

# LAKE COUNTY

**48 Estates  
Carlton Village  
East Lake Harris  
Fern Terrace**

Docket No. 080121-WS

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

Florida

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

**Part 1 of 8**

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

**Aqua Utilities Florida, Inc.**

DOCUMENT NUMBER-DATE

04308 MAY 22 88

FPSC-COMMISSION CLERK



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **January-07**

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	FL
		Zip Code:	34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	bheath@acquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Haines Creek Road		City:	Tavares
		State:	FL
		Zip Code:	34788
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

2-9-07 Will Fontaine  
 Signature and Date Printed or Typed Name C6813  
License Number

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

PWS Identification Number: **3350005** Plant Name: **48 Estates**

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

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

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

Day of the Month	Days Plant Staffed or Visited	Hours of Plant Operations	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Automatic Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	28,600		1.5									1.3	
2	X	24 hrs	50,100		1.6									1.3	
3	X	24 hrs	22,600		1.5									1.3	
4	X	24 hrs	18,800		1.4									1.1	
5	X	24 hrs	21,900		1.3									1	
6	X	24 hrs	16,200		1.5									1.4	
7		24 hrs	31,900												
8	X	24 hrs	31,900		1.5									1.3	
9	X	24 hrs	21,600		1.4									1.1	
10	X	24 hrs	19,800		1.3									1	
11	X	24 hrs	24,400		1.3									1.1	
12	X	24 hrs	29,500		1.4									1.1	
13		24 hrs	22,300												
14		24 hrs	22,300												
15	X	24 hrs	22,400		1.4									1.2	
16	X	24 hrs	23,100		1.4									1.2	
17	X	24 hrs	18,800		1.4									1.1	
18	X	24 hrs	23,000		1.4									1.2	
19	X	24 hrs	19,200		1.4									1.1	
20		24 hrs	28,700												
21		24 hrs	28,700												
22	X	24 hrs	28,800		1.4									1.2	
23	X	24 hrs	19,700		1.3									1	
24	X	24 hrs	19,400		1.4									1.1	
25	X	24 hrs	20,100		1.5									1.1	
26	X	24 hrs	19,400		1.3									1	
27		24 hrs	23,800												
28		24 hrs	23,800												
29	X	24 hrs	23,900		1.3									1	
30	X	24 hrs	20,300		1.3									1	
31	X	24 hrs	18,700		1.3									1.1	
Total			743,700												
Average			23,990												
Maximum			50,100												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **February-07**

<b>A. Public Water System (PWS) Information</b>	
PWS Name: 48 Estates	PWS Identification Number: 3350005
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980	Contact Person's Fax Number: 352/787-6333
Contact Person's E-Mail Address: beheath@aguaamerica.com	

<b>B. Water Treatment Plant Information</b>	
Plant Name: 48 Estates	Plant Telephone Number: (352) 787-0980
Plant Address: Haines Creek Road	City: Tavares State: FL Zip Code: 34788
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D
<b>Licensed Operators</b>	
Name	License Class
License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Will Fontaine	C
6813	3 Days per week
Other Operators: Marty Neal	C
10027	3 Days per week
John Worrell	C
6597	3 Days per week

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

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

3-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	21,700		1.3										1	
2	X	24 hrs	20,000		1.3										1	
3		24 hrs	19,600													
4		24 hrs	19,700													
5	X	24 hrs	19,700		1.2										1	
6	X	24 hrs	18,200		1.2										0.9	
7	X	24 hrs	19,100		1.4										1	
8	X	24 hrs	25,200		1.4										1.1	
9	X	24 hrs	23,800		1.3										1	
10		24 hrs	23,900													
11		24 hrs	23,900													
12	X	24 hrs	24,000		1.3										0.9	
13	X	24 hrs	26,900		1.4										1.2	
14	X	24 hrs	22,300		1.3										0.9	
15	X	24 hrs	18,900		1.3										0.9	
16	X	24 hrs	17,600		1.4										0.9	
17		24 hrs	21,000													
18		24 hrs	21,000													
19	X	24 hrs	21,000		1.3										1	
20	X	24 hrs	28,100		1.4										1	
21	X	24 hrs	17,600		1.3										1	
22	X	24 hrs	23,500		1.4										1.1	
23	X	24 hrs	20,400		1.5										1.2	
24		24 hrs	25,600													
25		24 hrs	25,600													
26	X	24 hrs	25,600		1.1										0.9	
27	X	24 hrs	22,100		1.3										1	
28	X	24 hrs	18,500		1.3										1	
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			614,500													
Average			21,946													
Maximum			28,100													

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** March-07

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980	Contact Person's Fax Number: 352/787-6333		
Contact Person's E-Mail Address: bheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	20,900		1.4									1.1	
2	X	24 hrs	24,400		1.4									1.2	
3		24 hrs	20,800												
4		24 hrs	20,900												
5	X	24 hrs	20,900		1.4									1.1	
6	X	24 hrs	21,300		1.3									1.1	
7	X	24 hrs	23,100		1.2									0.9	
8	X	24 hrs	23,300		1.2									1	
9	X	24 hrs	27,800		1.3									1.1	
10		24 hrs	28,600												
11		24 hrs	28,600												
12	X	24 hrs	28,700		1.3									1.0	
13	X	24 hrs	28,200		1.3									0.9	
14	X	24 hrs	26,100		1.3									1.1	
15	X	24 hrs	45,300		1.3									1	
16	X	24 hrs	23,900		1.3									1	
17		24 hrs	26,600												
18		24 hrs	26,600												
19	X	24 hrs	26,600		1.2									1	
20	X	24 hrs	27,200		1.4									1.3	
21	X	24 hrs	20,700		1.2									0.9	
22	X	24 hrs	26,300		1.3									0.9	
23	X	24 hrs	27,900		1.3									1	
24		24 hrs	30,300												
25		24 hrs	30,400												
26	X	24 hrs	30,400		1.2									0.9	
27	X	24 hrs	36,900		1.5									1.3	
28	X	24 hrs	27,800		1.3									1	
29	X	24 hrs	33,600		1.3									1	
30	X	24 hrs	25,900		1.3									1.1	
31		24 hrs	34,100												
Total			844,100												
Average			27,229												
Maximum			45,300												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **April-07**

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

5-4-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: **3350005** Plant Name: **48 Estates**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24 hrs	34,100												
2	X	24 hrs	34,100		1.2									0.9	
3	X	24 hrs	40,000		1.2									1	
4	X	24 hrs	31,800		1.5									1.2	
5	X	24 hrs	35,200		1.4									1.2	
6	X	24 hrs	34,400		1.3									1.1	
7		24 hrs	38,900												
8		24 hrs	39,000												
9	X	24 hrs	3,900		1.4									1.1	
10	X	24 hrs	15,200		1.6									1.2	
11	X	24 hrs	21,200		1.5									1.2	
12	X	24 hrs	18,800		1.4									1.1	
13	X	24 hrs	17,800		1.4									1	
14		24 hrs	29,100												
15		24 hrs	29,200												
16	X	24 hrs	29,200		1									0.8	
17	X	24 hrs	30,600		2.5									2	
18	X	24 hrs	20,300		2									1.8	
19	X	24 hrs	29,400		1.6									1.4	
20	X	24 hrs	26,900		1.5									1.3	
21		24 hrs	37,900												
22		24 hrs	37,900												
23	X	24 hrs	38,000		1.4									1.1	
24	X	24 hrs	34,500		1.5									1.1	
25	X	24 hrs	28,500		0.7									0.5	
26	X	24 hrs	46,900		1.5									0.9	
27	X	24 hrs	40,500		1									0.6	
28		24 hrs	38,500												
29		24 hrs	38,600												
30	X	24 hrs	38,600		1.2									0.9	
31		24 hrs													
Total			939,000												
Average			31,300												
Maximum			46,900												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** May-07

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Haines Creek Road		City: Tavares	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

6-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	39,000		1.5									1.1	
2	X	24 hrs	31,200		1.5									1.2	
3	X	24 hrs	43,500		1.5									1.3	
4	X	24 hrs	39,000		1.4									1.1	
5		24 hrs	36,600												
6		24 hrs	36,600												
7	X	24 hrs	36,700		1.5									1.3	
8	X	24 hrs	39,500		1.5									1.3	
9	X	24 hrs	30,800		1.5									1.2	
10	X	24 hrs	47,000		1.6									1.3	
11	X	24 hrs	35,000		1.5									1.3	
12		24 hrs	38,700												
13		24 hrs	38,800												
14	X	24 hrs	38,800		1.5									1.2	
15	X	24 hrs	33,800		1.5									1.3	
16	X	24 hrs	39,900		1.5									1.3	
17	X	24 hrs	41,300		1.4									1.1	
18	X	24 hrs	27,200		1.5									1.1	
19		24 hrs	36,700												
20		24 hrs	36,800												
21	X	24 hrs	36,800		1.5									1.2	
22	X	24 hrs	37,500		1.5									1.3	
23	X	24 hrs	48,000		1.4									1.2	
24	X	24 hrs	32,400		1.2									0.9	
25	X	24 hrs	33,500		1.3									1.1	
26		24 hrs	37,300												
27		24 hrs	37,400												
28	X	24 hrs	37,400		1.3									1.1	
29	X	24 hrs	45,000		1.3									1.1	
30	X	24 hrs	42,500		1.3									1	
31	X	24 hrs	44,500		1.3									1.1	
Total			1,179,200												
Average			38,039												
Maximum			48,000												

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



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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	34,600		1.4									1.1		
2		24 hrs	29,200													
3		24 hrs	29,200													
4	X	24 hrs	29,200		1.4									1.1		
5	X	24 hrs	49,800		1.3									1.1		
6	X	24 hrs	38,000		1.4									1.2		
7	X	24 hrs	19,400		1.4									1.1		
8	X	24 hrs	26,800		1.5									1.4		
9		24 hrs	26,500													
10		24 hrs	26,500													
11	X	24 hrs	26,600		1.5									1.5		
12	X	24 hrs	31,400		1.6									1.4		
13	X	24 hrs	22,900		1.4									1.6		
14	X	24 hrs	18,900		1.5									1.5		
15	X	24 hrs	30,600		1.6									1.3		
16		24 hrs	43,100													
17		24 hrs	43,100													
18	X	24 hrs	43,100		1.4									1.4		
19	X	24 hrs	24,700		1.4									1.4		
20	X	24 hrs	25,800		1.5									1.5		
21	X	24 hrs	18,400		1.3									1.3		
22	X	24 hrs	28,000		1.4									1.3		
23		24 hrs	38,000													
24		24 hrs	38,000													
25	X	24 hrs	38,000		1.3									1.1		
26	X	24 hrs	23,100		1.3									1.1		
27	X	24 hrs	47,500		1.4									1.2		
28	X	24 hrs	28,800		1.4									1.3		
29	X	24 hrs	31,200		0.6									0.7		
30		24 hrs	29,100													
31		24 hrs														
Total			939,500													
Average			31,317													
Maximum			49,800													

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **July-07**

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: bsheath@aguaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

8-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Plants Operated)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) (sec)	Measurement Point During Peak Flow	Lowest Ct Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH (if Applicable)	Minimum Ct Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )		
1		24 hrs	29,200												
2	X	24 hrs	29,200		1.3									1.3	
3	X	24 hrs	23,900		1.4									1.3	
4	X	24 hrs	22,900		1.3									1.2	
5	X	24 hrs	24,400		1.3									1.2	
6	X	24 hrs	24,500		1.3									1.2	
7		24 hrs	27,500												
8		24 hrs	27,500												
9	X	24 hrs	27,500		1.2									1.2	
10	X	24 hrs	27,100		1.2									1.2	
11	X	24 hrs	30,700		1.3									1.1	
12	X	24 hrs	36,000		1.3									1.1	
13	X	24 hrs	26,500		1.3									1.1	
14		24 hrs	31,100												
15		24 hrs	31,100												
16	X	24 hrs	31,200		0.9									0.9	
17	X	24 hrs	23,800		0.5									0.7	
18	X	24 hrs	27,100		1.3									1	
19	X	24 hrs	29,600		1.5									1.1	
20	X	24 hrs	24,300		1.3									1.3	
21		24 hrs	24,100												
22		24 hrs	24,100												
23	X	24 hrs	24,200		0.5									1.1	
24	X	24 hrs	19,700		1.1									1.1	
25	X	24 hrs	26,700		1.3									1.2	
26	X	24 hrs	37,000		1.3									1.2	
27	X	24 hrs	26,200		1.3									1.3	
28		24 hrs	33,700												
29		24 hrs	33,700												
30	X	24 hrs	33,700		1.3									1.3	
31	X	24 hrs	31,700		1.4									1.2	
Total			869,900												
Average			28,061												
Maximum			37,000												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** August-07

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

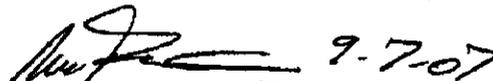
PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

 9-7-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: **3350005** Plant Name: **48 Estates**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	33,800		1.4									1.3	
2	X	24 hrs	29,600		1.3									1.1	
3	X	24 hrs	32,200		1.2									1.1	
4		24 hrs	30,200												
5		24 hrs	30,200												
6	X	24 hrs	30,300		0.5									0.2	
7	X	24 hrs	35,700		1.3									1.1	
8	X	24 hrs	35,700		1.2									1.2	
9	X	24 hrs	37,500		1.2									1.2	
10	X	24 hrs	34,400		1.3									1.2	
11		24 hrs	25,000												
12		24 hrs	25,000												
13	X	24 hrs	25,000		1.2									1	
14	X	24 hrs	33,400		1.1									1	
15	X	24 hrs	32,400		1.7									1.5	
16	X	24 hrs	31,100		1.7									1.5	
17	X	24 hrs	38,800		1.6									1.3	
18		24 hrs	41,300												
19		24 hrs	41,300												
20	X	24 hrs	41,300		3.2									3	
21	X	24 hrs	30,700		2.3									2.3	
22	X	24 hrs	39,800		2									2	
23	X	24 hrs	32,900		1.8									1.8	
24	X	24 hrs	34,700		1.4									1.3	
25		24 hrs	26,700												
26		24 hrs	26,800												
27	X	24 hrs	26,800		1.3									1.3	
28	X	24 hrs	21,600		1.2									1	
29	X	24 hrs	38,300		1.3									1.1	
30	X	24 hrs	29,400		1.3									1.3	
31	X	24 hrs	32,200		1.2									1.1	
Total			1,004,100												
Average			32,390												
Maximum			41,300												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of: September-07**

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

PWS Name: <u>48 Estates</u>		PWS Identification Number: <u>3350005</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>78</u>		Total Population Served at End of Month: <u>273</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>352/787-0980</u>		Contact Person's Fax Number: <u>352/787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>48 Estates</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>Haines Creek Road</u>		City: <u>Tavares</u>	State: <u>FL</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>57,600</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>3 Days per week</u>
Other Operators:	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>3 Days per week</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>3 Days per week</u>

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

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

 10-5-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed, or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C <sup>2</sup> Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24 hrs	21,300												
2		24 hrs	21,400												
3	X	24 hrs	21,400		1.4									1.3	
4	X	24 hrs	24,700		1.5									1.3	
5	X	24 hrs	32,300		1.4									1.3	
6	X	24 hrs	29,700		1.4									1.3	
7	X	24 hrs	32,200		1.2									1.2	
8		24 hrs	29,800												
9		24 hrs	29,800												
10	X	24 hrs	29,800		1.4									1.4	
11	X	24 hrs	16,800		1.3									1.3	
12	X	24 hrs	19,600		1.9									1.7	
13		24 hrs	26,000												
14	X	24 hrs	26,000		1.7									1.7	
15		24 hrs	30,300												
16		24 hrs	30,300												
17	X	24 hrs	30,300		1.4									1.3	
18	X	24 hrs	24,700		1.5									1.3	
19	X	24 hrs	27,200		1.6									1.3	
20	X	24 hrs	26,600		1.4									1.2	
21	X	24 hrs	14,900		1.6									1.3	
22		24 hrs	20,200												
23		24 hrs	20,300												
24	X	24 hrs	20,300		1.3									1	
25	X	24 hrs	17,400		1.4									1.2	
26	X	24 hrs	18,800		1.4									1.2	
27	X	24 hrs	24,900		1.4									1.3	
28	X	24 hrs	28,100		1.5									1.3	
29		24 hrs	22,900												
30		24 hrs	23,000												
31		24 hrs													
<b>Total</b>			741,000												
<b>Average</b>			24,700												
<b>Maximum</b>			32,300												

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

10-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	23,000		0.6										0.3	
2	X	24 hrs	19,300		1.5										1.2	
3	X	24 hrs	20,400		1.6										1.5	
4	X	24 hrs	21,000		1.6										1.4	
5	X	24 hrs	15,200		1.5										1.2	
6		24 hrs	18,900													
7		24 hrs	18,900													
8	X	24 hrs	15,900		1.4										1.2	
9	X	24 hrs	23,100		1.4										1.2	
10	X	24 hrs	17,600		1.4										1.1	
11		24 hrs	18,700													
12	X	24 hrs	18,700		1.3										1.0	
13		24 hrs	25,000													
14		24 hrs	25,000													
15	X	24 hrs	25,000		1										0.7	
16	X	24 hrs	18,400		1										0.7	
17	X	24 hrs	23,800		1.3										1	
18	X	24 hrs	25,400		1.2										0.8	
19	X	24 hrs	12,300		1.2										0.8	
20		24 hrs	20,000													
21		24 hrs	20,000													
22	X	24 hrs	20,000		1.3										0.9	
23	X	24 hrs	19,100		1.2										0.8	
24	X	24 hrs	16,600		1.1										0.8	
25		24 hrs	17,800													
26	X	24 hrs	17,800		1										0.7	
27		24 hrs	18,000													
28		24 hrs	18,000													
29	X	24 hrs	18,000		1										0.7	
30		24 hrs	11,500													
31	X	24 hrs	11,500		1										0.7	
Total			593,900													
Average			19,158													
Maximum			25,400													

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **November-07**

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 11-6-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: **3350005** Plant Name: **48 Estates**

