₆ (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
				7.3	2.2		0.018		
2		_ !		······································		·	0.019	·	
3				7.2	2.2	· -	0.019		
4	<u> </u>			7.3	2.2	<u></u>	0.014		· · · · · · · · · · · · · · · · · · ·
5		· · · · · · · · · · · · · · · · · · ·		7.1	2.2	<u> </u>	0.016	· ·	,
6		<u> </u>		7.2	2.2	1 : :	0.016	<u></u>	<u> </u>
7				7.2	2.2		0.012		
8		<u>i_</u> _		7.2 ;	2.2	<u>i </u>	0.013	·	
9			<u></u>	:			0.014		·
10	<u> </u>	·	·	7.2 ·	2.2		0.014	·	
11				7.2	2.2		0.016		
12	2UY	1U:	1U	7.4	2.2		0.008	150	19
13				7.4	2.2		0.016		<u> </u>
15				7.4	2.2		0.015		·:
16				7.3	2.2	-	0.009	 -	
17						<u> </u>	0.015		
18		<u>-</u>		7.4 ;	2.2		0.015	<u> </u>	
19	· · ·			7.6	2.2	· ·	0.015		
20				7.6	2.2		0.008		
21		·	<u></u>	7.3	2.2		0.015		
22				7.4 7.3	2.2		0.014		
23				7.3	2.2	1	0.014		<u> </u>
24	-			:		 	0.013		
25				7.3	2.2	· · · · · - · - · - · · - · · - ·	0.013		:
26			i.	7.3	2.2		0.015		<u>-</u>
27			- 	7.2	2.2		0.016	· · · · · · · · · · · · · · · · · · ·	·· !
28				7.5	2.2		0.013	+	:
29		- 		7.5	2.2		0.012		
30					2.2		0.010		
31		· · · · · · · · · · · - ·			·		0.014	· · · · · · · · · · · · · · · · · · ·	
Total				7.5	2.2		0.014		
Mo.Avg.	211:	411-	4131	7.0	4.0	0.04	0.431	- بينا - بيانا	
PLANT STA	2U:	10:	10	7.3	1.8	0.04	0.014	<u> </u>	5
Day Shift Op		Class:	В	Ce	rtification No	.: 12476	Name:	David Haring	
Evening Shif	t Operators:	Class:	С	Ce	rtification No	.: 9320		Ralph Marriott	
Night Shift O		Class:			rtification No		Name:		
Lead Operat		Class:	A		rtification No			Paul Thompso	on
•		-							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MUNITURING REPORT - PART A

When Completed mall this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7580

PERMITTEE NAME:

Aqua Utilities Florida Leesburg, FL 34749

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

CLASS SIZE:

Final Minor REPORT Monthly GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

COUNTY

Dutnam

MONITORING PERIOD...From:

08/04/2006 00124100

f 1

JOUNTY:	Putnam			MONITORING F	PERRUDFrom:	08/01/2006	To:		08/31/06	
Parameter	Quantity of Loading Units Quality or Concentration				ion	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous	Sample				2.7		mg/L	a	Monthly	Grab
ive-dav. 20° C	Measurement				4. [mgrc	L	morning	9145
PARM Code 80082 Y	Permit				20.0	1				Grab
ion.Site No. EFA-1	Requirement				(An. Avg.)		mg/L		Monthly	Grap
300, Carbonaceous	Sample				2U	2∪				
ive-day, 20° C	Measurement				20	20	, mg/L	0	Monthly	Grab
PARM Code 80082 1.	Permit				Report	60.0				
Ion.Site No. EFA-1	Requirement		}		(Mo.Avg.)	(Max)	mg/L ·	Í	Monthly	Gmb
olids, Total	Sample				4.3					A
Suspended (TSS)	Measurement		<u>L </u>		4.3	1	mgi).	0	Monthly	Grab
PARM Code 00530 Y	Permit				20.0				401	Grab
ion.Site No. EFA-1	Requirement		1.	L	(An. Avg.)	İ	mg/L		Monthly	Grap
Solids, Total	Sample				1,3	1.3	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement		<u></u>		1,3	1.3	mg/L	U	Monthly	Grap
PARM Code 00530 I	Permit				Report	60.0	mg/L		Monthly	Grab
fon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L	l :	Monthay	G14D
Coliform, Fecal	Sample				6.9		#/100mL	0	Monthly	Grab
	Measurement							<u> </u>	Montey	Grab
ARM Code 74055, Y	Permit	<u>j</u>		-	200		#/100mL		Monthly	Grab
ion.Site No. EFA-1	Requirement		L		(An. Avg.)	<u></u>	MY (OUTINE		a montuny	Grab
oliform, Fecal	Sample				10	1U	#/180mL	a	Monthly	Grab
	Measurement			, <u></u>	ļ	10	W TOOING	ų	Monterity	3180
ARM Code 74055	Permit				200	800	#/100mL		Monthly	Grab
ion.Site No. EFA-1	Requirement				(MoGeoMean)	Max	at Industr		MONIMITY	Grad
H	Sample			7.2	· · · _	7.6	\$.U.	0	Daily, five days per	Grab
	Measurement			,		7.0			week	Grap
ARM Code 00400 I	Permit			6.0		8.5	S. U.		Daily, five days per	
Ion.Site No. EFA-1	Requirement			(Min)		(Max)	- a.u.		wask	Grab

t cartify 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	\$K	BATUF	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMHADD)
Paul Thompson, Lead Operator				386-937-1143	06/09/19
COUNTRIES AND EVEN ANIATION OF ANY WAY ATIONS (Before an all attachments beauty Color			to the second of		