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

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

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

Day of the Month	Days Plant Staffed by Operator (X)	Hours Plant in Operation	Net Quantity of Purified Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Concentration at Remote Distribution System, mg/L	Emergencies or Unusual Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (mg/L) at First Customer During Peak Flow	Disinfectant Contact Time (min)	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating CN, 1/2000	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24 hrs	38,700		1.3									1	
2	X	24 hrs	24,800		1.3									1	
3		24 hrs	24,000												
4		24 hrs	24,000												
5	X	24 hrs	24,000		1									0.6	
6		24 hrs	20,100												
7	X	24 hrs	20,100		0.9									0.5	
8	X	24 hrs	21,000		2.3									1.5	
9	X	24 hrs	22,900		2.2										
10		24 hrs	24,000												
11		24 hrs	24,000												
12	X	24 hrs	24,000		1.7									1.5	
13	X	24 hrs	26,300		1.6									1.3	
14		24 hrs	26,000												
15	X	24 hrs	26,000		1.7									1.3	
16	X	24 hrs	24,400		1.5									1.1	
17		24 hrs	26,000												
18		24 hrs	26,000												
19	X	24 hrs	26,000		1.4									1	
20		24 hrs	25,000												
21	X	24 hrs	25,000		2									1.5	
22		24 hrs	24,500												
23	X	24 hrs	24,500		1.6									1.2	
24		24 hrs	25,000												
25		24 hrs	25,000												
26	X	24 hrs	25,000		1.6									1.2	
27		24 hrs	26,000												
28		24 hrs	26,000												
29	X	24 hrs	26,000		1.5									1	
30	X	24 hrs	25,000		1.3									0.9	
31		24 hrs													
Total			749,300												
Average			24,977												
Minimum			38,700												

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



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

See page 4 for instructions

**I. General Information for the Month/Year of:** **December-07**

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Haines Creek Road		City: Tavares	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 1-9-08  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24 hrs	30,000												
2		24 hrs	30,000												
3	X	24 hrs	30,000		1.3									0.9	
4		24 hrs	19,000												
5		24 hrs	19,000												
6	X	24 hrs	19,000		1.4									1	
7	X	24 hrs	22,100		1.3									0.9	
8		24 hrs	24,000												
9		24 hrs	24,000												
10	X	24 hrs	24,000		1.3									0.9	
11		24 hrs	22,500												
12	X	24 hrs	22,500		1.3									1.0	
13		24 hrs	18,000												
14	X	24 hrs	18,000		1.3									0.9	
15		24 hrs	23,000												
16		24 hrs	23,000												
17	X	24 hrs	23,000		1.2									0.8	
18		24 hrs	20,000												
19		24 hrs	20,000												
20	X	24 hrs	20,000		1									0.7	
21	X	24 hrs	19,000		1.1									0.7	
22		24 hrs	20,000												
23		24 hrs	20,000												
24	X	24 hrs	20,000		1.1									0.8	
25		24 hrs	19,500												
26	X	24 hrs	19,500		0.9									0.5	
27		24 hrs	21,400												
28	X	24 hrs	21,400		1									0.7	
29		24 hrs	21,000												
30		24 hrs	21,000												
31	X	24 hrs	21,000		0.9									0.5	
Total			674,900												
Average			21,771												
Maximum			30,000												

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

PWS ID: 3350005 | Plant Name: 48 Estates

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2007

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

follows:

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

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

polymer are as follows:

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

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

Type of Sequestrant (polyphosphate or sodium silicate):

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

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

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

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



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

See page 4 for instructions

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

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

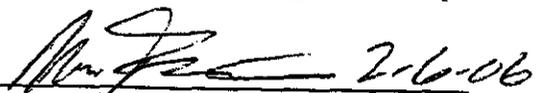
PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
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 FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	Haines Creek Road	City:	Tavares FL Zip Code: 32778	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

 2-6-06  
 Signature and Date Will Fontaine  
 Printed or Typed Name C6813  
 License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24 hrs	21,800												0.8	
2	X	24 hrs	21,800		1.2										0.9	
3	X	24 hrs	29,900		1.2										0.9	
4	X	24 hrs	23,400		1.2										0.9	
5	X	24 hrs	28,400		1.2										0.8	
6	X	24 hrs	21,100		1.1											
7		24 hrs	22,200													
8		24 hrs	22,200													
9	X	24 hrs	22,300		1.2										0.8	
10	X	24 hrs	28,400		1.2										0.9	
11	X	24 hrs	23,700		1.3										0.9	
12	X	24 hrs	29,100		1.2										0.9	
13	X	24 hrs	16,800		1.1										0.7	
14		24 hrs	22,600													
15		24 hrs	22,700													
16	X	24 hrs	22,700		2.5										2.3	
17	X	24 hrs	22,400		1.5										1.4	
18	X	24 hrs	14,200		1.7										1.4	
19	X	24 hrs	17,400		1.7										1.4	
20	X	24 hrs	17,500		1.6										1.3	
21		24 hrs	21,800													
22		24 hrs	21,800													
23	X	24 hrs	21,900		1.5										1.3	
24	X	24 hrs	26,200		1.5										1.2	
25	X	24 hrs	14,100		1.4										1.2	
26	X	24 hrs	26,500		1.4										1.1	
27	X	24 hrs	19,900		1.4										1.1	
28		24 hrs	18,500													
29		24 hrs	18,500													
30	X	24 hrs	18,600		1.3										1	
31	X	24 hrs	20,000		1.3										1	
Total			678,400													
Average			21,884													
Maximum			29,900													

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







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

See page 4 for instructions

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

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

PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
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 FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

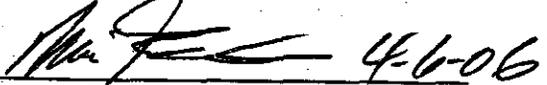
**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Haines Creek Road	City:	Tavares FL Zip Code: 32778
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

 Signature and Date	<u>4-6-06</u>	<u>Will Fontaine</u> Printed or Typed Name	<u>C6813</u> License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X if in Operations)	Hours Plant in Operations	Net Quantity of Finished Water Produced (gals)	Critical Calculations on UV Dose to demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involve Taking Water System Components Out of Operation	
				Flow Rate (gpd)	Disinfectant Concentration (mg/L)	Flow Rate (gpm)	Flow Rate (mg/min)	Flow Rate (mg/min)	Temp. of Water (°C)	Temp. of Water (°F)	Minimum UV Dose Required (mJ/cm <sup>2</sup> )	Minimum UV Dose Required (mJ/cm <sup>2</sup> )	Minimum UV Dose Required (mJ/cm <sup>2</sup> )			Minimum UV Dose Required (mJ/cm <sup>2</sup> )
1	X	24 hrs	19,300		1.6										1.3	
2	X	24 hrs	23,000		1.5										1.3	
3	X	24 hrs	14,700		1.5										1.2	
4		24 hrs	18,500													
5		24 hrs	18,600													
6	X	24 hrs	18,600		1.5										1.3	
7	X	24 hrs	22,600		1.4										1	
8	X	24 hrs	17,200		1.5										1.3	
9	X	24 hrs	20,100		1.6										1.3	
10	X	24 hrs	21,500		1.5										1.3	
11		24 hrs	30,200													
12		24 hrs	30,200													
13	X	24 hrs	30,200		1.5										1.3	
14	X	24 hrs	30,500		1.6										1.4	
15	X	24 hrs	27,500		1.5										1.3	
16	X	24 hrs	20,000		1.4										1.1	
17	X	24 hrs	39,400		1.5										1.2	
18		24 hrs	28,500													
19		24 hrs	28,600													
20	X	24 hrs	28,600		1.4										1.2	
21	X	24 hrs	21,800		1.5										1.2	
22	X	24 hrs	22,900		1.5										1.2	
23	X	24 hrs	22,100		1.5										1.3	
24	X	24 hrs	18,000		1.5										1.1	
25		24 hrs	23,300													
26		24 hrs	23,400													
27	X	24 hrs	23,400		1.4										1.1	
28	X	24 hrs	22,400		1.4										1.2	
29	X	24 hrs	29,700		1.4										1.3	
30	X	24 hrs	42,200		1.4										1.3	
31	X	24 hrs	18,700		1.4										1.2	
Total			755,700													
Average			24,377													
Maximum			42,200													

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Haines Creek Road		City: Tavares	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operator	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

5-5-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C6813  
 License Number

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

PWS Identification Number: **3350005** Plant Name: **48 Estates**

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

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

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

Day of the Month	Days Plant Visited by Operator (Place & Date)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CIR Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CIR Calculations					UV Dose							
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time, minutes	Lowest C <sub>0</sub> Provided Before or After First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	UV Dose, mJ/cm <sup>2</sup>	Minimum Required C, mg-min/L	Lowest Operating UV Dose, mJ/cm <sup>2</sup>	Minimum UV Dose Required, mJ/cm <sup>2</sup>				
1		24 hrs	29,400													
2		24 hrs	29,400													
3	X	24 hrs	29,400		1.4								1.2			
4	X	24 hrs	27,400		1.4								1.1			
5	X	24 hrs	24,300		1.3								1.1			
6	X	24 hrs	33,800		1.3								1.2			
7	X	24 hrs	27,000		1.4								1.1			
8		24 hrs	26,800													
9		24 hrs	26,800													
10	X	24 hrs	26,800		1.3								1			
11	X	24 hrs	20,400		1.3								1			
12	X	24 hrs	30,200		1.3								1.1			
13	X	24 hrs	26,200		1.3								1			
14	X	24 hrs	26,000		1.3								1.1			
15		24 hrs	29,000													
16		24 hrs	29,100													
17	X	24 hrs	29,100		1.3								1.1			
18	X	24 hrs	21,600		1.3								1			
19	X	24 hrs	19,100		1.3								1.1			
20	X	24 hrs	31,900		1.3								1.2			
21	X	24 hrs	33,800		1.2								1			
22		24 hrs	27,400													
23		24 hrs	27,500													
24	X	24 hrs	27,500		1.2								0.9			
25	X	24 hrs	48,600		1.4								1.2			
26	X	24 hrs	24,800		1.3								1			
27	X	24 hrs	25,300		1.3								1			
28	X	24 hrs	26,400		1.3								1.1			
29		24 hrs	32,600													
30		24 hrs	32,600													
31		24 hrs														
Total			850,200													
Average			28,340													
Maximum			48,600													

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates	PWS Identification Number: 3350005
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980	Contact Person's Fax Number: 352/787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates	Plant Telephone Number: (352) 787-0980
Plant Address: Haines Creek Road	City: Tavares State: FL Zip Code: 34788
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator(s)	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	3 Days per week
	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 6-5-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator	Hours Operated	Quantity of Finished Water Produced, gal	CIT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) at Measurement Point During Peak Flow, minutes	Lowest C Provided Before or After Chlorine Adding, mg-min/L	Temp. of Water, °C	UV Dose, sec/cm <sup>2</sup>	Minimum Required UV Dose, sec/cm <sup>2</sup>	Lowest Operating UV Dose, sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24 hrs	32,600		1.3									1.1	
	X	24 hrs	32,400		1.2									1	
	X	24 hrs	28,000		1.2									1	
	X	24 hrs	29,900		1.3									1	
	X	24 hrs	45,700		1.3									1.1	
		24 hrs	39,200												
		24 hrs	39,200												
	X	24 hrs	39,300		1.3									1.1	
	X	24 hrs	30,600		1.3									1	
	X	24 hrs	19,600		1.2									0.8	
	X	24 hrs	39,700		1.4									1.1	
	X	24 hrs	16,500		1.3									10.0	
		24 hrs	27,100												
		24 hrs	27,200												
	X	24 hrs	27,200		1.2									0.8	
	X	24 hrs	28,900		1.4									1.1	
	X	24 hrs	18,700		2.5									2.1	
	X	24 hrs	25,000		1.8									1.6	
	X	24 hrs	29,300		1.6									1.4	
		24 hrs	31,100												
		24 hrs	31,100												
	X	24 hrs	31,200		0.9									0.4	
	X	24 hrs	41,300		2									1.6	
	X	24 hrs	29,700		1.7									1.3	
	X	24 hrs	29,000		0.9									0.6	
	X	24 hrs	21,200		1.5									1.1	
		24 hrs	35,300												
		24 hrs	35,400												
	X	24 hrs	35,400		2.2									2	
	X	24 hrs	63,300		2.2									2	
	X	24 hrs	35,000		2.2									2	
			995,100												
			32,100												
			63,300												

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: 352/787-6333	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Haines Creek Road		City: Tavares	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

7-7-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	41,600		2									1.8	
2	X	24 hrs	21,200		1.7									1.5	
3		24 hrs	27,100												
4		24 hrs	27,100												
5	X	24 hrs	27,100		1.7									1.4	
6	X	24 hrs	21,700		1.7									1.3	
7	X	24 hrs	43,200		1.6									1.3	
8	X	24 hrs	47,400		1.6									1.2	
9	X	24 hrs	40,900		1									0.8	
10		24 hrs	38,800												
11		24 hrs	38,800												
12	X	24 hrs	38,900		1.5									1.3	
13	X	24 hrs	18,900		1.5									1.2	
14	X	24 hrs	23,700		1.9									1.5	
15	X	24 hrs	26,800		1.6									1.4	
16	X	24 hrs	30,400		1.6									1.4	
17		24 hrs	23,600												
18		24 hrs	23,600												
19	X	24 hrs	23,600		1.5									1.2	
20	X	24 hrs	30,100		1.5									1.3	
21	X	24 hrs	26,300		1.5									1.2	
22	X	24 hrs	26,000		1.5									1.3	
23	X	24 hrs	24,000		1.5									1.2	
24		24 hrs	22,400												
25		24 hrs	22,400												
26	X	24 hrs	22,400		1.5									1.2	
27	X	24 hrs	20,200		1.5									1.3	
28	X	24 hrs	18,900		1.5									1.2	
29	X	24 hrs	20,700		1.3									1.1	
30	X	24 hrs	20,800		0.9									1	
31		24 hrs													
Total			838,600												
Average			27,953												
Maximum			47,400												

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



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

See page 4 for instructions

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

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

PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Haines Creek Road	City:	Tavares State: FL Zip Code: 34788
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operator	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 8-3-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C6813  
 License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

III. Daily Data for the Month/Year of: **January-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Cell #X)	Hour Plant in Operations	Net Quantity of Finished Water Produced, gal	GJI Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair/Maintenance Work that involves Taking Water System Components Out of Operation
				GJI Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow, mg/l	Disinfectant Contact Time at C, Measurement Point During Peak Flow, minutes	Lowest C Provided Before or After Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum GJI Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24 hrs	22,000												
2		24 hrs	22,000												
3	X	24 hrs	22,000		1.4								1.1		
4	X	24 hrs	29,100		1.4								1.2		
5	X	24 hrs	25,600		1.4								1.1		
6	X	24 hrs	30,900		1.4								1.2		
7	X	24 hrs	19,300		1.3								1		
8		24 hrs	26,100												
9		24 hrs	26,100												
10	X	24 hrs	26,100		1.2								0.9		
11	X	24 hrs	25,200		1.5								0.9		
12	X	24 hrs	36,000		1.6								1.3		
13	X	24 hrs	18,900		1.7								1.2		
14	X	24 hrs	13,300		1.7								1.3		
15		24 hrs	25,700												
16		24 hrs	25,700												
17	X	24 hrs	25,800		1.7								1.4		
18	X	24 hrs	25,200		1.4								1.2		
19	X	24 hrs	20,600		1.5								1.2		
20	X	24 hrs	30,700		1.5								1.3		
21	X	24 hrs	71,800		0.8								0.9		
22		24 hrs	33,200												
23		24 hrs	33,200												
24	X	24 hrs	33,300		1.1								0.8		
25	X	24 hrs	25,900		1.4								1		
26	X	24 hrs	24,000		1.3								1		
27	X	24 hrs	33,500		1.4								1.1		
28	X	24 hrs	21,600		1.3								1		
29		24 hrs	41,500												
30		24 hrs	41,600												
31	X	24 hrs	41,600		1.2								0.9		
Total			897,500												
Average			28,952												
Maximum			71,800												

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates	PWS Identification Number: 3350005
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980	Contact Person's Fax Number: 352/787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: 48 Estates	Plant Telephone Number: (352) 787-0980
Plant Address: Haines Creek Road	City: Tavares State: FL Zip Code: 34788
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Chief Operator:	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

 Signature and Date	Will Fontaine Printed or Typed Name	C6813 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of the Month	Days Plant Started for Visit by Operator (Place, *X*)	Hours Plant in Operation	Net Quantity of Finished Water Produced - gals	GTC Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate - gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow - mg/L	Disinfectant Contact Time - minutes	Lowest Residual Disinfectant Concentration Before or During Peak Flow - mg-min/L	Temp. of Water - C	pH of Water - Applicable	Minimum UV Dose Required - mJ-min/L	Lowest Operating UV Dose - mW-sec/cm <sup>2</sup>	Minimum UV Dose Required - mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System - mg/L			
	X	24 hrs	31,800		1.5										1.2	
	X	24 hrs	39,100		1.6										1.4	
	X	24 hrs	37,800		1.5										1.5	
	X	24 hrs	33,600		1.4										1.1	
		24 hrs	35,700													
		24 hrs	35,800													
	X	24 hrs	35,800		1.3										1.1	
	X	24 hrs	32,900		1.8										1.2	
	X	24 hrs	36,400		2										1.7	
	X	24 hrs	36,600		1.9										1.7	
	X	24 hrs	26,100		1.7										1.5	
		24 hrs	38,200													
		24 hrs	38,200													
	X	24 hrs	38,300		1.5										1.3	
	X	24 hrs	31,300		1.5										1.2	
	X	24 hrs	20,500		1.5										1.2	
	X	24 hrs	32,900		1.5										1.3	
	X	24 hrs	21,900		1.6										1.2	
		24 hrs	24,400													
		24 hrs	24,400													
	X	24 hrs	24,500		1.5										1.2	
	X	24 hrs	39,100		1.5										1.3	
	X	24 hrs	29,600		1.5										1.2	
	X	24 hrs	35,000		1.6										1.3	
	X	24 hrs	21,200		1.3										1.1	
		24 hrs	17,500													
		24 hrs	17,500													
	X	24 hrs	17,600		1.3										1	
	X	24 hrs	21,700		1.2										1	
	X	24 hrs	18,500		1										0.7	
	X	24 hrs	16,700		1.4										1.1	
Total			910,600													
Average			29,374													
Minimum			39,100													

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



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

See page 4 for instructions

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

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

PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
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
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Haines Creek Road	City:	Tavares
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600	Zip Code:	34788
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Will Fontaine	C	6813	3 Days per week
Marty Neal	C	10027	3 Days per week
John Worrell	C	6597	3 Days per week