MELAC	CERTIFICATION NUMBER(S):	
NELAU	CERTIFICATION NUMBER(3):	

DISCHARGE MUNIURING REPURT - FART A (Communa)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING	PERIOD-From:	08/01/2006	Τo	:	08/31/06	
Parameter		Quantity	of Loading	Units	Ç	uality or Con-	centration		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 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						Dully, 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 mater and totalizer
PARM Code 50050 P Mon:Site No. INF-1	Permit: Requirement	Report (Mo.Avg.)	Report (Three-No.	mgd						Dally, 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	o	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement			,			Report (Mo.Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

IONITORING	LINIOD	From:	08/01/2006	To:		1/2006		County: F	'utnam
	CBOD₅ (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			T.	7.5	2.2		0.012		
2				7.4	2.2		0.014		
3		İ		7.5 :	2.2	<u>:</u>	0.012;		
4		i		7.5	2.2		0.012		
5				7.6	2.2		0.011		
6		ĺ					0.016		
7		i		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	2
10				7.2	2.2		0.015		
11	;	·		7.3	2.2		0.011		
12		<u> </u>		7.3	2.2		0.011		
13			<u> </u>				0.016	·	
14	; :	· · · · · · · · · · · · · · · · · · ·	:	7.2	1.5		0.016		
15				7.3	2.2	· ·	0.010		
16				7.5	2.2		0.016	i	
17				7.4	2.2		0.014	<u>.</u>	
18	·			7.4	2.2		0.015		·
19	i			7.5	2.2		0.011	!	
20		i				<u> </u>	0.016		
21				7.4	2.2		0.016		
22				7.4	2.2		0.013		
23			:	7,4	2.2	<u> </u>	0.012		
24			<u>.</u>	7.3	2.2	<u>i</u>	0.013		
25			<u> </u>	7.4	2.2	<u> </u>	0.013		
26				7.4	2.2	· · · · · · · · · · · · · · · · · · ·	0.012		
27						<u> </u>	0.014	·	
28				7.3	2.2		0.014		
29		i		7.3	2.2		0.012		
30				7.3	2.2		0.014		
31			<u> </u>	7.3	2,2		0.015		
Total			<u> </u>				0.412;		
Mo.Avg.	2U	1.3	10-	7.4	1.9	0.01	0.013	7 ;	
PLANT STAF		Class	В	٠.	ertification No.	: 12476	Name- 1	David Haring	
	·	Class:					-		
vening Shift		Class:	<u> </u>		ertification No.		_	Ralph Marriott	
light Shift Op		Class:			ertification No.		Name: _		 ;
ead Operator	r:	Class:	Α	Ce	ertification No.	: 4894	Name: I	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MUNITURING REPURIT PART A

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

FLA011742

LIMIT: CLASS SIZE: Final Minor

[]

REPORT: Monthly **GROUP: Domestic**

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Inflitration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

09/30/06 To:

09/01/2006 MONITORING PERIOD-From: COUNTY: Putnam

Parameter		Quantity of Loading	Units	Qual	ity or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample				2.6		mg/L	D	Monthly	Grab
five-day, 20° C	Measurement		A v	100 T 200 T 100 T		The state of the s	100			
PARM Code 80082 Y	Permit ************************************			Me SE	20:0 % (An. Avg.)	in the	mg/L		Monthly	Grab
BOD, Carbonaceous	Sample				2 U	2U	mg/t,	lo	Monthly	Grab
five-day, 20° C	Measurement						<u> </u>	-		
PARM Code 80082	Permit Requirement				Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Greb
Solids, Total	Sample	<u> </u>			4.2		ma/L	0	Monthly	Grab
Suspended (TSS)	Measurement							ļ		
PARM Code 00530 Y Mon Site No EFA-1	Permit ************************************		10	an a	20.0 (An. Avg.)		mg/L		,, Monthly	Grab
Solids, Total	Sample	**************************************			1U	10	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement							<u> </u>		
PARM Code 00530 I	Permit Requirement				Report. (Mo.Avg.)	60.01 (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	VIII VIII VIII VIII VIII VIII VIII VII			200 (An. Avg.)	entropy of the second of the s	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	10	#/1DQmL	0	Monthly	Grab
PARM Code 74055	Permit	and the same	- Trains		200 (MoGeoMean)	800 Max	#/100mL		Monthly .	Grab
рН	Sample Measurement	Pell firl		7.2		7.4	3 .U.	0	Dally, five days per week	Grab
PARM Code 00400 1	Permit Service Requirement		155	6:0 (Min)		8,5 (Max)	ŠŪ.	10	Daily, five days per week,	Grab