**II. Certification by Lead Chief Operator**

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

Will Fontaine 10-6-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number



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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Month	Day of the Month	Plant Operated	Net Volume of Finished Water (mgd)	Calculations to demonstrate Four-Log Virus Inactivation (if applicable)										Minimum Residual Disinfectant Concentration (mg/L) in Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Residual Rate (mg/L)	Free Chlorine Concentration (mg/L) at Distribution Point	Disinfectant Contact Time (min)	Free Chlorine Concentration (mg/L) at Customer Taps	Minimum Residual Disinfectant Concentration (mg/L) at Customer Taps	Minimum Residual Disinfectant Concentration (mg/L) at Distribution Point	Minimum Residual Disinfectant Concentration (mg/L) at Distribution Point	Minimum Residual Disinfectant Concentration (mg/L) at Distribution Point	Minimum Residual Disinfectant Concentration (mg/L) at Distribution Point	Minimum Residual Disinfectant Concentration (mg/L) at Distribution Point		
			24 hrs 31,000												
	X		24 hrs 31,000		1.2								0.9		
	X		24 hrs 30,300		1.3								1		
	X		24 hrs 22,200		1.6								1.2		
	X		24 hrs 26,100		2.5								2.2		
	X		24 hrs 23,100		1.6								1.4		
			24 hrs 29,500												
			24 hrs 29,500												
	X		24 hrs 29,500		1.5								1.3		
	X		24 hrs 26,100		1.5								1.2		
	X		24 hrs 21,800		1.5								1.3		
	X		24 hrs 28,400		1.5								1.3		
	X		24 hrs 22,900		1								0.7		
			24 hrs 24,600												
			24 hrs 24,600												
	X		24 hrs 24,600		1.4								1.2		
	X		24 hrs 31,800		1.3								1		
	X		24 hrs 27,900		1.3								1		
	X		24 hrs 34,500		1.3								1.1		
	X		24 hrs 33,900		1.4								1.1		
			24 hrs 28,600												
			24 hrs 28,600												
	X		24 hrs 28,600		1.3								1		
	X		24 hrs 21,300		1.3								1		
	X		24 hrs 26,700		1.2								1		
	X		24 hrs 29,300		1.5								1.2		
	X		24 hrs 26,400		1.5								1.2		
			24 hrs 20,500												
			24 hrs 20,600												
	X		24 hrs 20,600		1.2								0.9		
	X		24 hrs 19,900		1.4								1.2		
			824,400												
			26,594												
			34,500												

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



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

See page 4 for instructions

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

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

PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
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 FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Haines Creek Road	City:	Tavares FL Zip Code: 34788
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 12-8-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

III. Daily Data for the Month/Year of: **November-06**  
 Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Assisted by Operator (X)	Hours of Planting Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair, or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24 hrs	27,100			1.4								1	
	X	24 hrs	24,600			1.4								1.1	
	X	24 hrs	24,300			1.4								1.1	
		24 hrs	25,000												
		24 hrs	25,000												
6	X	24 hrs	25,000			1.4								1	
7	X	24 hrs	13,400			1.3								1	
8	X	24 hrs	13,900			1.3								1	
9	X	24 hrs	23,700			1.2								1	
10	X	24 hrs	26,100			1.3								1.1	
		24 hrs	27,000												
		24 hrs	27,000												
13	X	24 hrs	27,000			1.2								1.2	
14	X	24 hrs	27,800			1.3								1	
15	X	24 hrs	19,600			1.2								0.9	
16	X	24 hrs	23,000			1								0.7	
17	X	24 hrs	33,500			1.6								1.4	
		24 hrs	22,900												
19		24 hrs	22,900												
20	X	24 hrs	22,900			1.4								1.1	
21	X	24 hrs	21,900			1.5								1.1	
22	X	24 hrs	18,000			1.5								1.1	
23	X	24 hrs	21,000			1.4								1.1	
24	X	24 hrs	20,700			1.5								1.2	
		24 hrs	26,800												
26		24 hrs	26,800												
27	X	24 hrs	26,800			1.6								1.3	
28	X	24 hrs	19,700			1.5								1.2	
29	X	24 hrs	22,000			1.6								1.2	
30	X	24 hrs	15,700			1.6								1.2	
31		24 hrs													
Total			701,100												
Average			23,370												
Maximum			33,500												

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



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

See page 4 for instructions

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

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

PWS Name:	48 Estates	PWS Identification Number:	3350005
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	273
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 FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	48 Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Haines Creek Road	City:	Tavares FL Zip Code: 34788
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	57,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 1-5-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C6813  
License Number

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

PWS Identification Number: 3350005 Plant Name: 48 Estates

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place)	Flow Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water, if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )				
	X	24 hrs	18,600		1.6										1.3	
		24 hrs	21,900													
		24 hrs	21,900													
	X	24 hrs	22,000		1.5										1.2	
	X	24 hrs	18,800		1.5										1.2	
	X	24 hrs	26,000		1.7										1.3	
	X	24 hrs	24,300		1.6										1.3	
	X	24 hrs	15,900		1.4										1.1	
		24 hrs	24,200													
		24 hrs	24,200													
	X	24 hrs	24,200		1.4										1.1	
	X	24 hrs	20,600		1.4										1.0	
	X	24 hrs	21,200		1.5										1.2	
	X	24 hrs	24,900		1.5										1.2	
	X	24 hrs	22,300		1.4										1.1	
		24 hrs	22,200													
		24 hrs	22,300													
	X	24 hrs	22,300		1.5										1.2	
	X	24 hrs	27,300		1.5										1.3	
	X	24 hrs	20,400		1.5										1.2	
	X	24 hrs	23,100		1.5										1.3	
	X	24 hrs	19,300		1.5										1.2	
		24 hrs	18,800													
		24 hrs	18,800													
	X	24 hrs	18,900		1.5										1.2	
	X	24 hrs	17,100		1.4										1	
	X	24 hrs	23,700		1.4										1.1	
	X	24 hrs	19,000		1.4										1.1	
	X	24 hrs	23,400		1.6										1.2	
		24 hrs	28,500													
		24 hrs	28,500													
Total			684,600													
Average			22,084													
Maximum			28,500													

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

PWS ID: 3350005 Plant Name: 48 Estates

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

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

follows:

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

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

polymer are as follows:

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

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

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

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

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



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

See page 4 for instructions

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

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

PWS Name: 48 Estates		PWS Identification Number: 3350005	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 78		Total Population Served at End of Month: 273	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: 352/787-0980		Contact Person's Fax Number: 352/787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: 48 Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Haines Creek Road		City: Tavares	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 57,600		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensee Name	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	3 Days per week
	Marty Neal	C	10027	3 Days per week
	John Worrell	C	6597	3 Days per week

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

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

*Will Fontaine* 11-3-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C6813  
 License Number



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: March 7, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 NO2/NO3  
Received: 3/01/07 13:10

[2128032]

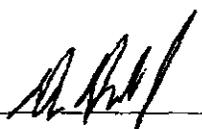
Dear Brian Heath;

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,



Andy 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.

500 US 1 North  
Fort Pierce, FL 34946  
OH # 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

dated: 3/7/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 NO2/NO3  
Received: 3/01/07 13:10

**[2128032]**

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

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

**Quality Control Summary**

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

600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 3/7/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2128032]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128032001				Sampled: 03/01/07 9:30		Received: 03/01/07 13:10		
Sample ID:		Point of Entry Grab				Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.19	mg/L	0.0030	EPA 300.0	IC7138		03/2/07 14:48	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7138		03/2/07 14:48	JL	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.

600 US 1 North  
Fort Pierce, FL 34946  
OH # 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



ated: 3/7/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: November 8, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 Tri-Annual

[2127081]

Received: 10/12/06 13:30

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/8/06



**HARBOR BRANCH  
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LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 Tri-Annual  
Received: 10/12/06 13:30

[2127081]

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

<u>HBEL Sample</u>		<b>Method Narratives (If Applicable)</b>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2127081001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4810		
2127081001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

5600 US 1 North  
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FDOH # E98080

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/8/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North Fort Pierce, FL 34946  
Phone: (772) 463-2400, Ext. 285 Fax: (772) 467-5884

## CERTIFICATE OF ANALYSIS

[2127081]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2127081001</b>						<b>Sampled: 10/12/06 10:15</b>				
<b>Sample ID: POE Grab</b>						<b>Received: 10/12/06 13:30</b>				
						<b>Matrix: Water</b>				
						<b>Results reported on Wet Weight Basis</b>				
Odor		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15248		10/12/06 15:45	RM	E83509
pH [6.5-8.5]	Q	8.08	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Barium		0.0091	mg/L	0.0018	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Sodium		5.9	mg/L	0.50	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8185		10/26/06 14:20	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:26	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:31	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:49	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8176	10/16/06 9:34	10/17/06 13:25	DM	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6983		10/13/06 14:48	JL	E96080
Fluoride		0.13	mg/L	0.011	EPA 300.0	IC6982		10/13/06 17:07	JL	E96080
Nitrate as N		0.20	mg/L	0.0030	EPA 300.0	IC6982		10/13/06 17:07	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6982		10/13/06 17:07	JL	E96080
Sulfate		4.0	mg/L	1.4	EPA 300.0	IC6983		10/13/06 14:48	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 17:32	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 17:32	JL	E96080
Chlordane		0.12 U	ug/L	0.12	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
Endrin		0.096 U	ug/L	0.096	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
Heptachlor		0.034 U	ug/L	0.034	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
Methoxychlor		0.041 U	ug/L	0.041	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
Toxaphene		0.57 U	ug/L	0.57	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:35	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
pictoram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 17:18	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOCZ715		10/24/06 19:57	WR	E96080

5600 US 1 North  
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FDOH # E96080

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/8/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

## CERTIFICATE OF ANALYSIS

[2127081]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715		10/24/06 19:57	WR	E96080
Alachlor		0.64 U	ug/L	0.64	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Atrazine		0.50 U	ug/L	0.50	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Benzo(a)pyrene		0.073 U	ug/L	0.073	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
bis(2-ethylhexyl)phthalate		0.88 U	ug/L	0.88	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Di(2-ethylhexyl)adipate		0.71 U	ug/L	0.71	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Hexachlorobenzene		0.32 U	ug/L	0.32	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Simazine		0.66 U	ug/L	0.66	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 3:03	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 16:04	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 16:04	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2341		10/16/06 14:28	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2448	10/18/06 9:23	10/23/06 21:18	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/16/06 9:24	10/31/06 11:25	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26430		10/13/06 14:50	TCL	E96080
Total Dissolved Solids		120	mg/L	16	SM2540 C	WCGE26435		10/15/06 14:00	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26500	10/19/06 12:00	10/23/06 11:25	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26437	10/13/06 13:30	10/13/06 17:04	GG	E96080

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

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # EB3509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # EB5370

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # EB4418

Printed: 11/8/06

Page 4 of 6

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127081]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127081002					Sampled: Matrix: Water		Received: 10/12/06 13:30				
Sample ID: TRIP BLANK					Results reported on Wet Weight Basis						
1,1,1-Trichloroethane	0.21 U	ug/l	0.21	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,1,2-Trichloroethane	0.44 U	ug/l	0.44	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,1-Dichloroethene	0.23 U	ug/l	0.23	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,2,4-Trichlorobenzene	0.41 U	ug/l	0.41	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,2-Dichlorobenzene	0.21 U	ug/l	0.21	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,2-Dichloroethane	0.29 U	ug/l	0.29	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,2-Dichloropropane	0.40 U	ug/l	0.40	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
1,4-Dichlorobenzene	0.23 U	ug/l	0.23	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Benzene	0.20 U	ug/l	0.20	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Carbon tetrachloride	0.24 U	ug/l	0.24	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Chlorobenzene	0.30 U	ug/l	0.30	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
cis-1,2-Dichloroethene	0.21 U	ug/l	0.21	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Ethylbenzene	0.21 U	ug/l	0.21	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Methylene chloride	0.23 U	ug/l	0.23	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Styrene	0.21 U	ug/l	0.21	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Tetrachloroethene	0.24 U	ug/l	0.24	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Toluene	0.22 U	ug/l	0.22	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Total Xylenes	0.48 U	ug/l	0.48	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
trans-1,2-Dichloroethene	0.35 U	ug/l	0.35	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Trichloroethene	0.36 U	ug/l	0.36	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			
Vinyl chloride	0.32 U	ug/l	0.32	EPA 524.2	VOC2715	10/24/06 20:38	WR	E96080			

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/8/06

Page 5 of 6

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: October 3, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 THM/HAA5 Grab [2126779]  
Received: 9/12/06 13:00

---

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 3393  
FDOH # E85370

16331 Cortez Boulevard  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/3/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** 48 Estates 6597 THM/HAA5 Grab  
**Received:** 9/12/06 13:00

**[2126779]**

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

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

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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



307 Coolidge Avenue  
Lahigh Acres, FL 3393  
FDOH # E85370

16331 Cortez Boulevard  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/3/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126779]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 THM/HAA5 Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
<b>Laboratory ID: 2126779001</b>						<b>Sampled: 09/12/06 8:45</b>		<b>Received: 09/12/06 13:00</b>			
<b>Sample ID: 11204 Lackabee MRT Location</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.78	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 19:49	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 19:49	WR	E96080	
Chloroform		0.45	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 19:49	WR	E96080	
Dibromochloromethane		1.0	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 19:49	WR	E96080	
Total THMs		2.6	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 19:49	WR	E96080	

<b>Laboratory ID: 2126779002</b>						<b>Sampled:</b>		<b>Received: 09/12/06 13:00</b>			
<b>Sample ID: Trip Blank</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 20:23	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 20:23	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 20:23	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 20:23	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 20:23	WR	E96080	

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 3393  
FDOH # E85370

16331 Cortez Boulevard  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/3/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: August 17, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6597 48 Estates.WQP

[2126465]

Received: 8/03/06 13:15

Dear Brian Heath;

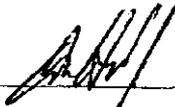
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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



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 33938  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/17/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6597 48 Estates WQP  
Received: 8/03/06 13:15

[2126465]

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

HBEL Sample

**Method Narratives (If Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte      Analytical Issue

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/17/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126465]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6597 48 Estates WQP

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126465001</b> Sample ID: <b>POE Grab</b>						Sampled: 08/03/06 11:25      Received: 08/03/06 13:15 Matrix: Water      Results reported on Wet Weight Basis				
Specific Conductance		210	umhos/cm	1.4	EPA 120.1	WCDE14984		08/5/06 14:07	PA	E83509
Calcium		26	mg/L	0.10	EPA 200.7	META8079		08/16/06 21:41	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8079		08/16/06 21:41	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8075		08/16/06 0:33	SP	E96080
Alkalinity		97	mg/L CaCO3	0.87	EPA 310.1	WCDE14975		08/3/06 15:05	RM	E83509
Laboratory ID: <b>2126465002</b> Sample ID: <b>11112 Moore St Grab</b>						Sampled: 08/03/06 10:25      Received: 08/03/06 13:15 Matrix: Water      Results reported on Wet Weight Basis				
Specific Conductance		210	umhos/cm	1.4	EPA 120.1	WCDE14984		08/5/06 14:07	PA	E83509
Calcium		26	mg/L	0.10	EPA 200.7	META8079		08/16/06 21:47	DM	E96080
Copper		0.0020	mg/L	0.0014	EPA 200.7	META8079		08/16/06 21:47	DM	E96080
Lead		0.0014	mg/L	0.00061	EPA 200.9	META8075		08/16/06 0:37	SP	E96080
Alkalinity		94	mg/L CaCO3	0.87	EPA 310.1	WCDE14975		08/3/06 15:05	RM	E83509

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

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418



Printed: 8/17/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: September 5, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6597 48 Estates Pb/Cu Grab [2126473]  
Received: 8/03/06 13:15

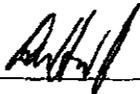
Dear Brian Heath;

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,



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

4156 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: 9/5/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6597 48 Estates Pb/Cu Grab  
Received: 8/03/06 13:15

[2126473]

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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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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: 9/5/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126473]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6597 48 Estates Pb/Cu Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126473001</b>					Sampled: 07/26/06 6:00		Received: 08/03/06 13:15			
Sample ID: <b>11250 Circle Way</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0010	mg/L	0.00061	EPA 200.9	META8087		08/22/06 21:33	DM	E96080
Copper		0.065	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080
Laboratory ID: <b>2126473002</b>					Sampled: 07/25/06 5:52		Received: 08/03/06 13:15			
Sample ID: <b>11318 Circle Way</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0013	mg/L	0.00061	EPA 200.9	META8087		08/22/06 21:37	DM	E96080
Copper		0.072	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080
Laboratory ID: <b>2126473003</b>					Sampled: 07/26/06 6:00		Received: 08/03/06 13:15			
Sample ID: <b>11112 Moore St</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8087		08/22/06 21:41	DM	E96080
Copper		0.098	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080
Laboratory ID: <b>2126473004</b>					Sampled: 07/26/06 6:00		Received: 08/03/06 13:15			
Sample ID: <b>34027 S Haines Creek Rd</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8087		08/22/06 21:45	DM	E96080
Copper		0.020	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080
Laboratory ID: <b>2126473005</b>					Sampled: 07/26/06 7:21		Received: 08/03/06 13:15			
Sample ID: <b>34125 S Haines Creek Rd</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0017	mg/L	0.00061	EPA 200.9	META8087		08/22/06 21:49	DM	E96080
Copper		0.042	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080
Laboratory ID: <b>2126473006</b>					Sampled: 07/27/06 6:45		Received: 08/03/06 13:15			
Sample ID: <b>11322 Lockwood St</b>					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.00090	mg/L	0.00061	EPA 200.9	META8087		08/22/06 22:02	DM	E96080
Copper		0.044	mg/L	0.0051	SM-3111B	META8100		09/11/06 21:25	DM	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: March 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 NO2/NO3  
Received: 3/16/06 13:45

[2125120]

Dear Brian Heath;

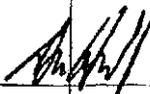
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 48 Estates 6597 NO2/NO3  
Received: 3/16/06 13:45

[2125120]

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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

**Quality Control Summary**

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

EPA 300.0

IC6725

2125120001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2125120001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2125120001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2125120001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

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  
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2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/20/06



Page 2 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125120]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 48 Estates 6597 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125120001						Sampled: 03/15/06 10:20		Received: 03/16/06 13:45		
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.16	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 10:38	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 10:38	RS	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 3/20/06

Page 3 of 4



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sol  
Secretary

November 27, 2007

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

OCD-PW-SS-07-1369

<u>Lake County – PW</u>	<u>PWS ID Number</u>
Ravenswood Water System	3351062
Kings Cove Subdivision	3350655
Forty-Eight Estates	3350005
Summit Chase Villas	3354112
Haines Creek Mobile Home Park	3350481

Dear Lihvarcik:

This confirms a visit to the subject community public water systems on October 24, 2007 by Danielle D. Owens to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than December 31, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact me by e-mail at [Danielle.D.Owens@dep.state.fl.us](mailto:Danielle.D.Owens@dep.state.fl.us) or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager  
Drinking Water Compliance and Enforcement

KMD/ddo

cc: Patrick Farris, Environmental Compliance Specialist [[PAFarris@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com)]  
Danielle D. Owens, DEP Drinking Water Compliance and Enforcement

DOCUMENT NUMBER - DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK

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

Plant Name Forty-Eight Estates County          Lake          PWS ID # 3350005  
 Plant Location Circle Way, Leesburg, FL 34788 Phone (352) 435-4028  
 Owner Name Agua Utilities Florida, Inc. Phone (352) 435-4028  
 Owner Address 1100 Thomas Avenue, Leesburg, FL 34748  
 Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029  
 This Survey Date 10/24/07 Last Survey Date 10/26/04 Last Compliance Inspection Date 11/02/99

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 57,600 gpd

PWS STATUS: Approved

**TREATMENT PROCESSES IN USE**

Disinfection

**SERVICE AREA CHARACTERISTICS**

Subdivision         

Food Service:  Yes  No  N/A

Number of Service Connections 87

Population Served 305 Basis Operator

**OPERATION & MAINTENANCE LOG: Yes**

Location Water treatment plant

Comments         

**CERTIFIED OPERATOR: Yes**

Operator(s) & Certification Class-Number:

Will Fontaine C-6813 Lead/Chief Operator

See MORs for complete list of operators

Hrs/day: Required          Visit          Actual          Visit         

Days/wk: Required 3 Actual 5

Non-consecutive Days?  Yes  No  N/A

Comments         

**MONTHLY OPERATION REPORTS (MORs)**

MORs submitted regularly?  Yes  No  N/A

Data missing from MORs?  No  Yes  N/A

Average Day (from MORs) 27,585 gpd

Maximum Day (from MORs) 50,000 gpd 01/07

Comments         

Flow Measuring Device Flow Meter

Meter Size & Type 2" Master

Date Last Calibrated 04/13/05

**RAW WATER SOURCE**

GROUND; Number of Wells 1

PURCHASED from PWS ID #         

Emergency Water Source         

Emergency Water Capacity         

**STANDBY POWER SOURCE: Yes**

Source MPSG20 (propane)

Capacity of Standby (kW) 20

Switchover:  Automatic  Manual

Hrs Operated Under Load 1 hr/wk

What equipment does it operate?