Loertify under penalty of law that this document and ad attachments were prepared under my direction or supervision in accordance with a system designed to assure 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 panalties 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 (YYA)MOO)
Paul Thompson, Lead Operator		386-937-1143	06/10/24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculations	ted-Roll AV. Avg. is the average of the current monthly average and the precedin	g 11 month's avreage.	, ,
MELAC CERTIFICATION NUMBER/S):	·		

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING	PERIOD-From:	09/01/2006	To:	:	09/30/06	
Parameter		Quantity	of Loading	Units	Qı	sality or Conc	entration		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	Permit Requirement				(Min)**			mg/L	y	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			14		44.4	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	Permit Requirement;	0.030 (An.Avg.)		mgd		The state of the s	**-		60 (d) 41 (1)	Daily, Rve days per week	Recording flow meter and fotalizer
Flow	Sample Measurement	0.013	0.013	mgd					0	Dally, 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.	mgd					黎	Daily, five days per . week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Proceedings to a				190		mg/L	D	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement		4			Report (Mo.Avg.)	enem 2 d	mg/L	i i	Monthly	: Grab
Solids, Total Suspended	Sample Measurement					170		mg/L	0	Monthly	Grab
PARM Code 00530 'G, Mon.Site No. INF-1	Petmit 👼 Requirement				The second secon	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	A Track				Mig. A.	Report (Mo Total)	Percent		Monthly	Calculated

Permit Number:

FLA011742

MONITORIN	IG PERIOD	From:	09/01/2006	To:	09/30	0/2006		County:	Putnam
	CBOD _S (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				7.4	2.2		0.014		
2				7.3	2.2		0.013		
3						<u> </u>	0.016		
4				7.4	2.2		0.018		
5				7.4	2.2	<u> </u>	0.017		
6 7				7.3	2.2		0.011		
8				7.3	2.2		0.014		
9				7.3	2.2		0.012		
10				7.3	2.2+	}	0.014 0.018		
11				7.2	1.8	 - 	0.018		
12				7.3	2.2		0.016		
13	2U	10	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 21				7.3	2.2		0.017	· · · · · · · · · · · · · · · · · · ·	
22				7.4	2.2	ļ	0.010		
23				7.4	2.2	 	0.011	i	
24				7.3	2.2	 	0.010		-, -
25				7.3	2.2	 	.0.017 0.017	<u> </u>	
26				7.4	2.2		0.017		
27				7.3	2.2	+	0.015		
28				7.4	2.2		0.014		
29		i		7.3			0.014		
30				7.3	2.2	7	0.010		
31								~~	
Total							0.407	ı	
Mo.Avg.	20)	1U	10	7.3	1.8	0.02	0.013	6	5
PLANT STA									
Day Shift Op		Class:_	В		ertification No.			David Haring	
	ft Operators:	Class:	<u> </u>		ertification No.		Name:	Ralph Marriott	
Night Shift C		Class:			ertification No.		Name:		
Lead Operat	tor:	Class: _	A	Ce	ertification No.	4894	Name:	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

	report to: Department of Environmental Protection, Northeast		B200, Jacksonville, 32256-7590	
DECIMITITE NAME.	A Latitide Et i.d.	DEDIGE NUMBER	E) 4044749	

PERMITTEE NAME:

Agua Utilities Florida Leesburg, FL 34749

PERMIT NUMBER:

MAILING ADDRESS:

PO Box 490310

LIMIT: CLASS SIZE: Final Minor REPORT: Monthly **GROUP: Domestic**

FACILITY: LOCATION: Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Dog Branch Road

MONITORING GROUP DESC: Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE: []

COUNTY: F	utnam				MONITORING P	ERIOD-From:	10/01/2006	To:		10/31/06	
Parameter		Quantity	of Loading	Units	Qual	ity or Concentrati	lon	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample					2.8		mg/L	a	Monthly	Grab
five-day, 20° C	Measurement					2.0		111891			
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	Sample					3.7	3.7		0	Monthly	Grab
live-day, 20° C	Measurement]		Ì		3.7	3.1	mg/L	0	Monthly	Grab
PARM Code 80082 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	Sample					1,1	1.1	mg/L	0	Monthly	Grab
Suspended (TSS)	Measurement										
PARM Code 00530 Mon Site No. EFA-1	Permit Requirement				No.	Report (Mo.Avg.)	60,0 (Max)	mg/i		Monthly	Grab
Coliform, Fecal	Sample Measurement					10		#/100mL	1	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement	Try I M				200 (An. Avg.)		#/\$00mL		Monthly	Gne
Coliform, Fecal	Sample Measurement					10	10	#/100mL	0	Monthly	Grato
PARM Code 74055 I Von Site No. EFA-1	Permit Requirement					200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Н	Sample Measurement		<u>-</u>		7.2	, , , , , , , , , , , , , , , , , , ,	7.4	6.U.	0	Daily, five days per week	Grab
ARM Code 00400 I Mon Site No. EFA 1	Permit Requirement			40.00	6.0 (Min)		.8,5 (Max)	5. U .30	<u>,</u>	Dally 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 beat of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN?	SIGNATU	E OF	KINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYM/MOO)
Paul Thompson, Lead Operator	L	P		388-937-1143	06/11/21

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

NELAC CERTIFICATION NUMBER(S):	

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING P	PERIOD-From:	10/01/2006	. To:		10/31/06	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		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			115	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			45 AM 14			Daily, five days per week	Recording flow mater and totalizer
Flow	Sample Measurement	0.014	0.013	mgd					0	Daily, five days per week	Recording flow mater and totalizer
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	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					(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 Regulrement		Tarin A. T. S.	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 Reguirement	n re		1 1			Report (Mo.Total)	Percent	j. (4.)	Monthly	Calcidated)

Permit Number:

FLA011742

MONITORIN	IG PERIOD	From: _	10/01/2008	To:	10/3	1/2006		County: F	utnam
	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	-		!				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	<u> </u>	0.012		
7			<u> </u>	7.4	2.2		0.014		
8		· 	···			!	0.016		
Э		: : <u>:</u>	<u>.</u>	7.3	2.2		0.016		
10				7.3	2.2	1	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		J		7.3		<u> </u>	0.014		
14				7.2	2.2		0.012		
15							0.016		
16 17		ļ - 		7.3	2.2	 	0.016		
18		:		7.3	2.2	 	0.013		·
19			-	7.2	2.2	ii-	0.014		
20		· · · · · · · · · · · · · · · · · · ·		7.3 7.3	2.2	÷~	0.018		
21		; -	<u> </u>	7.3	2.2	 	0.010		
22					2.2	 	0.018	-	
23		ļ		7.3	2.2	 	0.018		
24		!		7.3	2.2	1	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	<u> </u>	0.013		
29							0.015		
30				7.3	2.2	 	0.015		
31		L	·	7.3	·		0.012		
Total			1			† †	0.433		
Mo.Avg.	3.7	1.1	1Ui	7.3	1.8	0.04	0.014	8	11
PLANT STA						<u> </u>			
Day Shift O		Class:	В	Ce	ertification No.	12476	Name:	David Haring	
Evening Shi	ift Operators:	Class:	С	Ce	ertification No.	9320	Name:	Ralph Marriott	
Night Shift C		Class:			ertification No.		Name:		
Lead Opera	-	Class:	Α		ertification No.		Name:	Paul Thompson	
- F-:-							•		

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

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

Minor

REPORT: Monthly **GROUP: Domestic**

FACILITY: LOCATION: Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Dog Branch Road

MONITORING GROUP DESC:

Rapid Infiltration

	East Palatka, FL 321	31		NO DISCHARG	E FROM SITE:	[]				
COUNTY:	Putnam			MONITORING F	PERIOD-From:	11/01/2006	To:		11/30/08	
Parameter	·	Quantity of Loading	Units	Qua	lity or Concentrat	on	Units	No.	Frequency of Analysis	Sample Typ
BOD, Carbonaceous	Sample					T	- ;			
ive-day, 20° C	Measurement	i			2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit				20.0		1			
Vion.Site No. EFA-1	Requirement				(An. Avg.)		mg/L		Monthly	Grab
30D, Carbonaceous	Sample						-			
ive-day, 20° C	Measurement				2U	2 U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit				Report	60.0				
Mon.Site No. EFA-1	Requirement	·	1		(Mo.Avg.)	(Max)	mg/L		Monthly	Grab
Solids, Total	Sample					, ,	†	_		· ·
Suspended (TSS)	Measurement	<u>_</u>			4.1		mg/L	0	Monthly	Greb
PARM Code 00530 Y	Permit				20.0		† · · · · · · · · · · · · · · · · · · ·			
Ion.Site No. EFA-1	Requirement	-			(An. Avg.)		mg/L,		Monthly	Grab
Solids, Total	Sample						 			-i
iuspended (TSS)	Measurement				1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit				Report	60.0				.
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample				4.0		·			
·	Measurement				1.2		##100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit				200					
fon.Site No. EFA-1	Requirement		·	, ,	(An. Avg.)		##100mL		Monthly	Grab
Coliform, Fecal	Sample				2.0	2.0		•		
	Measurement				3.0	3.0	#/100mt,	0	Monthly	Grab
ARM Code 74055 I	Permit				200	800	****			
fon.Site No. EFA-1	Requirement			٠.	(MoGeoMean)	Max	#100mL		Monthly	Greb
Н	Sample			7.0		7.4			Daily, five days per	
	Measurement			7.0	!	7.3	9.U.	0	week	Grab
ARM Code 00400 I	Permit	5		6.0		8.5			Dally, five days per	
Ion.Site No. EFA-1	Requirement	1		(Min)		(Max)	.S.U.		week	Grab

Lostify under pensity of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submittee. 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 imprisofment for knowing violations.