Well Pumps

High Service Pumps

Treatment Equipment

Satisfy avg. daily demand?  Yes  No  Unknown

Audio-visual alarm?  Yes  No

Comments         

**PLANS AND MAPS**

Coliform Sampling Plan  Yes  No  N/A

D/DBP Monitoring Plan  Yes  No  N/A

Lead and Copper Plan  Yes  No  N/A

Distribution System Map  Yes  No  N/A

Emergency Response Plan  Yes  No  N/A

Comments         

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual  Yes  No

Preventive Maintenance Program  Yes  No

Flushing Program  Yes  No  N/A

Records  Yes  No  N/A

Isolation Valve Exercise  Yes  No  N/A

Records  Yes  No  N/A

Comments         

**CROSS CONNECTION CONTROL**

# BFPAs N/A # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Inadequate Date N/A

Comments Section 11- Implementation Schedule not provided in written plan.

**GROUND WATER SOURCE**

Well Number (Florida Unique Well ID #)	1			
Year Drilled	1973			
Depth Drilled	230'			
Drilling Method	Rotary			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	126'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	65'		
	Reuse Water	N/A		
	WW Plumbing	> 100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sat-rite		
	Model Number	Unknown		
	Rated Capacity (gpm)	80		
	Motor Horsepower	5		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

**COMMENTS** The Department will continue to accept the septic tank setback distance unless the well is shown to be chemically or microbially contaminated.

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner Capacity 17 qpd  
 Chlorine Feed Rate 100%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 0.84 Remote 0.76  
 Remote tap location Hose bib at Lockabee & Hunt  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank  
 Booster Pump Info N/A  
 Comments \_\_\_\_\_

**STORAGE FACILITIES**

(G) Ground (C) Clearwell (E) Elevated  
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	11/2004		
Date of Cleaning	11/2004		

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HIGH SERVICE PUMPS**

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

Comments \_\_\_\_\_  
 \_\_\_\_\_

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

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Frequency of Cleaning \_\_\_\_\_  
 Date Last Inspected/Cleaned \_\_\_\_\_  
 Comments \_\_\_\_\_

**DEFICIENCIES:**

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

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

**COMMENTS/REMINDERS:**

- **Based on information provided to the Department during this inspection, the population served and number of service connections for this system has been changed.** These changes may affect this system's monitoring requirements.
- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide information for all items marked "Unknown."**

Inspector *Danell D Owens* Title Env. Specialist I Date 11/09/07  
Approved by *Lisa Dodson* Title Environmental Manager Date 11/27/07



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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

December 24, 2007

Danielle Owens  
Environmental Specialist  
FDEP Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

**RE: Reply to Lake County Sanitary Surveys:**  
**Ravenswood Water System – PWS 3351062**  
**Kings Cove Subdivision – PWS 3350655**  
**Forty-Eight Estates – PWS 3350005**  
**Summit Chase Villas – PWS 3354112**  
**Haines Creek Mobile Home Park – PWS 3350481**

Dear Ms. Owens:

Thank you for your inspection on October 24, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

**For All Systems:**

All commercial customers were required earlier this year to install a backflow device and have it inspected in accordance with Aqua Utilities' Cross Connection Control Plan (CCCP) and Rule 62-555.360(2), F.A.C. We have surveyed the residential customers of these systems for potential cross connection hazards. The majority of these customers had an approved backflow device installed where needed. We will follow our CCCP to ensure approved backflow devices are installed where needed and the existing devices are inspected annually.

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

Sincerely,

A handwritten signature in cursive script that reads "Patrick A. Farris".

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

cc: Will Fontaine, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail



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

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429

TELEPHONE 904-329-4600  
TDD 904-329-4450

SUNCOM 904-860-4500  
TDD SUNCOM 860-4450

FAX (Executive) 329-4125

(Legal) 329-4485

(Permitting) 329-4315

(Administration/Finance) 329-4508

SERVICE CENTERS

618 E. South Street  
Orlando, Florida 32801  
407-897-4300  
TDD 407-897-5960

7775 Baymeadows Way  
Suite 102  
Jacksonville, Florida 32256  
904-730-6270  
TDD 904-448-7900

PERMITTING:  
305 East Olive  
Melbourne, Florida 32904  
407-984-4940  
TDD 407-722-5368

OPERATIONS:  
2133 N. Wickham Road  
Melbourne, Florida 32935-8103  
407-752-3100  
TDD 407-752-3102

March 2, 2001

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

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

Dear Sir/Madam:

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

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

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

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

Sincerely,

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

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

cc: District Permit File

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

William Kerr, CHAIRMAN  
MELBOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN  
APOPKA

Jeff K. Jennings, SECRETARY  
MAYLAND

Duane Ottenstroer, TREASURER  
SWITZERLAND

Dan Roach  
FERNANDINA BEACH

William M. Segal  
MAYLAND

Olis Mason  
ST. AUGUSTINE

Clay Albright  
EAST LAKE WEIR

Reid Hughes  
DAYTONA BEACH

PERMIT NO. 11364

DATE ISSUED: March 2, 2001

PROJECT NAME: Arredondo Farms/Aqua Source Inc

**A PERMIT AUTHORIZING:**

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

**LOCATION:**

Site: ARREDONDO ESTATES  
Alachua County

Site: Arredondo Farms MHP  
Alachua County

Section(s): 21, 28

Township(s): 10S

Range(s): 19E

**ISSUED TO:**

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

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

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

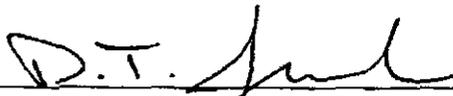
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

**PERMIT IS CONDITIONED UPON:**

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

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

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



Dwight T Jenkins  
Division Director

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

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

permittee.

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

(Arredondo Farms MHP)

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

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

(Arredondo Farms MHP)

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

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

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

(Arredondo Farms MHP)

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

(Arredondo Farms MHP)

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

(Arredondo Farms MHP)

9. All submittals made to demonstrate compliance with this permit must include the CUP number 11364 plainly labeled thereon.

(ARREDONDO ESTATES)

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

(ARREDONDO ESTATES)

11. Maximum annual withdrawals from the Floridan aquifer for household use must not exceed a total of 25.0 million gallons. (ARREDONDO ESTATES)

12. Wells number 1 (GRS ID 3418) and 2 (GRS ID 3419) (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. (ARREDONDO ESTATES)

13. Total withdrawals from wells number 1 (GRS ID 3418) and 2 (GRS ID 3419) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

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

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

(ARREDONDO ESTATES)

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

(ARREDONDO ESTATES)

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

(ARREDONDO ESTATES)

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

(ARREDONDO ESTATES)

### Notice Of Rights

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

### Notice Of Rights

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

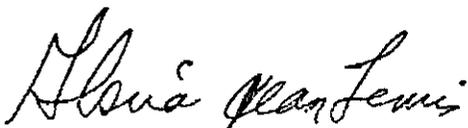
**Notice Of Rights**

**Certificate of Service**

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

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

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



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Division of Permit Data Services  
Gloria Lewis, Director

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

Permit Number: 11364

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



See Pages 4 for Instructions.

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

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

PWS Name: <b>Carlton Village</b>		PWS Identification Number: <b>3350152</b>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <b>203</b>		Total Population Served at End of Month: <b>711</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>Florida</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Carlton Village</b>		Plant Telephone Number: <b>352-787-0980</b>	
Plant Address: <b>Oakridge Drive Plant #2</b>		City: <b>Lady Lake</b>	State: <b>Florida</b> Zip Code: <b>32159</b>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>288,000</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	<b>Will Fontaine</b>	<b>C</b>	<b>6813 / Days 1st Shift</b>
Other Operators:	<b>Marty Neal</b>	<b>C</b>	<b>10027 / Days 1st Shift</b>
	<b>John Worrell</b>	<b>C</b>	<b>6597 / Days 1st Shift</b>

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

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

 DOCUMENT NUMBER DATE  
**04308 MAY 22 07**

 Will Fontaine  
 Printed or Typed Name
 

 C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C if Applicable	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	39,300		1.5										1.2	
2	X	24.0	60,700		1.5										1.2	
3	X	24.0	42,000		1.8										1.3	
4	X	24.0	41,100		1.4										1.1	
5	X	24.0	45,600		1.3										0.9	
6	X	24.0	34,700		1.3											
7		24.0	55,200													
8	X	24.0	55,200		1.2										0.8	
9	X	24.0	46,400		1.2										0.9	
10	X	24.0	44,800		1.2										0.9	
11	X	24.0	32,200		1.2										0.9	
12	X	24.0	50,200		1.1										0.7	
13	X	24.0	48,600		1.1											
14		24.0	52,400													
15	X	24.0	52,400		1.1										0.8	
16	X	24.0	36,000		1.1										0.8	
17	X	24.0	61,500		1.2										0.9	
18	X	24.0	43,800		1.3										0.9	
19	X	24.0	43,000		1.3										1.0	
20	X	24.0	34,900		1.4											
21		24.0	57,150													
22	X	24.0	57,150		1.4										1.1	
23	X	24.0	39,900		1.3										0.9	
24	X	24.0	44,600		1.3										1.0	
25	X	24.0	39,100		1.2										0.8	
26	X	24.0	46,700		1.3										1.0	
27	X	24.0	36,400		1.3											
28		24.0	51,350													
29	X	24.0	51,350		1.4										1.0	
30	X	24.0	48,200		1.4										1.1	
31	X	24.0	39,300		1.3										1.0	
Total			1,431,200													
Average			46,168													
Maximum			61,500													

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	49,900		1.2								0.8	
2	X	24.0	41,100		1.2								0.9	
3	X	24.0	39,600		1.2									
4		24.0	60,350											
5	X	24.0	60,350		1.3								1.0	
6	X	24.0	24,600		1.3								1.0	
7	X	24.0	58,500		1.3								0.9	
8	X	24.0	29,200		1.4								1.1	
9	X	24.0	63,800		1.4								1.1	
10	X	24.0	41,000		1.5									
11		24.0	49,650											
12	X	24.0	49,650		1.4								1.0	
13	X	24.0	31,700		1.4								1.2	
14	X	24.0	52,300		1.4								1.1	
15	X	24.0	34,400		1.5								1.1	
16	X	24.0	47,600		1.4								1.1	
17	X	24.0	34,500		1.5									
18		24.0	57,150											
19	X	24.0	57,150		1.5								1.2	
20	X	24.0	31,400		1.4								1.2	
21	X	24.0	57,900		1.3								1.0	
22	X	24.0	45,500		1.3								1.1	
23	X	24.0	70,000		1.3								0.9	
24	X	24.0	53,100		1.3									
25		24.0	67,950											
26	X	24.0	67,950		1.2								0.8	
27	X	24.0	47,000		1.2								1.0	
28	X	24.0	81,000		1.3								0.9	
29		24.0												
30		24.0												
31		24.0												
Total			1,404,300											
Average			45,300											
Maximum			81,000											

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	44,200		1.2									0.9	
2	X	24.0	71,100		1.3									0.9	
3		24.0	50,150												
4	X	24.0	50,150		1.3										
5	X	24.0	68,300		1.2									0.9	
6	X	24.0	39,300		1.2									0.9	
7	X	24.0	81,800		1.3									1.0	
8	X	24.0	46,000		1.3									1.0	
9	X	24.0	82,400		1.4									1.0	
10		24.0	53,900												
11	X	24.0	53,900		1.4										
12	X	24.0	66,900		1.3									1.0	
13	X	24.0	47,000		1.2									1.0	
14	X	24.0	56,800		1.3									1.0	
15	X	24.0	75,900		1.3									0.9	
16	X	24.0	42,300		1.2									0.8	
17	X	24.0	28,800		1.3										
18		24.0	63,400												
19	X	24.0	63,400		1.2									0.8	
20	X	24.0	55,800		1.1									0.8	
21	X	24.0	56,700		1.1									0.8	
22	X	24.0	49,000		1.2									0.9	
23	X	24.0	57,600		1.2									0.9	
24	X	24.0	56,100		1.2										
25		24.0	74,450												
26	X	24.0	74,450		1.2									0.9	
27	X	24.0	40,300		1.3									1.1	
28	X	24.0	80,100		1.3									1.0	
29	X	24.0	96,600		1.2									0.8	
30	X	24.0	73,700		1.3									0.8	
31	X	24.0	39,000		1.2										
Total			1,839,500												
Average			59,339												
Maximum			96,600												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	240	Total Population Served at End of Month:	840
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:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
		State:	Florida
		Zip Code:	32159
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

Will Fontaine 5-4-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C if Applicable	pH of Water	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24.0	76,600										
2	X	24.0	76,600		1.2							0.8	
3	X	24.0	64,600		1.2							0.9	
4	X	24.0	70,400		1.4							1.1	
5	X	24.0	69,500		1.3							1.0	
6	X	24.0	66,300		1.2							0.8	
7	X	24.0	78,900		1.3								
8		24.0	74,200										
9	X	24.0	74,200		1.4							1.1	
10	X	24.0	49,300		1.4							1.1	
11	X	24.0	57,300		1.4							1.2	
12	X	24.0	37,500		1.4							1.2	
13	X	24.0	69,400		1.2							0.9	
14	X	24.0	55,000		1.3								
15		24.0	61,350										
16	X	24.0	61,350		1.2							0.9	
17	X	24.0	72,300		1.2							0.9	
18	X	24.0	56,000		1.1							0.9	
19	X	24.0	52,700		1.2							0.9	
20	X	24.0	50,900		1.2							1.0	
21	X	24.0	61,500		1.3								
22		24.0	76,550										
23	X	24.0	76,550		1.3							1.0	
24	X	24.0	74,700		1.1							0.8	
25	X	24.0	68,300		1.3							1.1	
26	X	24.0	64,500		1.2							0.9	
27	X	24.0	67,700		1.2							0.9	
28		24.0	70,250										
29	X	24.0	70,250		1.2								
30	X	24.0	100,500		1.3							1.0	
31		24.0											
Total			2,005,200										
Average			64,684										
Maximum			100,500										

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations.					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	57,300		1.3									1.1	
2	X	24.0	91,600		1.3									1.0	
3	X	24.0	78,100		1.2									0.8	
4	X	24.0	80,100		1.2									0.9	
5	X	24.0	81,800		1.2										
6		24.0	86,600												
7	X	24.0	86,600		1.2									0.9	
8	X	24.0	75,300		1.1									0.8	
9	X	24.0	79,200		1.1									0.8	
10	X	24.0	76,400		1.3									0.9	
11	X	24.0	55,800		1.1									0.9	
12	X	24.0	92,700		1.2										
13		24.0	51,300												
14	X	24.0	51,300		1.1									0.9	
15	X	24.0	50,500		1.1									0.8	
16	X	24.0	59,200		1.2									1.0	
17	X	24.0	73,600		1.2									0.9	
18	X	24.0	44,000		1.2									0.9	
19		24.0	65,600												
20	X	24.0	65,600		1.2										
21	X	24.0	98,400		1.5									1.2	
22	X	24.0	67,900		1.3									1.1	
23	X	24.0	75,900		1.5									1.2	
24	X	24.0	63,400		1.4									1.2	
25	X	24.0	72,600		1.3									1.0	
26	X	24.0	55,000		1.3										
27		24.0	63,300												
28	X	24.0	63,300		1.2									0.9	
29	X	24.0	106,800		1.4									1.2	
30	X	24.0	62,400		1.8									1.4	
31	X	24.0	66,200		2.0									1.7	
Total			2,197,800												
Average			70,897												
Maximum			106,800												

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations				UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Temp of Water, °C if Applicable			pH of Water, if Applicable	
1	X	24.0	50,800		1.5								1.3		
2	X	24.0	51,200		1.4										
3		24.0	58,800												
4	X	24.0	58,800		1.6								1.3		
5	X	24.0	60,500		1.6								1.4		
6	X	24.0	54,700		1.1								0.8		
7	X	24.0	59,300		1.0								0.8		
8	X	24.0	48,800		1.0								0.8		
9	X	24.0	41,300		1.2										
10		24.0	75,750												
11	X	24.0	75,750		1.2								1.0		
12	X	24.0	37,000		1.1								1.0		
13	X	24.0	61,200		1.2								0.8		
14	X	24.0	46,700		1.3								1.1		
15	X	24.0	37,500		1.3								0.9		
16		24.0	61,000												
17	X	24.0	61,000		1.5										
18	X	24.0	67,500		1.5								1.2		
19	X	24.0	50,600		1.5								1.2		
20	X	24.0	55,500		1.3								1.1		
21	X	24.0	49,900		1.3								1.1		
22	X	24.0	48,000		1.2								0.9		
23		24.0	51,900												
24	X	24.0	51,900		1.2										
25	X	24.0	90,400		1.3								1.1		
26	X	24.0	62,600		1.3								1.1		
27	X	24.0	56,400		1.3								1.1		
28	X	24.0	70,000		1.3								1.2		
29	X	24.0	32,300		1.4								1.2		
30		24.0	69,700												
31		24.0													
Total			1,696,800												
Average			54,735												
Maximum			90,400												

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm	Minimum UV Dose Required, mW·sec/cm			
1	X	24.0	69,700		1.3										
2	X	24.0	50,500		1.3									1.1	
3	X	24.0	45,300		1.1									0.8	
4	X	24.0	40,700		1.1									0.9	
5	X	24.0	49,000		1.1									1.0	
6	X	24.0	46,100		1.1									0.8	
7		24.0	40,650												
8	X	24.0	40,650		1.1										
9	X	24.0	90,900		1.2									1.0	
10	X	24.0	50,800		1.0									0.9	
11	X	24.0	48,400		1.2									1.0	
12	X	24.0	62,900		1.1									1.0	
13	X	24.0	40,200		1.1									0.9	
14		24.0	48,900												
15	X	24.0	48,900		1.2										
16	X	24.0	50,900		1.1									0.9	
17	X	24.0	43,200		1.0									0.9	
18	X	24.0	39,200		1.0									0.8	
19	X	24.0	45,600		1.1									0.9	
20	X	24.0	35,200		1.1									1.0	
21	X	24.0	36,000		1.2										
22		24.0	49,550												
23	X	24.0	49,550		1.1									0.9	
24	X	24.0	33,300		1.5									0.9	
25	X	24.0	58,800		1.5									1.2	
26	X	24.0	35,200		1.5									1.3	
27	X	24.0	40,200		1.6									1.1	
28		24.0	43,000												
29	X	24.0	43,000		1.6										
30	X	24.0	62,200		1.7									1.5	
31	X	24.0	40,600		1.5									1.4	
Total			1,479,100												
Average			47,713												
Maximum			90,900												

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>
1	X	24.0	45,600		1.4							1.0	
2	X	24.0	40,200		1.3							1.0	
3	X	24.0	40,900		1.5							1.1	
4	X	24.0	27,300		1.5								
5		24.0	66,400										
6	X	24.0	66,400		1.3							1.1	
7	X	24.0	51,000		1.4							1.1	
8	X	24.0	57,800		1.4							1.2	
9	X	24.0	37,400		1.5							1.3	
10	X	24.0	80,100		1.4							1.2	
11	X	24.0	41,500		1.3								
12		24.0	56,450										
13	X	24.0	56,450		1.4							1.2	
14	X	24.0	41,500		1.3							1.0	
15	X	24.0	50,000		1.3							1.1	
16	X	24.0	43,400		1.4							1.0	
17	X	24.0	67,500		1.3							1.0	
18	X	24.0	33,300		1.2								
19		24.0	68,050										
20	X	24.0	68,050		1.2							1.0	
21	X	24.0	50,500		1.2							1.0	
22	X	24.0	64,200		1.2							0.9	
23	X	24.0	44,700		1.2							1.1	
24	X	24.0	55,100		1.2							1.0	
25	X	24.0	36,400		1.1								
26		24.0	51,800										
27	X	24.0	51,800		1.2							1.0	
28	X	24.0	40,900		1.2							1.0	
29	X	24.0	69,200		1.2							1.1	
30	X	24.0	34,400		1.1							1.0	
31	X	24.0	26,200		1.1							0.9	
Total			1,564,500										
Average			50,468										
Maximum			80,100										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	240	Total Population Served at End of Month:	840
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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000	Zip Code:	32159
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

Will Fontaine 10-5-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System; mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow; mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow; minutes	Lowest CT Provided Before or at First Customer During Peak Flow; mg-min/L	Minimum CT Required; mg-min/L	Lowest Operating UV Dose; mW-sec/cm <sup>2</sup>	Minimum UV Dose Required; mW-sec/cm <sup>2</sup>	Temp of Water, °C			pH of Water, if Applicable
1	X	24.0	31,900		1.3									
2		24.0	47,200											
3	X	24.0	47,200		1.3								1.0	
4	X	24.0	77,400		1.1								0.9	
5	X	24.0	72,600		1.1								0.8	
6	X	24.0	84,800		1.2								1.0	
7	X	24.0	64,300		1.3								1.2	
8	X	24.0	53,900		1.2									
9		24.0	68,200											
10	X	24.0	68,200		1.1								0.9	
11	X	24.0	35,900		1.1								0.8	
12	X	24.0	55,000		1.2								1.0	
13	X	24.0	30,900		1.2								1.0	
14	X	24.0	47,800		1.2								0.9	
15	X	24.0	29,100		1.2									
16		24.0	60,350											
17	X	24.0	60,350		1.2								0.8	
18	X	24.0	66,600		1.3								1.0	
19	X	24.0	56,400		1.2								0.8	
20	X	24.0	42,600		1.2								0.8	
21	X	24.0	48,700		1.3								0.9	
22	X	24.0	32,600		1.2									
23		24.0	51,150											
24	X	24.0	51,150		1.8								1.6	
25	X	24.0	38,800		1.8								1.6	
26	X	24.0	43,300		1.7								1.5	
27	X	24.0	39,700		1.8								1.6	
28	X	24.0	41,900		1.6								1.5	
29	X	24.0	31,300		1.7									
30		24.0	52,500											
31		24.0												
Total			1,531,800											
Average			49,413											
Maximum			84,800											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Carlton Village			PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	251			Total Population Served at End of Month:	840
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com			Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Carlton Village			Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2			City:	Lady Lake
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

II. Certification by Lead/Chief Operator

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

Will Fontaine 10-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: **3350152** Plant Name: **Carlton Village**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Viruis Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	52,500		1.6									1.5	
2	X	24.0	42,300		1.5									1.3	
3	X	24.0	46,200		1.5									1.3	
4	X	24.0	31,000		1.4									1.2	
5	X	24.0	40,000		1.6									1.3	
6	X	24.0	49,000		1.5										
7		24.0	49,500												
8	X	24.0	49,500		1.7									1.6	
9	X	24.0	24,300		1.6									1.4	
10	X	24.0	48,200		1.6									1.5	
11	X	24.0	48,500		1.7									1.5	
12	X	24.0	30,300		1.6									1.4	
13		24.0	46,950												
14	X	24.0	46,950		1.5										
15	X	24.0	68,900		1.5									1.3	
16	X	24.0	49,500		1.7									1.3	
17	X	24.0	49,600		1.6									1.3	
18	X	24.0	44,700		1.9									1.5	
19	X	24.0	42,400		1.7									1.6	
20	X	24.0	36,000		1.7										
21		24.0	44,500												
22	X	24.0	44,500		1.7									1.6	
23	X	24.0	42,300		1.6									1.5	
24	X	24.0	41,900		1.8									1.5	
25	X	24.0	38,500		1.7									1.3	
26	X	24.0	42,700		1.6									1.4	
27	X	24.0	23,000		1.7										
28		24.0	53,900												
29	X	24.0	53,900		1.6									1.3	
30	X	24.0	39,300		1.6									1.4	
31	X	24.0	42,100		1.5									1.4	
Total			1,362,900												
Average			43,965												
Maximum			68,900												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Carlton Village		PWS Identification Number: 3350152	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 251		Total Population Served at End of Month: 840	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Carlton Village		Plant Telephone Number: 352-787-0980	
Plant Address: Oakridge Drive Plant #2		City: Lady Lake	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	Marty Neal	C	10027
	John Worrell	C	6597

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

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
--------------------	--	--------------------------

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

PWS Identification Number: **3350132** Plant Name: **Carlton Village**

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

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

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

Day of Month	Days Plant Staffed or Operated by Operator (CC) 1	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CF Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CF Calculations					UV Dose						
				Reaction Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Various Points in Distribution System, mg/L		
	X	24.0	35,700		1.6										1.3
	X	24.0	40,100		1.6										1.4
	X	24.0	30,500		1.6										
		24.0	52,000												
	X	24.0	52,000		1.6										1.5
	X	24.0	40,800		1.6										1.4
	X	24.0	47,600		1.6										1.4
	X	24.0	40,300		1.6										1.3
	X	24.0	43,700		1.5										1.3
	X	24.0	29,300		1.6										
		24.0	57,750												
	X	24.0	57,750		1.5										1.4
	X	24.0	44,700		1.5										1.3
	X	24.0	47,300		1.5										1.4
	X	24.0	40,600		1.5										1.3
	X	24.0	35,100		1.4										1.0
	X	24.0	49,400		1.7										
		24.0	56,950												
	X	24.0	56,950		1.5										1.4
	X	24.0	35,200		1.5										1.4
	X	24.0	62,000		1.5										1.4
	X	24.0	41,800		1.5										1.3
	X	24.0	35,300		1.6										1.3
		24.0	41,100												
	X	24.0	41,100		1.6										
	X	24.0	74,400		1.6										1.4
	X	24.0	37,400		1.5										1.3
	X	24.0	47,400		1.5										1.3
	X	24.0	46,500		1.5										1.2
	X	24.0	42,000		1.4										1.3
		24.0													
			1,362,700												
			43,958												
			74,400												

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	32,400		1.6										
2		24.0	56,450												
3	X	24.0	56,450		1.5									1.3	
4	X	24.0	44,000		1.4									1.2	
5	X	24.0	46,100		1.4									1.2	
6	X	24.0	44,200		1.4									1.3	
7	X	24.0	52,300		1.5									1.3	
8	X	24.0	30,700		1.5										
9		24.0	65,150												
10	X	24.0	65,150		1.4									1.3	
11	X	24.0	37,600		1.7									1.5	
12	X	24.0	52,500		2.1									1.9	
13	X	24.0	42,000		1.7									1.6	
14	X	24.0	45,200		1.9									1.5	
15	X	24.0	50,400		1.8										
16		24.0	42,500												
17	X	24.0	42,500		1.7									1.3	
18	X	24.0	48,900		1.5									1.3	
19		24.0	43,650												
20	X	24.0	43,650		1.7									1.4	
21	X	24.0	40,500		1.3									1.2	
22	X	24.0	28,500		1.5										
23	X	24.0	39,000		1.6									1.3	
24	X	24.0	64,500		1.6									1.5	
25	X	24.0	30,400		1.6									1.4	
26	X	24.0	58,300		1.7									1.6	
27	X	24.0	44,400		1.6									1.4	
28	X	24.0	46,800		1.6									1.3	
29	X	24.0	30,300		1.6										
30		24.0	75,850												
31	X	24.0	75,850		1.7									1.3	
Total			1,476,200												
Average			47,619												
Maximum			75,850												

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

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

PWS ID: 3350152 Plant Name: Carlton Village

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2007

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

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

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

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

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

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

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village			PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	203			Total Population Served at End of Month:	711
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749		
Contact Person's E-Mail Address:	beheath@aguaamerica.com			Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Carlton Village			Plant Telephone Number:	352-787-0980	
Plant Address:	Oakridge Drive Plant #2			City:	Lady Lake	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>		
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift		
Other Operators:	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

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

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

Will Fontaine 2-6-06 Will Fontaine C-6813  
 Signature and Date DOCUMENT NUMBER - DATE Printed or Typed Name License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Temp of Water, °C		
1		24.0	49,350										
2	X	24.0	49,350		1.5							1.1	
3	X	24.0	51,900		1.5							1.0	
4	X	24.0	45,900		1.6							1.2	
5	X	24.0	37,300		1.7							1.3	
6	X	24.0	54,800		1.7							1.2	
7	X	24.0	46,300		1.5								
8		24.0	57,800										
9	X	24.0	57,800		1.5							1.2	
10	X	24.0	35,100		1.6							1.2	
11	X	24.0	47,600		1.6							1.2	
12	X	24.0	46,200		1.5							1.2	
13	X	24.0	42,800		1.5							1.1	
14	X	24.0	32,100		1.6								
15		24.0	48,050										
16	X	24.0	48,050		1.5							1.1	
17	X	24.0	52,600		1.6							1.3	
18	X	24.0	52,400		1.6							1.3	
19	X	24.0	42,800		1.6							1.2	
20	X	24.0	35,900		1.6							1.3	
21		24.0	44,800										
22	X	24.0	44,800		1.5								
23	X	24.0	59,200		1.4							1.1	
24	X	24.0	50,400		1.5							1.1	
25	X	24.0	42,900		1.6							1.2	
26	X	24.0	43,800		1.7							1.4	
27	X	24.0	40,500		1.7							1.3	
28	X	24.0	32,600		1.6								
29		24.0	55,700										
30	X	24.0	55,700		1.6							1.2	
31	X	24.0	39,400		1.6							1.2	
<b>Total</b>			1,443,900										
<b>Average</b>			46,577										
<b>Maximum</b>			59,200										

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

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



See Pages 4 for Instructions.

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

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

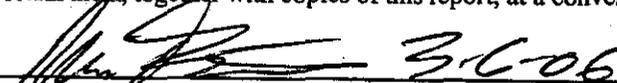
PWS Name: Carlton Village	PWS Identification Number: 3350152
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 203	Total Population Served at End of Month: 711
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: Carlton Village	Plant Telephone Number: 352-787-0980																																																						
Plant Address: Oakridge Drive Plant #2	City: Lady Lake State: Florida Zip Code: 32159																																																						
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																							
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000																																																							
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C																																																						
<table border="1"> <thead> <tr> <th>Licensed Operators</th> <th>Name</th> <th>License Class</th> <th>License Number</th> <th>Day(s) / Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Lead/Chief Operator</td> <td>Will Fontaine</td> <td>C</td> <td>6813</td> <td>Days 1st Shift</td> </tr> <tr> <td rowspan="2">Other Operators</td> <td>Marty Neal</td> <td>C</td> <td>10027</td> <td>Days 1st Shift</td> </tr> <tr> <td>John Worrell</td> <td>C</td> <td>6597</td> <td>Days 1st Shift</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	Other Operators	Marty Neal	C	10027	Days 1st Shift	John Worrell	C	6597	Days 1st Shift																																			
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**II. Certification by Lead/Chief Operator**

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

  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point (mg/l)	Disinfectant Contact Time (at 1.0 C) Measurement Point (minutes)	Flow of Disinfectant (gpm)	Flow of Water (gpm)	Temp of Water (°C)	Temp of Water (°F)	UV Dose (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)			
1	X	24.0	41,400			1.6									1.3	
2	X	24.0	41,300			1.7									1.3	
3	X	24.0	44,200			1.7									1.4	
4		24.0	36,900													
5	X	24.0	36,900			1.5									1.1	
6	X	24.0	52,500			1.4									1.2	
7	X	24.0	41,100			1.6									1.2	
8	X	24.0	40,400			1.6									1.2	
9	X	24.0	39,700			1.7									1.2	
10	X	24.0	40,700			1.7									1.3	
11	X	24.0	39,100			1.7										
12		24.0	56,550													
13	X	24.0	56,550			1.6									1.3	
14	X	24.0	53,800			1.6									1.3	
15	X	24.0	46,000			1.6									1.2	
16	X	24.0	51,400			1.4									1.1	
17	X	24.0	59,200			1.4									1.1	
18	X	24.0	51,700			1.4									1.1	
19		24.0	52,700													
20	X	24.0	52,700			1.4									1.0	
21	X	24.0	30,700			1.5									1.2	
22	X	24.0	67,500			1.4									1.0	
23	X	24.0	45,700			1.3									1.0	
24	X	24.0	44,400			1.4									1.0	
25	X	24.0	32,300			1.4									1.0	
26		24.0	60,050													
27	X	24.0	60,050			1.3									0.9	
28	X	24.0	42,800			1.3									1.0	
29		24.0														
30		24.0														
31		24.0														
Total			1,318,300													
Average			42,526													
Maximum			67,500													

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Started or Served by Operator (Place & X's)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	G-1 Calculations for CVD Dose to Demonstrate Four-Log Virus Inactivation, if applicable										Emergencies/Abnormal Operating Conditions/Repair or Maintenance Work that involves Taking Water System Components Out of Operations			
				Real Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before Operator's Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) in minutes	Flow Rate (gpm)	Flow Rate (mgd)	Flow Rate (MGD)	Hour of Water if applicable	Minimum C1 Required (mg/L)	Operating C1 (mg/L)	Minimum C2 Required (mg/L)		Lowest Residual Disinfectant Concentration (C) at Remote Point in Distribution System (mg/L)		
1		24.0	47,700		1.3											1.0	
2		24.0	50,600		1.3											0.9	
3		24.0	47,200		1.3											0.9	
4		24.0	44,700														
5		24.0	44,700		1.3												
6		24.0	61,000		1.2											0.8	
7		24.0	49,300		1.3											0.8	
8		24.0	42,800		1.4											1.0	
9		24.0	29,600		1.4											1.1	
10		24.0	64,400		1.5											1.1	
11		24.0	39,700		1.4												
12		24.0	70,700														
13		24.0	70,700		1.4											1.0	
14		24.0	33,500		1.5											1.1	
15		24.0	74,600		1.3											0.9	
16		24.0	62,200		1.2											0.8	
17		24.0	73,300		1.3											0.8	
18		24.0	60,700		1.3												
19		24.0	78,100														
20		24.0	78,100		1.2											0.8	
21		24.0	65,400		1.3											1.0	
22		24.0	63,600		1.3											0.9	
23		24.0	74,100		1.4											1.0	
24		24.0	56,800		1.5											1.2	
25		24.0	58,850														
26		24.0	58,850		1.4												
27		24.0	119,200		1.3											1.0	
28		24.0	73,700		1.3											0.9	
29		24.0	76,700		1.2											0.9	
30		24.0	80,700		1.5											1.1	
31		24.0	69,700		1.3											0.9	
<b>TOTAL</b>			1,921,200														
<b>Average</b>			61,974														
<b>Maximum</b>			119,200														

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of Month	Day Plant Started or Visited by Operator (Place X)	Hour plant in Operation	Net Quantity of Finished Water Produced (gals)	CFR Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves Taking Water System Components Out of Operation
				CFR Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Customer Billing Peak Flow, mg/L	Disinfectant Contact Time (CT) Measurement Point, minutes	Lowest CT Provided Before or After Customer Billing Peak Flow, min/L	Empirical Water C	pH on Water if Applicable	Minimum CT Required, min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point of Distribution System, mg/L	
1			24,000											
2	X		74,300		1.4									
3	X		91,500		1.4								1.0	
4	X		66,100		1.3								0.8	
5	X		78,600		1.3								0.9	
6	X		74,600		1.4								1.0	
7	X		65,400		1.2								0.9	
8	X		80,600		1.4									
9			79,550											
10	X		79,550		1.5								1.1	
11	X		66,000		1.5								1.2	
12	X		71,400		1.6								1.2	
13	X		67,000		1.5								1.0	
14	X		58,800		1.5								1.1	
15	X		81,400		1.0									
16			109,750											
17	X		109,750		1.7								1.2	
18	X		66,800		1.5								1.1	
19	X		62,300		1.5								1.1	
20	X		92,400		1.6								1.3	
21	X		53,800		1.3								1.0	
22	X		68,300		1.5									
23			115,750											
24	X		115,750		1.4								1.0	
25	X		84,400		1.4								0.9	
26	X		115,900		1.4								1.0	
27	X		72,100		1.5								1.1	
28	X		100,000		1.4								1.1	
29	X		72,600		1.4									
30			78,600											
31			2,427,300											
Total			78,300											
Average			115,900											
Maximum														

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



See Pages 4 for Instructions.