	·	/—			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	URE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMOD)
Paul Thompson, Lead Operator		\sum		386-937-1143	06/12/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calcula	led-Rall An	Ata.	is the average of the current monthly average and the preced	ing 11 month's syrages	

NELAC CERTIFICATION NUMBER(S):

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING	PERIOD-From:	11/01/2006	To:		11/30/06	
Parameter		Quantity	of Loading	Units	Q	uality or Con	centration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.9			mg/L	0	Dally, 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	Dality, 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 mater en totalizer
Flow	Sample Measurement	0.013	0.013	mgd					0	Daily, five days per week	Recording flow mater and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	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

Permit Number:

FLA011742

MONITORIN	IG PERIOD	From:	11/01/2006	To:	11/3	0/2006		County: 1	Putnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtete, 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	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,		
5	_ 	·	<u> </u>	7.0	2.2+	· <u> </u>	0.008		
6			·		· · · · · · · · · · · · · · · · · · ·		0,014		
	<u>-</u>			7.2	2.2		0.014		
8		·		7.2	2.2	···	0.016,		
9		·	·	7.2	2.2		0.014		
10	:			7.2 7.3	2.2	·	0.012		
11				7.3	2.2		0.013		
12						 	0.016	······································	·
13		· · · · · · · · · · · · · · · · · · ·		7.2	2.2	<u> </u>	0.016	····	
14				7.2	1.9		0.013-		
15				7.3	2.2		D.012		,
16				7.2	2.2		0.011		
. 17				7.2	2.2		0.011		
18				7.2	2.2+	1	0.010		
19			<u>-</u>			<u> </u>	0.015		
20				7.3	2.2		0.015		
21			·	7.3	2.2		0.015		
22				7.3	2.2		0.013		·
23 24				7.3	2.2		0.010		
25				7.3	2.2		0.016		
26		<u> </u>	·	7.3	2.2	<u>:</u>	0.012		
27	<u>!</u>						0.015		
28	<u>·</u>	1	· · · · · · · · ·	7.2	2.1	!	0.015		
29		 :		7.3 7.3 :	1.9		0.015		
30		······································	<u></u>	7.3	2.2		0.013		
31							0.010		
Total		:		1		: '	0.401		
Mo.Avg.	2Ü:	1.2 :	3 :	7.2	1.8	0.08	0.013	2	3
PLANT STAF									
Day Shift Ope	erators:	Class:	В	Cer	tification No.:	12476	Name: [David Haring	
Evening Shift		Class:	C		tification No.:		_	Raiph Marriott	
Night Shift Op	·	Class:			tification No.:		Name:		
Lead Operato		Class:	Α		tification No.:		-	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011742

MAILING ADDRESS:

PO Box 490310

Final

Leesburg, FL 34749

LIMIT: CLASS SIZE:

Minor

REPORT: Monthly GROUP: Domestic

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: P	'utnam				MONITORING F	ERIOD-From:	12/01/2006	To:		12/31/06		
Parameter		Quantity	of Loading	Units	Qual	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous five-dav, 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.)	1.	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 Regulrement	4				Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab	
Solids, Total Suspended (TSS)	Sample Measurement					4.0		mg/L	0	Monthly	Grab	
PARM Code 00530 Y Mon:Site No. EFA-1	Permit Requirement			·		20,0 (Ап. Avg.)		mg/L		Monthly	Grab	
Solids, Total Suspended (TSS)	Sample Measurement					1.2	1.2	mg/L	0	Monthly	Grab	
PARM Code 00530. I Mon.Site No. EFA-1	Permit Regulrement			7 7 7. 1 7. 4.		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly.	Grab	
Coliform, Fecal	Sample Measurement				1	1.2		#/100mL	0	Monthly	Grab	
PARM Code 74055 Y Mon,Site No. EFA-1	Permit Requirement			7.		200 (An. Avg.)		#/100ml.		Monthly	Grab	
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab	
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement		. • • •			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Gmb	
рН	Sample Measurement				7.1		7.5	S.U.	0	Dally, five days per week	Grab	
PARM Code 00400 1 Non Site No. EFA-1	Permit Requirement	i i			6.0 (Min)		8.5 (Max)	S,U.	,	Dally, five days per week	Grab	

Leartify 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 submitted is, to the best of my knowledge and bester, true, accurate, and complete. I am aware that there are eignificant penalties for submitting talse 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.	оа је гууламурој
Paul Thompson, Lead Operator	م ل		386-937-1143	07/01/24
COMMITTED AND EVOLUTION OF ANY WOLLATIONS (Beforence of Street Porch Color	detect Sall Ave.	is the express of the express of the expression		

NELAC CERT	TFICATION NUME	ER(S):	•

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

					MONITORING P	PERIOD-From:	12/01/2006	To:		12/31/06	
Parameter		Quantity	of Loading	Units	Qu	Quality or Concentration					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	N 4 - 2 \$ 4			0.5 (Min)	,		mg/L		Dally, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.15	mg/L	0	Monthly	Grah
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	Dalty, 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						Dally, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.014	0.014	mgd					0	Bally, 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.	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	Greb
Solids, Total Suspended	Sample Measurement					180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	11			,	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

Permit Number:

FLA011742

MONITORING PERIOD		From:	12/01/2008	To:	12/3	1/2006	County: Putnem			
	CBOD₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)		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	· · · · · · · · · · · · · · · · · · ·	Į		7.2	2.2		0.011			
2		<u> </u>		7.2	2.2		0.010			
3					· · · · · · · · · · · · · · · · · · ·		0.016			
4		;		7.2	2.2		0.016			
5				7.2		<u> </u>	0.010			
6 7		!		7.3	2,2		0.009	<u> </u>		
8			<u></u>	7.3		÷	0.012		···	
9		<u> </u>		7.3	2.2		0.015			
10		<u></u>	·	. 1.3			0.015			
11		<u>_</u>	· 	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			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		<u> </u>		7.4	2.2		0.012			
23		<u> </u>		7.2	2.2		0.015	•		
25						 	0.019			
26				7.1	2.2	 	0.019	<u>_</u>		
27		 		7.2	2.2	<u> </u>	0.016			
28		į <u>-</u> <u>-</u>		7.2	1.5	-	0.019i 0.010			
29				7.4	2.2			.,		
30	<u> </u>	·		7.4	2.2		0.018	<u> </u>		
31		· · · · · · · · · · · · · · · · · · ·		i	2.2	}	0.015	<u>-</u>		
Total	·	:	<u> </u>			 	0.421		·· <u>·</u> ·	
Mo.Avg.	2U	1.2	1Ú	7.3	1.8	0.00	0.014	7	6	
PLANT STA						····	·····			
Day Shift Op		Class:	В	Ce	rtification No.:	12476	Name: C	avid Haring		
Evening Shif		Class:	C		rtification No.:		_	Ralph Marriott		
Night Shift C		Class:			rtification No.:		Name:			
Lead Operat	-	Class:	Α		rtification No.:		-	aul Thompson		
-sau operat		J1409		Je			, 10/1PG. 1	en manifesti		



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

PSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Palm Port WWTF Page 2 of 3

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. Subold

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.

fifth Tacceum

February 13, 2006

Clerk

Date

CC: Putnam

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 Florids
Statutes, with the designated Department Clerk
receipt of which is horsely acknowledged.

Tallex to 3

FACILITY:

Palm Port WWTF

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

REVISION DATE:

EXPIRATION DATE:

November 9, 2008

FLA011742

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 ! through 19 of this permit.

FACILITY:

Palm Port WWTF

PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER:

EXPIRATION DATE: REVISION DATE:

FLA011742 November 9, 2008

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.]



Department of Environmental Protection

Jeb Bush Governor 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 Statues.

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
- (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

Program Administrator

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF ISSUANCE OF PERMIT RE	VISION
and all copies were sent before the close of business on the 1974 day of APRIL	
2004 to the listed persons and organizations.	•

maline ususon	ARZIL 19. 2004
Name	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

FLA011742

April 9, 2004

FLA011742-005-DWF

November 10, 2003

November 9, 2008

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

ISSUANCE DATE:

REVISION DATE:

PROJECT NUMBER:

EXPIRATION DATE:

PERMITTEE:

Florida Water Services Corporation

RESPONSIBLE AUTHORITY:

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:

Palm Port WWTF

PERMIT NUMBER:

FLA011742

PERMITTEE:

Florida Water Services Corporation

PROJECT NUMBER: ISSUANCE DATE:

FLA011742-005-DWF November 10, 2003

COUNTY:

Putnam

REVISION DATE: EXPIRATION DATE: April 9, 2004 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.

\CILITY:

Palm Port WWTF

PERMIT NUMBER:

FLA011742

RMITTEE:

Florida Water Services Corporation

PROJECT NUMBER: ISSUANCE DATE:

FLA011742-005-DWF

REVISION DATE:

November 10, 2003 April 9, 2004

∍UNTY:

Putnam

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:

		Re	claimed Wat	er Limitatio	ons	Monit				
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
OD, Carbonaceous, five-day, 20° C	mg/L	Maximum	20.0	Report	-	60.0	Monthly	Grab	EFA-1	
Solids, Total Juspended (TSS)	mg/L	Maximum	20.0	Report	-	60.0	Monthly	Grab	EFA-1	·
Coliform, Fecal	# / 100 mL	Maximum	S	ee Permit Co	ndition I. A.	3.	Monthly	Grab	EFA-1	
pН	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	

Palm Port WWTF

PERMIT NUMBER:

FLA011742

PERMITTEE:

Florida Water Services Corporation

PROJECT NUMBER: ISSUANCE DATE:

FLA011742-005-DWF November 10, 2003

COUNTY:

Putnam

REVISION DATE: EXPIRATION DATE:

April 9, 2004 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

PERMIT NUMBER: PROJECT NUMBER:

LA011742

TTEE:

, 1

Florida Water Services Corporation

ISSUANCE DATE:

FLA011742-005-DWF November 10, 2003

REVISION DATE:

April 9, 2004

!'fY: Putnam

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:

			Limita	tions		Monito Require	<u> </u>			
l'arameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.030	Report	•	-	Daily, five days per week	Recording flow meter and totalizer	INF-1	
Carbonaceous, re-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.
ent Capacity - ADF / Permitted apacity) x 100	percent	Maximum	Ť	Report (Mo. Total)	-		Monthly	Calculated	CAL-1	

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

MONITORING LOCATION 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	First day of month - last day of	28th day of following
Toxicity	month	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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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	R)	ESIDUALS 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	4.	Signature of Hauler
	Management Facility or Treatment Facility	5.	Signature of Responsible Party at Residuals Management Facility or Treatment Facility
5.	Signature of Responsible Party at Source 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)]

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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.

- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on DEP Form 62-620.910(10), Discharge Monitoring Report (DMR).
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Florida Department of Health (FDOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than fourteen days following each schedule date. [62-620.610(19)]
- 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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- 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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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

DEPARTMENT OF ENVIRONMENTAL PROTECT IN DISCHARGE MONITORING REPORT - PART A

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	Putnam				•	MONITO	ORING PERIOD):	From:	· · · · · · · · · · · · · · · · · · ·	_ To: _		_ _	
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pril 2004

DISCHARGE MONITORING PORT - PART A (Continued)

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Permit Number: Monitoring Period		.A011742		To:		Fa Co	-		
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Name:

Night Shift Operator

Class: Certificate No:

INSTRUCTIONS FOR COMPLETING THE W.

WATER DISCHARGE MONITORING REPORT

ists of four parts-A, B, C, and D-all of which may or may not be applicable to every facilities may have one or more Part A's for reporting effluent data. All domestic wastewater facilities will have a Part 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 il data.

allor electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

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/INSTRUCTION	S
Analysis not conducted.	
Dry Well	
Flood disaster.	
Insufficient flow for sampling.	
Lost sample.	
Monitoring not required this period.	

CODE	DESCRIPTION/INSTRUCTIONS
NOD OPS OTH SEF	No discharge from/to site. Operations were shutdown so no sample could be taken. Other. Please enter an explanation of why monitoring data were not available. Sampling equipment failure.

analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

cuter than or equal to the PQL shall be reported as the measured quantity.

as 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 compliance with permit limits.

is 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 ple when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

CHARGE MONITORING REPORT (DMR)

OMR 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 tasks 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 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 which there was no discharge.

eriod: 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.

arcment: 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 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

our, etc.).

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 shaded area.

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, mis 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 terning this report. Enter the date when the report is signed.

A 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.

AMPLE RESULTS

timer 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.
- mitted 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.
- aring Results: Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated.
- 1. List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.
- ment 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 experienced public access, rapid rate land application, absorption field, underground injection).
- 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 tog the reporting month, check 'Yes' and attach PART C LIMITED WET WEATHER DISCHARGE.

MITED WET WEATHER DISCHARGE

the 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 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.

mation: 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 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 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.

sischarge: 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.

swiged: 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.

uarge Flow Rate: Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

treum 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 one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

am 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.

, the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge,

me average TKN of the reclaimed water discharged during the period shown in duration of discharge.

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

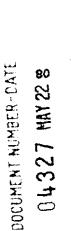
scharge: Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

ROUND WATER MONITORING REPORT

- riod: 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.
- +thitained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
- thods: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
- red; indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Added: State what preservatives were added to the sample.

- mind: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
- ...it/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.
- "its/Units: Record the detection limits of the analytical methods used and the units associated with them.
- aid 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 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:

Mr. Patrick Ferris June 19, 2007 Page 2 of 3

- 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,

Janethe Williams

Kathleen H. Gerard DW Compliance Coordinator

KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc. Mr. Stan Rieger, Public Service Commission, Tallahassee

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FAC	CILIT	Y AND INSI	PEC	TIO	N INF	ORMA	ATION	l	@	= Optional	I
Name and Physical Location of Facility		WAFR ID:	:			Coun	ity		Entry	Date/Time	
Palm Port WWTF		FLA011	742			Putn	am		May	14, 2007	
Park Dog Branch Road						Phor	16		@ E	xit Date/Time	•
East Palatka, Florida									May	14, 2007	
Name(s) of Field Representatives(s)		Title				**********			Phon	e	
Ralph Marriott		Operator	r								
Paul Thompson		Senior Op	perator						(386	937-1143	
Name and Address of Permittee or Desi	gnated Repr	esentative Title				Pb	one .		@ 01	perator Certific	ration#
Patrick Farris		Enviro	onment	al Con	npliance						
Aqua Utilities Florida, Inc.											
P.O. Box 490310											
Leesburg, Florida 34749											
Inspection Type C E I	Samples ?	Taken(Y/N): N		@	Sample ID#	!:	: Samples Split (Y/N):				
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			8.+Operat	ion & Maintenance 11. Residuals/Sludge			lge				
13. Other;					<u> </u>			NA	12. (Groundwater	
Facility and/or Order Compliance Statu	9: 🔀 In-4	Compliance	Out	-Of-Cor	npliance		Significant	Out-Of	Complia	посе	
Recommended Actions:											
Name(s) and Signature(s) of Inspector(s						District Office/Phone Number Date					
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Kathleen H. Gerard WHAT Servertz					i	NED / (904) 807-3323 6/19/07]		
Signature of Reviewer					District Office/Phone Number Date						
RG Kellenna					NED/ (904) 807-3305			Į			
Tom Kallemeyn						<u> </u>				6/19/07	
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PALM PORT WWTF MAY 14, 2007



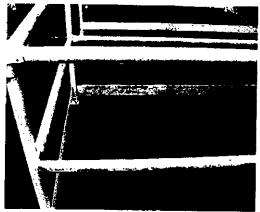
WWTF was fenced and locked.