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

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

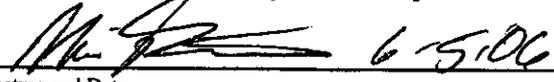
PWS Name:	Carlton Village			PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	203			Total Population Served at End of Month:	711
PWS Owner:	Aqua-Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Carlton Village			Plant Telephone Number:	352-787-0980	
Plant Address:	Oakridge Drive Plant #2			City:	Lady Lake	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift		
Other Operator	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

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

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

 6/5/06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Plant Name/Flow	Operating Hours	Quantity of Water Produced (gallons)	Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Asymptomatic Operating Condition, Repair or Maintenance Work that Involves Staking Water System Components Out of Operation			
				CFC Calculations					UV Dose								
				Flow Rate (gpd)	Disinfectant Concentration (mg/L) Before or After Customary Peak Flow	Disinfectant Contact Time (min)	Disinfectant Concentration (mg/L) During Peak Flow	Disinfectant Concentration (mg/L) Before or After Customary Peak Flow	Minimum UV Dose (mW-sec/cm <sup>2</sup> )		Minimum UV Dose (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)					
X		24.0	78,600		1.4												1.0
X		24.0	82,600		1.5												1.0
X		24.0	95,100		1.7												1.2
X		24.0	73,900		1.6												1.0
X		24.0	89,400		1.6												1.1
X		24.0	87,000		1.5												
		24.0	97,900														
X		24.0	97,900		1.3												0.8
X		24.0	62,600		1.3												0.9
X		24.0	57,500		1.2												0.8
X		24.0	43,700		1.2												0.9
X		24.0	52,700		1.2												0.8
X		24.0	57,500		1.2												
		24.0	87,550														
X		24.0	87,550		1.2												0.8
X		24.0	73,100		1.3												1.0
X		24.0	56,100		1.3												0.8
X		24.0	49,800		1.2												0.8
X		24.0	88,100		1.4												1.1
X		24.0	97,800		1.5												
		24.0	87,100														
X		24.0	87,100		1.1												0.7
X		24.0	76,700		1.3												0.8
X		24.0	77,100		1.3												0.9
X		24.0	55,600		1.4												1.1
X		24.0	88,800		1.4												1.0
X		24.0	52,900		1.3												
		24.0	78,550														
X		24.0	78,550		1.4												1.0
X		24.0	88,600		1.2												0.9
X		24.0	79,400		1.2												0.9
			2,368,800														
			76,413														
			97,900														

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	203	Total Population Served at End of Month:	711
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

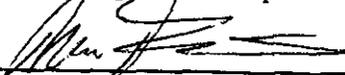
**B. Water Treatment Plant Information**

Plant Name:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
		State:	Florida
		Zip Code:	32159
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

 7-7-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	61,000		1.4								1.0	
2	X	24.0	38,700		1.5								1.2	
3		24.0	58,500											
4	X	24.0	58,500		1.5									
5	X	24.0	71,600		1.1								0.8	
6	X	24.0	65,800		1.3								0.9	
7	X	24.0	74,900		1.3								0.9	
8	X	24.0	66,500		1.3								1.0	
9	X	24.0	95,900		1.4								1.0	
10	X	24.0	76,700		1.3									
11		24.0	76,100											
12	X	24.0	76,100		1.1								0.8	
13	X	24.0	38,100		1.1								0.8	
14	X	24.0	53,300		1.2								0.8	
15	X	24.0	61,300		1.2								0.9	
16	X	24.0	54,900		1.2								0.9	
17	X	24.0	61,300		1.4									
18		24.0	58,400											
19	X	24.0	58,400		1.3								0.9	
20	X	24.0	50,800		1.2								0.9	
21	X	24.0	61,100		1.2								0.8	
22	X	24.0	56,100		1.1								0.7	
23	X	24.0	44,900		1.3								1.0	
24	X	24.0	71,000		1.3									
25		24.0	53,950											
26	X	24.0	53,950		1.2								0.8	
27	X	24.0	44,400		1.3								1.0	
28	X	24.0	52,300		1.3								0.9	
29	X	24.0	48,800		1.3								0.9	
30	X	24.0	51,900		1.4								1.1	
31		24.0												
Total			1,795,200											
Average			57,910											
Maximum			95,900											

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	203	Total Population Served at End of Month:	711
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

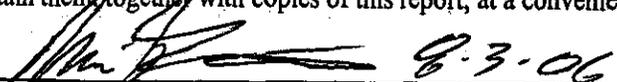
**B. Water Treatment Plant Information**

Plant Name:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
		State:	Florida
		Zip Code:	32159
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Black X's)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable							Minimum CT Required (mg-min/L)	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or during Customer's Peak Flow (mg/l)	Disinfectant Contact Time (T) (minutes)	Lowest CT Provided Before or during Customer's Peak Flow (mg-min/L)	Temp of Water (°C)	pH of Water if Applicable	Minimum CT Required (mg-min/L)				
7/1	X	24.0	47,600		1.4									
7/2		24.0	45,000											
7/3	X	24.0	45,000		1.5							1.1		
7/4	X	24.0	66,900		1.4							1.1		
7/5	X	24.0	53,800		1.2							0.9		
7/6	X	24.0	54,600		1.2							0.9		
7/7	X	24.0	52,400		1.3							0.9		
7/8	X	24.0	36,900		1.4									
7/9		24.0	63,950											
7/10	X	24.0	63,950		1.3							1.0		
7/11	X	24.0	41,600		1.3							1.0		
7/12	X	24.0	55,600		1.3							0.9		
7/13	X	24.0	33,000		1.3							1.0		
7/14	X	24.0	53,000		1.3							0.9		
7/15		24.0	50,700											
7/16	X	24.0	50,700		1.3									
7/17	X	24.0	76,900		1.2							0.9		
7/18	X	24.0	39,500		1.2							0.8		
7/19	X	24.0	70,600		1.2							0.9		
7/20	X	24.0	65,000		1.2							0.9		
7/21	X	24.0	62,200		1.1							0.7		
7/22	X	24.0	54,100		1.3									
7/23		24.0	70,450											
7/24	X	24.0	70,450		1.1							0.8		
7/25	X	24.0	42,000		1.2							0.9		
7/26	X	24.0	80,800		1.4							1.1		
7/27	X	24.0	77,300		1.4							1.1		
7/28	X	24.0	41,000		1.3							0.9		
7/29	X	24.0	61,100		1.3									
7/30		24.0	55,800											
7/31	X	24.0	55,800		1.2							0.9		
Total			1,737,700											
Average			56,055											
Maximum			80,800											

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



See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	203	Total Population Served at End of Month:	711
PWS Owner:	Agua 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:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
		State:	Florida
		Zip Code:	32159
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

*Will Fontaine* 9.7.06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Day of Month	Day/Plant Status or Visited by Operator (Place XXX)	Hours plant in Operation	Net Quantity of Water Produced (gpd)	CFC Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (mg/L) Before or in First Customer During Peak Flow (mg/L)	Disinfectant Concentration (mg/L) Measurement Taken During Peak Flow (minutes)	Lowest CFC Provided Before or in First Customer During Peak Flow (mg-min/L)	Minimum CFC Required (mg-min/L)	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest UV Dose Provided (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
	X	24.0	49,300		1.2								0.8	
	X	24.0	62,600		1.2								0.9	
	X	24.0	56,300		1.1								0.7	
	X	24.0	73,000		1.2								0.9	
	X	24.0	51,200		1.4									
		24.0	72,000										1.2	
	X	24.0	72,000		1.5								1.2	
	X	24.0	42,200		1.6								1.2	
	X	24.0	70,300		1.6								1.2	
	X	24.0	62,100		1.5								1.1	
	X	24.0	68,000		1.5								1.1	
	X	24.0	60,300		1.6									
		24.0	88,550											
	X	24.0	88,550		1.5								1.1	
	X	24.0	43,100		1.5								1.2	
	X	24.0	87,000		1.5								1.2	
	X	24.0	60,000		1.4								1.0	
	X	24.0	64,300		1.4								1.0	
	X	24.0	41,100		1.4									
		24.0	80,250											
	X	24.0	80,250		1.5								1.2	
	X	24.0	62,500		1.6								1.2	
	X	24.0	70,300		1.6								1.2	
	X	24.0	57,400		1.6								1.3	
	X	24.0	56,200		1.5								1.1	
	X	24.0	52,500		1.5									
		24.0	56,400											
	X	24.0	56,400		1.3								0.9	
	X	24.0	39,400		1.2								0.9	
	X	24.0	74,000		1.3								1.0	
	X	24.0	48,800		1.3								1.0	
			1,946,300											
			62,784											
			88,550											

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



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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Date	Time	Flow (gpm)	Flow (MGD)	CFC Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable						Minimum UV Dose Required (mW-sec/cm)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Flow (gpm)	Flow (MGD)	Disinfectant Concentration (mg/l)	Disinfectant Contact Time (min)	Disinfectant Dose (mg-min/l)	Disinfectant Residual (mg/l)			
X	24.0	43,500				1.2				1.0		
X	24.0	58,100				1.3						
	24.0	59,950										
X	24.0	59,950				1.3				1.0		
X	24.0	53,400				1.4				1.0		
X	24.0	55,600				1.5				1.2		
X	24.0	49,600				1.5				1.1		
X	24.0	45,200				1.4				1.1		
X	24.0	62,000				1.3						
	24.0	58,050										
X	24.0	58,030				1.4				1.0		
X	24.0	46,000				1.5				1.2		
X	24.0	49,300				1.6				1.2		
X	24.0	49,800				1.6				1.2		
X	24.0	50,400				1.6				1.3		
X	24.0	42,600				1.7						
	24.0	71,050										
X	24.0	71,050				1.6				1.0		
X	24.0	37,200				1.5				1.1		
X	24.0	56,000				1.5				1.1		
X	24.0	55,000				1.6				1.2		
X	24.0	46,100				1.7				1.2		
	24.0	43,200				1.5						
X	24.0	74,800										
X	24.0	74,800				1.2				0.8		
X	24.0	50,100				1.3				0.8		
X	24.0	62,100				1.5				1.1		
X	24.0	60,900				1.5				1.1		
X	24.0	60,400				1.4				1.0		
X	24.0	49,500				1.5						
	24.0											
		1,653,400										
		53,335										
		74,800										

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



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

PWS Identification Number: **3350152** Plant Name: **Carlton Village**

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

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

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

Date in Month	Time of Day	Flow Plant in Operation	Flow Plant in Operation (gpd)	CTR Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable										Minimum UV Dose Required only see cma	Lowest Residual Concentration Remaining in Distribution System mg/L	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)
				UV Calculations					UV Dose							
				Peak Flow Rate (gpd)	UV Calculations (Peak Flow Rate)	Disinfectant Concentration (mg/L)	Flow Rate (gpd)	UV Dose (min)	Minimum UV Dose Required (min)	Flow Rate (gpd)	UV Dose (min)	Minimum UV Dose Required (min)	Flow Rate (gpd)			
X	24.0	81,250														
X	24.0	81,250			1.4											
X	24.0	58,500			1.4											
X	24.0	85,500			1.4											
X	24.0	59,700			1.4											
X	24.0	76,400			1.5											
X	24.0	73,300			1.5											
X	24.0	76,950			1.4											
X	24.0	73,000			1.3											
X	24.0	69,400			1.3											
X	24.0	66,400			1.3											
X	24.0	74,600			1.5											
X	24.0	58,400			1.4											
X	24.0	98,700			1.3											
X	24.0	72,000			1.2											
X	24.0	78,000			1.2											
X	24.0	73,300			1.2											
X	24.0	72,600			1.2											
X	24.0	69,500			1.2											
X	24.0	82,000			0.8											
X	24.0	84,500			1.1											
X	24.0	72,300			1.1											
X	24.0	65,300			1.2											
X	24.0	85,400			1.2											
X	24.0	81,100			1.1											
X	24.0	60,700			1.3											
X	24.0	74,650			1.3											
X	24.0	69,150			1.6											
X	24.0	32,000			1.5											
		2,281,500														
		73,597														
		98,700														

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Carlton Village		PWS Identification Number: 3350152	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 203		Total Population Served at End of Month: 711	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Carlton Village		Plant Telephone Number: 352-787-0980		
Plant Address: Oakridge Drive Plant #2		City: Lady Lake	State: Florida	
		Zip Code: 32159		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

12-8-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CTs Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	80,900		1.5									1.2	
2	X	24.0	68,600		1.6									1.2	
3	X	24.0	60,700		1.6									1.1	
4	X	24.0	53,200		1.7										
5		24.0	95,500												
6	X	24.0	95,500		1.6									1.2	
7	X	24.0	59,500		1.7									1.4	
8	X	24.0	50,900		1.5									1.2	
9	X	24.0	62,400		1.5									1.1	
10	X	24.0	63,400		1.6									1.1	
11	X	24.0	48,000		1.6										
12		24.0	83,700												
13	X	24.0	83,700		1.6									1.2	
14	X	24.0	47,400		1.7									1.4	
15	X	24.0	67,100		1.6									1.2	
16	X	24.0	60,400		1.7									1.2	
17	X	24.0	53,400		1.7									1.3	
18	X	24.0	55,500		1.6										
19		24.0	66,800												
20	X	24.0	66,800		1.7									1.2	
21	X	24.0	64,500		1.6									1.2	
22	X	24.0	60,300		1.7									1.3	
23	X	24.0	44,600		1.6									1.1	
24	X	24.0	85,600		1.7									1.3	
25		24.0	77,150												
26	X	24.0	77,150		1.7										
27	X	24.0	106,000		1.5									1.1	
28	X	24.0	67,800		1.4									0.9	
29	X	24.0	71,600		1.3									0.9	
30	X	24.0	44,400		1.5									1.0	
31		24.0													
Total			2,022,500												
Average			65,242												
Maximum			106,000												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name:	Carlton Village	PWS Identification Number:	3350152
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	203	Total Population Served at End of Month:	711
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Carlton Village	Plant Telephone Number:	352-787-0980
Plant Address:	Oakridge Drive Plant #2	City:	Lady Lake
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Plant Operator	Marty Neal	C	10027	Days 1st Shift
Plant Operator	John Worrell	C	6597	Days 1st Shift

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

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

*Will Fontaine* 1-5-07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350152 Plant Name: Carlton Village

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

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

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

Date of the Month	Plant in Operation	Flow Rate (gpd)	Volume of Finished Water Produced (gals)	CT Calculations of Free Chlorine to Demonstrate Four-Log Virus Inactivation, if Applicable										System Residual Concentration (mg/L) at End of Distribution System	Remarks or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation			
				Flow Rate (gpd)	Disinfectant Concentration (mg/L) Before or After Distribution	Disinfectant Contact Time (minutes)	Flow Rate (gpd)	Disinfectant Concentration (mg/L) Before or After Distribution	Disinfectant Contact Time (minutes)	Flow Rate (gpd)	Disinfectant Concentration (mg/L) Before or After Distribution	Disinfectant Contact Time (minutes)	Flow Rate (gpd)			Disinfectant Concentration (mg/L) Before or After Distribution	Disinfectant Contact Time (minutes)	
X		24.0	45,900			1.3											0.9	
X		24.0	34,900			1.4												
		24.0	49,900															
X		24.0	49,900			1.3												0.9
X		24.0	45,300			1.3												0.9
X		24.0	60,200			1.4												0.9
X		24.0	45,600			1.4												1.0
X		24.0	41,500			1.3												1.0
X		24.0	37,500			1.3												
		24.0	57,700															
X		24.0	57,700			1.3												0.8
X		24.0	35,200			1.3												1.0
X		24.0	61,600			1.4												1.0
X		24.0	59,600			1.4												1.0
X		24.0	31,400			1.6												1.0
X		24.0	55,100			1.5												1.1
		24.0	53,550															
X		24.0	53,550			1.4												1.0
X		24.0	42,600			1.5												1.3
X		24.0	54,400			1.5												1.2
X		24.0	48,300			1.8												1.4
X		24.0	49,400			1.7												1.4
X		24.0	31,800			1.5												
		24.0	56,200															
X		24.0	56,200			1.5												1.2
X		24.0	56,500			1.5												1.1
X		24.0	45,700			1.6												1.1
X		24.0	38,900			1.4												1.1
X		24.0	45,300			1.6												1.2
X		24.0	49,300			1.5												
		24.0	39,300															
			1,490,000															
			48,065															
			61,600															

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

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

PWS ID:	3350152	Plant Name:	Carlton Village
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006**

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

Polymer Dose ppm =		Acrylamide Level, % =	
--------------------	--	-----------------------	--

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

Polymer Dose ppm =		Epichlorohydrin Level, % =	
--------------------	--	----------------------------	--

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

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

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

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

CARLTON VILLAGE



# St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

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

CERTIFIED NUMBER: 7004 0750 0003 3823 0103

August 12, 2004

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

SUBJECT: Consumptive Use Permit #2605

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

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

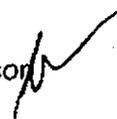
Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

  
Gloria Lewis, Director  
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File  
Lynn Minor, Data Management Supervisor 

DOCUMENT NUMBER-DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK

#### 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. 2605

ORIGINAL PERMIT ISSUED: December 8, 2000  
TRANSFER PROCESS DATE: August 9, 2004

PROJECT NAME: Carlton Village

**A PERMIT AUTHORIZING:**

The District authorizes Florida Water Services Corporation (Carlton Village), as limited by the attached permit conditions, to use 42.92 million gallons per year of ground water from the Floridan aquifer to serve an estimated population of 966 people with water for household use and unaccounted for water uses.

**LOCATION:**

Site: Carlton Village  
Lake County

Section(s): 11, 14                      Township(s): 18S                      Range(s): 24E

**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 December 8, 2000

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

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

  
Dwight Jenkins  
Division Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2605**  
**AQUA UTILITIES FLORIDA**  
**DATED DECEMBER 8, 2000**

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

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
- (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
  - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
  - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
  - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. If chemicals are to be injected into the irrigation system, the permittee shall install and maintain a backflow prevention device on all wells or surface pumps that are connected to the irrigation system.
12. Treated effluent must be used as irrigation water when it becomes available, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.
13. Total withdrawals from each well, as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months, for the duration of this permit, using District Form Number EN-50. The reporting dates each year will be as follows:
- | Reporting Period | Report Due Date |
|------------------|-----------------|
| January - June   | July 31         |
| July - December  | January 31      |
14. This permit will expire on December 08, 2020.
15. The maximum annual withdrawals for all uses within the site Carlton Village must not exceed 42.92 million gallons. *See authorization statement*
16. Maximum annual ground water withdrawals from the Floridan aquifer for accounted for water uses (water utility losses) must not exceed:
- 1.800 million gallons from December 08, 2000 to December 31, 2000
  - 1.900 million gallons from January 1, 2001 to December 31, 2001
  - 2.000 million gallons from January 1, 2002 to December 31, 2002
  - 2.100 million gallons from January 1, 2003 to December 31, 2003
  - 2.210 million gallons from January 1, 2004 to December 31, 2004
  - 2.310 million gallons from January 1, 2005 to December 31, 2005
  - 2.410 million gallons from January 1, 2006 to December 31, 2006
  - 2.520 million gallons from January 1, 2007 to December 31, 2007
  - 2.620 million gallons from January 1, 2008 to December 31, 2008
  - 2.720 million gallons from January 1, 2009 to December 31, 2009
  - 2.830 million gallons from January 1, 2010 to December 31, 2010
  - 2.930 million gallons from January 1, 2011 to December 31, 2011
  - 3.040 million gallons from January 1, 2012 to December 31, 2012

3.240 million gallons from January 1, 2013 to December 31, 2013  
3.240 million gallons from January 1, 2014 to December 31, 2014  
3.350 million gallons from January 1, 2015 to December 31, 2015  
3.450 million gallons from January 1, 2016 to December 31, 2016  
3.550 million gallons from January 1, 2017 to December 31, 2017  
3.660 million gallons from January 1, 2018 to December 31, 2018  
3.760 million gallons from January 1, 2019 to December 31, 2019  
3.860 million gallons from January 1, 2020 to December 08, 2020

17. Maximum annual ground water withdrawals from the Floridan aquifer for unaccounted for water uses must not exceed:

0.370 million gallons from December 08, 2000 to December 31, 2000  
0.420 million gallons from January 1, 2001 to December 31, 2001  
0.440 million gallons from January 1, 2002 to December 31, 2002  
0.470 million gallons from January 1, 2003 to December 31, 2003  
0.490 million gallons from January 1, 2004 to December 31, 2004  
0.510 million gallons from January 1, 2005 to December 31, 2005  
0.540 million gallons from January 1, 2006 to December 31, 2006  
0.560 million gallons from January 1, 2007 to December 31, 2007  
0.580 million gallons from January 1, 2008 to December 31, 2008  
0.610 million gallons from January 1, 2009 to December 31, 2009  
0.630 million gallons from January 1, 2010 to December 31, 2010  
0.650 million gallons from January 1, 2011 to December 31, 2011  
0.670 million gallons from January 1, 2012 to December 31, 2012  
0.700 million gallons from January 1, 2013 to December 31, 2013  
0.720 million gallons from January 1, 2014 to December 31, 2014  
0.740 million gallons from January 1, 2015 to December 31, 2015  
0.770 million gallons from January 1, 2016 to December 31, 2016  
0.790 million gallons from January 1, 2017 to December 31, 2017  
0.810 million gallons from January 1, 2018 to December 31, 2018  
0.840 million gallons from January 1, 2019 to December 31, 2019  
0.860 million gallons from January 1, 2020 to December 08, 2020

18. Maximum annual ground water withdrawals from the Floridan aquifer for household type uses must not exceed:

17.730 million gallons from December 08, 2000 to December 31, 2000  
18.750 million gallons from January 1, 2001 to December 31, 2001  
19.780 million gallons from January 1, 2002 to December 31, 2002  
20.800 million gallons from January 1, 2003 to December 31, 2003  
21.830 million gallons from January 1, 2004 to December 31, 2004  
22.850 million gallons from January 1, 2005 to December 31, 2005  
23.870 million gallons from January 1, 2006 to December 31, 2006  
24.900 million gallons from January 1, 2007 to December 31, 2007  
25.920 million gallons from January 1, 2008 to December 31, 2008  
26.940 million gallons from January 1, 2009 to December 31, 2009  
27.970 million gallons from January 1, 2010 to December 31, 2010  
29.000 million gallons from January 1, 2011 to December 31, 2011  
30.020 million gallons from January 1, 2012 to December 31, 2012  
31.040 million gallons from January 1, 2013 to December 31, 2013  
32.060 million gallons from January 1, 2014 to December 31, 2014  
33.090 million gallons from January 1, 2015 to December 31, 2015  
34.110 million gallons from January 1, 2016 to December 31, 2016  
35.130 million gallons from January 1, 2017 to December 31, 2017  
36.120 million gallons from January 1, 2018 to December 31, 2018  
37.180 million gallons from January 1, 2019 to December 31, 2019

38.200 million gallons from January 1, 2020 to December 08, 2020

19. The stations used as principal withdrawal sources for household, water utility and unaccounted for type uses are assigned as follows:
  - 1 from December 08, 2000 to December 08, 2020.
  - 2 from December 08, 2000 to December 08, 2020.
20. Existing wells no's 1(GRS ID 9588) and 2 (GRS ID 9590), as listed on the application, are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
21. All submittals made to demonstrate compliance with this permit must include the permit number 2605 plainly labeled on the submittals.
22. The permittee must maintain all meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
23. The 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 Number EN-51 must be submitted to the District within 10 days of the inspection/calibration.
24. The use of master meters, within the permittee's service area, to supply potable water to any multi-family or multi-unit structure (excluding hospitals, hotels) constructed, developed or completely renovated after January 1, 2001 is prohibited. All individually owned/leased residential or commercial units must be individually metered for water use.
25. The permittee must continue to implement the Water Conservation Plan measures as submitted in the application dated May 2000 and in subsequent submittals to the District.
26. The permittee must continue to implement a District approved water conserving rate structure for residential customers for the permit duration.
27. All permittee operated irrigation controller(s) must be equipped with a rain sensor(s) and/or soil moisture monitoring devices. The rain sensor (s) and/or controller(s) must be maintained and operational, pursuant to the manufacturer specifications for permit duration.
28. If, at any time during permit duration the permittee should construct a waste water treatment facility (WWTF) for this service area, the permittee must conduct and submit to the District for review, a Reuse Feasibility Study, one year prior to beginning construction of the WWTF.

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

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

Lab Receipt Date and Time: 12/11/07 1220  
 Received for Laboratory By: PAUL  
 Analysis Date and Time: 12/11/07 1705  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  6.5°C  
 Disinfectant Check  Not Detected  >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33636 FDOH # E85370  
 16331 Cortez Blvd. Brookville, FL 3460 FDOH # E84418

HBEL Report Number: 2130182 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Colliert  Membrane Filtration PWS I.D. 3350152

System Name: 6405 CARLTON VILLAGE (AUF-LAKE CO.)

System Address: Rt 11 OAKRIDGE DR.

City: LADY LAKE System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: [Signature] Collector's Phone #: [Signature]

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12/11/07 Date/Time: 12/11/07 Date/Time: 12/11/07 15:20

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

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

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

**LABORATORY CERTIFICATE OF ANALYSIS**

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

Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual. 2	Lab Sample Number
	A			2130182001
	A			002
	A			003
	A			2130182004

DOCUMENT NUMBER-DATE: \_\_\_\_\_ 04308 MAY 22 88

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd mg/L	pH
W1	Well 1	7:55	R	-	-
W2	Well 2	7:50	R	-	-
R1	40347 Palm Dr.	8:15	D	1.5	-
R2	4129 LAKE BRITAIN DR.	8:05	D	1.6	-

Average of disinfectant residuals for routine and repeat samples. (Completes for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.55

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# 21597)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

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

ATTN: PATRICK FARRIS



Page 1 of 1

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

Report authorized by: [Signature] Technical Director or Designee  
 Date: 12/11/07  
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: February 27, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6405 Carlton Village NO2/NO3 [2127967]  
Received: 2/20/07 13:00

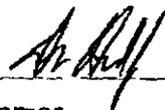
Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/27/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6405 Carlton Village NO2/NO3  
Received: 2/20/07 13:00

[2127967]

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

<u>HBEL Sample</u>		<u>Method Narratives (If Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
<b>Quality Control Summary</b>			
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 2/27/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 467-2400, Ext. 295 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127967]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6405 Carlton Village NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2127967001		Sampled: 02/20/07 7:35		Received: 02/20/07 13:00				
Sample ID:		Point of Entry		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		1.1	mg/L	0.0030	EPA 300.0	IC7128		02/21/07 13:24	JL	E96080
Nitrite as N	0.0022 U		mg/L	0.0022	EPA 300.0	IC7128		02/21/07 13:24	JL	E96080

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

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 2/27/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: November 16, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Carlton Village Tri-Annual [2127160]  
Received: 10/26/06 13:00

---

Dear Brian Heath;

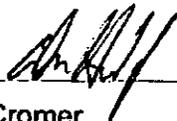
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

5600 US 1 North  
Fort Pierce, FL 34948  
FDOH # E96080

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/16/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Carlton Village Tri-Annual  
Received: 10/26/06 13:00

**[2127160]**

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
2127160001	Point of Entry Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST4818		
2127160001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
2127160001	Methoxychlor		Accuracy - Outside acceptance limits in the MS.
2127160001	Tetrachlorometaxylene		Surrogate - Outside acceptance Limits.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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

4156 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/18/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

500 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2127160]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Carlton Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2127160001</b> <b>Sample ID: Point of Entry Grab</b>										
<b>Sampled: 10/26/06 8:20</b> <b>Matrix: Water</b>						<b>Received: 10/26/06 13:00</b> <b>Results reported on Wet Weight Basis</b>				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15298		10/26/06 15:50	PA	E83509
pH	Q	8.11	SU	0.200	EPA 150.1	WCGE26548		11/14/06 17:35	GS	E96080
Aluminum		0.012	mg/L	0.0030	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Barium		0.011	mg/L	0.0018	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Copper		0.0022	mg/L	0.0014	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Sodium		5.7	mg/L	0.50	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Zinc		0.013	mg/L	0.010	EPA 200.7	META8202		11/14/06 12:30	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:42	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8201		11/14/06 11:46	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8187		10/27/06 13:19	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8194	10/31/06 9:45	11/1/06 15:51	DM	E96080
Chloride		14	mg/L	5.0	EPA 300.0	IC6997		10/27/06 13:20	JL	E96080
Fluoride		0.33	mg/L	0.011	EPA 300.0	IC6996		10/27/06 12:29	JL	E96080
Nitrate as N		1.3	mg/L	0.0030	EPA 300.0	IC6996		10/27/06 12:29	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6996		10/27/06 12:29	JL	E96080
Sulfate		24	mg/L	1.4	EPA 300.0	IC6997		10/27/06 13:20	JL	E96080
1,2-Dibromo-3-chloropropane		0.0021 U	ug/L	0.0021	EPA 504.1	PEST4820	11/8/06 9:06	11/8/06 23:09	JJM	E96080
1,2-Dibromoethane		0.0050 U	ug/L	0.0050	EPA 504.1	PEST4820	11/8/06 9:06	11/8/06 23:09	JJM	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4818	10/31/06 14:20	10/31/06 20:12	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4817	10/30/06 8:03	10/31/06 19:30	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5584

**CERTIFICATE OF ANALYSIS**

[2127160]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Carlton Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
richloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2717		10/28/06 4:45	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Benzo(a)pyrene		0.069 U	ug/L	0.069	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Di(2-ethylhexyl)adipate		0.67 U	ug/L	0.67	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2455	10/28/06 8:06	10/28/06 18:02	CG	
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2347		11/9/06 11:51	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2347		11/9/06 11:51	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2349		11/8/06 12:23	JJM	E96080
Endothal		1.1 U	ug/L	1.1	EPA 548.1	SVOC2456	11/1/06 9:15	11/7/06 15:47	CG	
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2348	11/1/06 8:00	11/2/06 11:10	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL 1035		11/7/06 17:10	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26511		10/27/06 11:30	TCL	E96080
Total Dissolved Solids		170	mg/L	16	SM2540 C	WCGE26517		10/30/06 17:45	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26554	11/2/06 9:50	11/2/06 17:05	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26514	10/27/06 14:00	10/27/06 17:23	GG	E96080

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/16/06



Page 4 of 6

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

1600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 462-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127160]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Carlton Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127160002						Sampled: Received: 10/26/06 13:00			
Sample ID: TRIP BLANK						Matrix: Water Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
cis-1,2-Dichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
o-toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
trans-1,2-Dichloroethane		0.35 U	ug/L	0.35	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2717	10/28/06 5:27	WR	E96080

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.  
 Q Sample held beyond the accepted holding time.

5600 US 1 North  
 Fort Pierce, FL 34946  
 FDOH # E96080  
 Printed: 11/16/06

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



307 Coolidge Avenue  
 Lehigh Acres, FL 33836  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: October 11, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Carlton Village 6405 THM/HAA5 [2126857]  
Received: 9/19/06 13:00

---

Dear Brian Heath;

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

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

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Carlton Village 6405 THM/HAA5  
Received: 9/19/06 13:00

[2126857]

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
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**Quality Control Summary**  
Analytical Issue

Method	HBEL Batch	Analyte
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 10/11/06

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



307 Coolidge Avenue  
Lehigh Acres, FL 33938  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5284

**CERTIFICATE OF ANALYSIS**

[2126857]

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Carlton Village 6405 THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126857001</b>						<b>Sampled: 09/18/06 13:55</b>				
<b>Sample ID: 40116 Camdmor MRT Grab</b>						<b>Received: 09/19/06 13:00</b>				
						<b>Matrix: Water</b>				
						<b>Results reported on Wet Weight Basis</b>				
Bromodichloromethane		0.77	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 18:22	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2699		09/29/06 18:22	WR	E96080
Chloroform		2.9	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 18:22	WR	E96080
Dibromochloromethane		0.74	ug/L	0.30	EPA 524.2	VOC2699		09/29/06 18:22	WR	E96080
Total THMs		4.6	ug/L	0.50	EPA 524.2	VOC2699		09/29/06 18:22	WR	E96080

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

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

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/08



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: March 6, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6405 Carlton Village NO2/NO3  
Received: 3/02/06 13:20

[2124926]

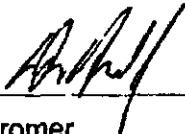
Dear Brian Heath;

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

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/6/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6405 Carlton Village NO2/NO3  
Received: 3/02/06 13:20

[2124926]

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number	Sample ID	Analytical Method	Description
--------	-----------	-------------------	-------------

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
--------	------------	---------	------------------

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/6/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2124926]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6405 Carlton Village NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2124926001						Sampled: 03/01/06 12:35		Received: 03/02/06 13:20			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		1.3	mg/L	0.0030	EPA 300.0	IC6706		03/3/06 11:49	RS	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6706		03/3/06 11:49	RS	E96080	

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/6/06

Page 3 of 4



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Soli  
Secretary

VIA EMAIL  
[JMLIHVARCIK@AQUAAMERICA.COM]

June 29, 2007

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

OCD-PW-SS-07-0817

<u>Lake County - PW</u>	<u>PWS ID Number</u>
Friendly Center Subdivision	3350426
East Lake Harris Estates	3350322
Stone Mountain Estates	3351282
Palm Mobile Home Estates	3350981
Piney Woods Subdivision (2 WTPs)	3351021
Hobby Hill Subdivision	3350544
Picciola Island Subdivision	3351009
Carlton Village	3350152

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on April 18, 2007, by Danielle Owens to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than August 6, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at [Danielle.D.Owens@dep.state.fl.us](mailto:Danielle.D.Owens@dep.state.fl.us) or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager  
Drinking Water Compliance and Enforcement

KMD/ddo  
Enclosures

cc: Patrick Farris, Aqua Utilities Florida, Inc. [PAFarris@aquaaamerica.com]  
Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER - DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK



**GROUND WATER SOURCE**

Well Number (FLUID No.)	2 (AAC3232)	3 (AAC3231)		
Year Drilled	Unknown	1995		
Depth Drilled	325'	350'		
Drilling Method	Rotary	Rotary		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	68'		
Pumping Water Level	Unknown	67.63'		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	700 gpm		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	170'	120'		
Diameter (outside casing)	8"	20"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Goulds	Goulds	
	Model Number	200L20	200L20	
	Rated Capacity (gpm)	200	200	
	Motor Horsepower	20	20	
Well casing 12" above grade?	No	Yes		
Well Casing Sanitary Seal	Ok	Ok		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Housing	Fence		
Well Vent Protection	N/A	N/A		

**COMMENTS** The Department will continue to accept the well casing upper terminus of well #1 unless the well is shown to be microbially or chemically contaminated. Well #2 - Due to repeated total-coliform positive raw water samples, disinfection and a 20-sample bacteriological survey were required to determine if the well is susceptible to microbial contamination. Results of the February 2007 bacteriological survey were satisfactory.

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner Capacity      \* gpd  
 Chlorine Feed Rate #1 - 3 Stroke, #2 - 2.5 stroke  
 Avg. Amount of Cl<sub>2</sub> gas used      N/A  
 Chlorine Residuals: Plant 0.98 Remote 1.08  
 Remote tap location: 400224 Orange Circle  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank  
 Booster Pump Info       
 Comments Two hypochlorinator pumps #1-40 gpd  
#2 - 17 gpd

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated  
 (B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	6,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide documentation of last cleaning and inspection of finished water storage tanks.