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 936 South S.R. 19 Palatka, FI 32177
Phone 386-329-1122 fax 386-329-9977

To:	Kathleen Gerard	Fron	1=	Paul Thompson	
Fax:	904-448-4366	Page	MSC.	4	
Phone:	904-807-3300	Date	:	May 29, 2007	
Re:	Inspection info	cc:		·	
□ Urge	nt 🛘 For Review	☐ Please Comment	C	Please Roply	🛘 Please Recycle
• Comm	nents:		·	***	
Per our o	discussion this morning:				
forms wh	kflow testing for each Put nen it's completed. Centr nor and Silver Lake Oaks	al Florida Controls, Inc.	shou	uld be able to perfor	m the flow testing of
I've attac	hed a copy of our lab's c	ertification. Copies are	outi	nely kept in the ons	ite O&M manual.
Both blow	wers at Arredondo Farms	are operational.			•
Plèase c	all me for any other infor	nation you may need.			
Thanks,			-		
Paul					•







State of Florida Department of Health, Bureau of Laboratories

This is to certify that

E83509
HARBOR BRANCH ENVIRONMENTAL, CENTRAL FLORIDA
LABORATORY
4155 ST. JOHN'S PARKWAY, SUITE 1300
SANFORD, FL 32771

has compiled with Florida Administrative Code 84E-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 auccessful on-going compilance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analyses certified are clied on the Laboratory Scope of Accreditation for this laboratory and are on file at the Sursau of Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urgsd to verify with this agency the laboratory's certification status in Florida for particular methods and analyses.

EFFECTIVE January 23, 2006 THROUGH June 30, 2007

Ming S. Chan, Ph.D.
Bureau Chief, Bureau of Laboratories
Florida Department of Health
DH Form 1697, 7/04

NON-TRANSFERABLE ES3609-02-1/23/2006

Jeb Bush Governor





M. Rony François, M.D., M.S.P.H. Ph.D. Secretary

Laboratory Scope of Accreditation

age 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				
Alkatinity as CaCO3	EPA 310.1	General Chemistry	NELAP	3/22/2002				
Alkalinity as CaCO3	SM 2320 B	Quicini Chemistry	NELAP	3/22/2002				
Biochemical oxygen demand	EPA 405.1	General Chemistry	NELAP	3/22/200Z				
Carbonaccous BOD (CBOD)	SM 5210 B	General Chemistry	NELAP	3/22/2002				
Conductivity	EPA 120.1	General Overnistry	NELAP	3/22/2002				
Conductivity	SM 2510 B	General Chemistry	NELAP	3/22/2002				
Fecal coliforms	SM 9221 C	Microbiology	NELAP	3/22/2002				
Fazzl coliforms	SM 9221 B	Microbiology	NEILAP	3/22/2002				
Pecal coliforms	SM 9222 D	Microbiology	NELAP	3/22/2002				
Ж	EPA 150.1	General Chemistry	NELAP	3/72/2002				
Residual free chlorine	EPA 330.5	General Chemistry	NELAP	3/22/2002				
Revidual free chlorine	SM 4500-Cl G	General Chemistry	NELAP	3/72/700Z				
Residuo-filtorable (TDS)	EPA 160.1	General Chemistry	NELAP	3/12/2002				
Residue-nonfilterable (TSS)	EPA 160.2	General Chemistry	NELAP	3/22/2002				
Residue-total	EPA 160.3	Groced Chemistry	NELAP	3/22/2002				
Residue-volutile	EPA 160.4	General Chemistry	NELAP	3/22/2002				
pecific Oxygen Uptake Rate (SOUR)	SM 2710 B	General Chemistry	NELAP	3/22/2002				
Surfactoris - MBAS	EPA 425.1	General Chemistry	NBLAP	3/22/2002				
oral coliform	SM 9222 B	Microbiology	NELAP	3/12/2002				
ocal, fixed, and volutile residue	, SM 2540 G	General Chemistry	MELAP	3/22/2002				
Turbidity	EPA 180.1	General Chemistry	NELAP	3/22/2002				







M. Rony François, M.D. M.S.P.H. Ph.D. Secretary

Laboratory Scope of Accreditation

age 1 of

Attachment to Certificate #: E83509-02, expiration date June 30, 2007. This listing of accredited analytics should be used only when associated with a valid certificate.

State Laboratory ID: E83509

3500

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 .	Effective Date	
Alkalinity as CaCO3	EPA 310.1	Primary Inorganic Contominores	NELAP	4/4/2002	
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	4/4/2002	
Conductivity	BPA 120.1	Primary Inorganic Contaminants	NELAP	44/2002	
Conductivity	SM 2510 B	Primary Inorganic Contaminants	MBLAP	4/4/2002	
Pecal 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	3/22/3002	
э й	EPA 150.1	Secondary Inorganic Contaminants	NELAP	3/22/2002	
Surfactants - MBAS	RPA 425.1	Scondary Inorganic Contaminants	NBLAP	3/22/2002	
Cotal coliforus	SM 9222 B	Microbiology	NELAP	3/22/2002	
Fotal coliforms & B. coli	SM 9223 B	Microbiology	nelap	3/22/2002	
Foul dissolved solids	EPA 160.1	Scoondary Inorganic Contaminants	NELAP	302/0902	
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/22/2002	

PALM PORT



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

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

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):

95

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

Dwight senkins Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8127 AQUA UTILITIES FLORIDA DATED MAY 2, 2001

- 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.