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

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

Type      Capacity       
 Aerator Condition       
 Bloodworm Presence       
 Visible Algae Growth       
 Protective Screen Condition       
 Comments     

**HIGH SERVICE PUMPS**

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

Comments

## **DEFICIENCIES:**

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

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

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

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

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

3. **Failure to keep records documenting that dead-end water mains are being flushed.**

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

## **COMMENTS/REMINDERS:**

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**
- **Based on information provided to the Department by email on April 19, 2007, the population served and number of service connections for this system has been changed. These changes may affect this systems monitoring requirements.**

**For chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.**

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide documentation of last cleaning and inspection for finished water storage tanks.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

PWS ID # 3350152  
Date 04/18/07

**COMMENTS/REMINDERS (continued):**

- Provide information for all items marked "unknown."

Inspector *Danielle D. Owens* Title Environmental Specialist I Date 06/21/07

Approved by *Kate Davidson* Title Environmental Manager Date 6/29/07

**A UA**  
Utilities Florida.

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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

August 10, 2007

Danielle Owens  
Environmental Specialist  
FDEP Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

**RE: Reply to Lake County Sanitary Surveys**

Dear Ms. Owens:

Thank you for your inspection on April 18, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

**For All Systems:**

1. *Failure to adequately establish and implement a cross-connection control program.*

**Response:**

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

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

**Response:**

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

**Response:**

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

**Friendly Center PWS 3350426:**

1. *Failure to describe emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components.*

**Response:**

Friendly Center is interconnected with East Lake Harris. There were no emergency or abnormal events during the time frame specified in the inspection. There are times when East Lake Harris treatment plant provides the water for both systems. There are also times when Friendly Center pumps more and the East Lake Harris flows are down.

**Hobby Hill Subdivision PWS 3350544:**

1. *Failure to maintain public water systems components. The hydropneumatic tank is showing signs of corrosion.*

**Response:**

The hydropneumatic tank is scheduled to be cleaned and painted. Aqua is in the process of hiring a contractor to inspect all tanks statewide for structural integrity. Copies of these inspections will be forwarded to DEP upon completion.

**Piney Woods Subdivision ~ 2 WTPs PWS 3351021**

1. *Failure to maintain a separate operation and maintenance log for each water treatment plant. There is only one operation and maintenance logbook for both plants.*

**Response:**

Separate log books for each plant will be maintained from now on.

2. *Failure to provide an operation and maintenance manual for each water treatment plant. There is only one operation and maintenance manual for both plants.*

**Response:**

Separate O+M manuals will be created and maintained for each plant.

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

Sincerely,

*Patrick Farris*

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

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail

















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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 179		Total Population Served at End of Month: 358	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980	
Plant Address: 13319 Woodland Drive		City: Astatula	State: Florida
		Zip Code: 34705	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Will Fontaine	C	6813
Other Operator	Marty Neal	C	10027
	John Worrell	C	6597
	Jay Aldrich	C	6368

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

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

2-9-07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	18,000		1.5									1.0	
2	X	24.0	20,800		1.5									1.0	
3	X	24.0	17,200		1.5									1.0	
4	X	24.0	20,400		1.2									1.0	
5	X	24.0			1.0									0.8	
6	X	24.0	200		1.1										
7		24.0													
8	X	24.0			1.2									0.8	
9	X	24.0			1.0									0.8	
10	X	24.0			1.0									0.8	
11	X	24.0			1.0									0.8	
12	X	24.0			1.0									0.8	
13	X	24.0	100		1.0										
14		24.0	50												
15	X	24.0	50		1.0									0.8	
16	X	24.0			1.0									0.8	
17	X	24.0	20,000		1.5									1.0	
18	X	24.0	23,500		2.0									1.3	
19	X	24.0	17,300		1.0									0.7	
20	X	24.0	26,800		1.3										
21		24.0	22,600												
22	X	24.0	22,600		1.3									0.8	
23	X	24.0	28,200		0.7									0.5	
24	X	24.0	15,400		1.0									0.8	
25	X	24.0	21,600		1.0									0.8	
26	X	24.0	20,000		1.0									0.6	
27	X	24.0	18,000		1.3										
28		24.0	25,000												
29	X	24.0	25,000		1.3									0.8	
30	X	24.0	24,100		1.3									0.9	
31	X	24.0	16,300		1.3									0.8	
Total			403,200												
Average			13,006												
Maximum			28,200												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates	PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	179	Total Population Served at End of Month:	358
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:	bheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates	Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive	City:	Astatula
		State:	Florida
		Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Jay Aldrich	C	6368	Days 1st Shift

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

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

Will Fontaine 2-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	20,800		1.6							1.0	
2	X	24.0	16,900		1.5							1.0	
3	X	24.0	16,400		1.5								
4		24.0	23,450										
5	X	24.0	23,450		1.5							1.0	
6	X	24.0	21,000		1.4							1.0	
7	X	24.0			1.0							1.0	
8	X	24.0	300		1.1							1.0	
9	X	24.0			1.0							1.0	
10	X	24.0	100		1.0								
11		24.0											
12	X	24.0			0.8							1.0	
13	X	24.0			1.1							0.8	
14	X	24.0	17,500		1.4							1.0	
15	X	24.0	23,700		1.5							1.0	
16	X	24.0	21,300		1.5							1.0	
17		24.0	21,500										
18	X	24.0	21,500		1.5								
19	X	24.0	26,000		1.5							1.0	
20	X	24.0	24,300		1.4							1.0	
21	X	24.0			1.2							1.0	
22	X	24.0			1.0							1.0	
23	X	24.0			1.0							1.0	
24	X	24.0	100		1.1								
25		24.0											
26	X	24.0			1.0							1.0	
27	X	24.0			1.0							0.8	
28	X	24.0			1.0							0.8	
29		24.0											
30		24.0											
31		24.0											

Total	278,300
Average	8,977
Maximum	26,000

\* Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-556.900(3)Alternate



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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	30,000		1.3									0.8	
2	X	24.0	25,500		1.4									1.0	
3	X	24.0	19,100		1.3										
4		24.0	25,950												
5	X	24.0	25,950		1.4									1.0	
6	X	24.0	23,200		1.4									1.0	
7	X	24.0	20,100		1.5									1.0	
8	X	24.0	25,000		1.5									1.0	
9	X	24.0	20,000		1.6									1.0	
10		24.0	24,100												
11	X	24.0	24,100		1.5										
12	X	24.0	23,700		1.5									1.0	
13	X	24.0			1.3									1.0	
14	X	24.0			1.2									0.8	
15	X	24.0			1.2									0.8	
16	X	24.0			1.0									0.8	
17	X	24.0			1.0									0.8	
18		24.0													
19	X	24.0			1.0									0.8	
20	X	24.0			1.0									0.8	
21	X	24.0			1.0									0.8	
22	X	24.0			1.0									0.8	
23	X	24.0			1.0									0.8	
24	X	24.0	100		1.0									0.8	
25		24.0													
26	X	24.0			1.0									0.8	
27	X	24.0			1.0									0.8	
28	X	24.0	19,000		1.5									1.0	
29	X	24.0	31,700		1.4									1.0	
30	X	24.0	20,400		1.4									1.0	
31	X	24.0	25,200		1.3									1.0	
Total			383,100												
Average			12,358												
Maximum			31,700												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 177		Total Population Served at End of Month: 443	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980			
Plant Address: 13319 Woodland Drive		City: Astatula	State: Florida		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34705			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators		Name	License Class	License Number	Day(s)/ Shift(s) Worked
Lead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift
Other Operators:	Marty Neal		C	10027	Days 1st Shift
	John Worrell		C	6597	Days 1st Shift
	Jay Aldrich		C	6368	Days 1st Shift

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

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

*Will Fontaine* 5-4-07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number







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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	23,100		1.2									0.8	
2	X	24.0	20,200		1.3									0.8	
3	X	24.0	26,900		1.3									0.8	
4	X	24.0	20,800		1.3									0.8	
5	X	24.0	30,500		1.3									0.8	
6		24.0	25,100												
7	X	24.0	25,100		1.3									0.8	
8	X	24.0	21,700		1.3									0.8	
9	X	24.0	15,200		1.2									0.8	
10	X	24.0	27,400		1.3									0.8	
11	X	24.0	18,700		1.2									0.8	
12	X	24.0	500		1.0									0.8	
13		24.0													
14	X	24.0			1.0									0.8	
15	X	24.0			1.0									0.8	
16	X	24.0	16,000		1.3									1.0	
17	X	24.0	28,200		1.3									1.0	
18	X	24.0	17,000		1.3									1.0	
19	X	24.0	18,200		1.3									1.0	
20		24.0	25,050												
21	X	24.0	25,050		1.2									0.8	
22	X	24.0	500		1.2									0.8	
23	X	24.0	15,200		1.3									0.8	
24	X	24.0	24,200		1.3									0.8	
25	X	24.0	23,000		1.3									0.8	
26	X	24.0	16,400		1.4									0.8	
27		24.0	29,200												
28	X	24.0	29,200		1.4									0.8	
29	X	24.0	30,000		1.5									1.0	
30	X	24.0	35,300		1.4									0.8	
31	X	24.0	26,500		1.3									0.8	
Total			614,200												
Average			19,813												
Maximum			35,300												

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



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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	24,100		1.2									0.8	
2	X	24.0	21,400		1.2										
3		24.0	18,300												
4	X	24.0	18,300		1.2									0.8	
5	X	24.0	19,800		1.3									0.8	
6	X	24.0	14,300		1.4									0.8	
7	X	24.0	19,100		1.3									0.8	
8	X	24.0	15,300		1.2									0.8	
9	X	24.0	20,000		1.1										
10		24.0	20,000												
11	X	24.0	20,000		1.2									0.8	
12	X	24.0	18,200		1.5									1.0	
13	X	24.0	12,000		1.5									1.1	
14	X	24.0	26,100		1.5									1.1	
15	X	24.0	10,100		1.4									1.0	
16	X	24.0	26,000		1.5										
17		24.0	20,500												
18	X	24.0	20,500		1.5									1.0	
19	X	24.0	18,000		1.5									1.0	
20	X	24.0	13,900		1.4									0.8	
21	X	24.0	22,200		1.3									0.8	
22	X	24.0	20,200		1.3									0.8	
23	X	24.0	16,200		1.3										
24		24.0	25,000												
25	X	24.0	25,000		1.2									0.8	
26		24.0	16,400		1.2									0.8	
27	X	24.0	0		1.2									0.8	
28	X	24.0	0		1.0									1.0	
29	X	24.0	0		1.0									1.0	
30	X	24.0	100		1.2										
31		24.0													
Total			501,000												
Average			16,161												
Maximum			26,100												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 177		Total Population Served at End of Month: 443	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980	
Plant Address: 13319 Woodland Drive		City: Astatula	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34705	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Jay Aldrich	C	6368	Days 1st Shift

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

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

*Will Fontaine* 8-8-07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C <sub>1</sub> Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	100												
2	X	24.0	100		0.9									0.8	
3	X	24.0	100		0.8									0.8	
4	X	24.0	100		1.0									0.8	
5	X	24.0	100		0.9									0.7	
6	X	24.0	100		0.9									0.7	
7	X	24.0	100		1.0										
8		24.0	50												
9	X	24.0	50		1.0									0.7	
10	X	24.0	0		1.0									0.8	
11	X	24.0	0		1.0									0.8	
12	X	24.0	0		0.8									0.8	
13	X	24.0	0		0.8									0.8	
14	X	24.0	100		1.1										
15		24.0	0												
16	X	24.0	0		1.0									0.8	
17	X	24.0	17,700		1.0									0.8	
18	X	24.0	0		1.0									0.8	
19	X	24.0	0		1.0									0.8	
20	X	24.0	0		1.1									0.8	
21	X	24.0	0		1.0										
22		24.0	0												
23	X	24.0	0		1.0									0.8	
24	X	24.0	0		1.0									0.8	
25	X	24.0	0		1.0									0.8	
26	X	24.0	19,200		1.2									0.8	
27	X	24.0	16,300		1.3									1.0	
28	X	24.0	18,300		1.5										
29		24.0	17,800												
30	X	24.0	17,800		1.4									1.0	
31	X	24.0	15,000		1.3									0.8	
Total			123,000												
Averages			3,968												
Maximum			19,200												

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



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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	10,900		1.0									0.7	
2	X	24.0	0		0.8									0.8	
3	X	24.0	0		0.8									0.8	
4		24.0	0												
5	X	24.0	0		0.6										
6	X	24.0	0		0.8									0.8	
7	X	24.0	0		0.8									0.8	
8	X	24.0	400		0.8									0.8	
9	X	24.0	0		0.8									0.8	
10	X	24.0	0		0.8									0.8	
11	X	24.0	700		2.5										
12		24.0	0												
13	X	24.0	0		1.4									0.8	
14	X	24.0	21,500		1.5									1.0	
15	X	24.0	15,300		1.4									1.0	
16	X	24.0	20,400		1.4									1.0	
17	X	24.0	17,400		1.3									1.0	
18	X	24.0	12,300		1.3									1.0	
19		24.0	21,150												
20	X	24.0	21,150		1.3									1.0	
21	X	24.0	18,300		1.2									0.8	
22	X	24.0	17,000		1.3									1.0	
23	X	24.0	23,500		1.3									1.0	
24	X	24.0	20,300		1.3									1.0	
25	X	24.0	14,700		1.5										
26		24.0	18,600												
27	X	24.0	18,600		1.4									1.0	
28	X	24.0	14,000		1.4									1.0	
29	X	24.0	16,600		1.3									1.0	
30	X	24.0	16,300		1.3									1.0	
31	X	24.0	16,000		1.4									1.0	
Total			335,100												
Average			10,810												
Maximum			23,500												

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

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



See Pages 4 for Instructions.

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

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

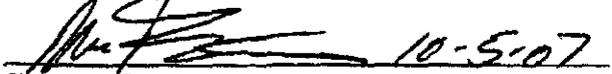
PWS Name:	East Lake Harris Estates			PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	177			Total Population Served at End of Month:	443
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates			Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive			City:	Astatula
				State:	Florida
				Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	
	Jay Aldrich	C	6368	Days 1st Shift	

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

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

 10-5-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	14,200		1.3									1.0	
2		24.0	15,950											1.0	
3	X	24.0	15,950		1.3									1.0	
4	X	24.0	24,100		1.2									1.0	
5	X	24.0	14,900		1.3									1.1	
6	X	24.0	14,800		1.3									1.0	
7	X	24.0	16,100		1.2									1.0	
8	X	24.0	21,900		1.2										
9		24.0	22,050												
10	X	24.0	22,050		1.2									0.8	
11	X	24.0	0		1.2									0.8	
12	X	24.0	0		1.3									1.1	
13	X	24.0	0		1.3									1.0	
14	X	24.0	0		1.2									1.0	
15	X	24.0	0		1.2										
16		24.0	0												
17	X	24.0	0		1.1									0.8	
18	X	24.0	0		1.0									0.8	
19	X	24.0	0		1.0									0.8	
20	X	24.0	0		1.0									0.8	
21	X	24.0	0		1.0									0.8	
22	X	24.0	100		1.0										
23		24.0	0												
24	X	24.0	0		1.0									0.8	
25	X	24.0	0		1.0									0.8	
26	X	24.0	0		0.9									0.8	
27	X	24.0	0		1.1									0.8	
28	X	24.0	0		1.0									0.8	
29	X	24.0	0		1.0										
30		24.0	0												
31		24.0	0												
Total			182,100												
Average			5,874												
Maximum			24,100												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: <b>East Lake Harris Estates</b>		PWS Identification Number: <b>3350322</b>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Consecutive	
Number of Service Connections at End of Month: <b>177</b>		Total Population Served at End of Month: <b>443</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>Florida</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>East Lake Harris Estates</b>		Plant Telephone Number: <b>352-787-0980</b>	
Plant Address: <b>13319 Woodland Drive</b>		City: <b>Astanaula</b>	State: <b>Florida</b> Zip Code: <b>34705</b>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>144,000</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
<b>Licensed Operators</b>			
	Name	License Class	License Number
Lead/Chief Operator:	<b>Will Fontaine</b>	<b>C</b>	<b>6813</b> Days 1st Shift
Other Operators:	<b>Marty Neal</b>	<b>C</b>	<b>10027</b> Days 1st Shift
	<b>John Worrell</b>	<b>C</b>	<b>6597</b> Days 1st Shift
	<b>Jay Aldrich</b>	<b>C</b>	<b>6368</b> Days 1st Shift

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

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

11-8-07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mWsec/cm <sup>2</sup> /sec/cm <sup>2</sup>	Minimum UV Dose Required, mWsec/cm <sup>2</sup> /sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, (mg/L)		
1	X	24.0			1.2									1.0	
2	X	24.0			1.0									0.8	
3	X	24.0			1.0									0.8	
4	X	24.0			1.0									0.8	
5	X	24.0			1.0									0.8	
6	X	24.0	16,700		1.6										
7		24.0	23,050												
8	X	24.0	23,050		1.4									1.0	
9	X	24.0	17,400		1.3									1.0	
10	X	24.0	17,700		1.2									1.0	
11	X	24.0	21,900		1.2									1.0	
12	X	24.0	17,600		1.3									1.0	
13	X	24.0	22,600		1.3										
14		24.0	24,350												
15	X	24.0	24,350		1.3									1.0	
16	X	24.0	20,300		1.2									1.0	
17	X	24.0	27,300		1.2									1.0	
18	X	24.0	22,700		1.3									1.1	
19	X	24.0	17,300		1.2									1.0	
20	X	24.0	19,300		1.6										
21		24.0	24,900												
22	X	24.0	24,900		1.4									1.1	
23	X	24.0	20,600		1.5									1.1	
24	X	24.0	25,800		1.4									1.0	
25	X	24.0	26,000		1.3									1.0	
26	X	24.0	21,400		1.4									1.0	
27	X	24.0	24,800		1.3										
28		24.0	26,350												
29	X	24.0	26,350		1.3									1.0	
30	X	24.0	17,300		1.4									1.1	
31	X	24.0	19,000		1.3									1.0	
Total			573,600												
Average			18,503												
Maximum			27,300												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 177		Total Population Served at End of Month: 443	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980	
Plant Address: 13319 Woodland Drive		City: Astoria	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34705	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Will Fontaine	C	6813
Other Operators:	Marty Neal	C	10027
	John Worrell	C	6597
	Jay Aldrich	C	6368

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

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

Will Fontaine 12-6-07  
 \_\_\_\_\_  
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations of UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable					Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations			UV Dose								
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Lowest UV Dose							
1	X	24.0	21,700		1.3							1.0			
2	X	24.0	17,500		1.2							0.8			
3	X	24.0	21,400		1.3										
4		24.0	23,800									0.8			
5	X	24.0	23,800		1.3							0.8			
6	X	24.0	19,500		1.2							0.8			
7	X	24.0	15,900		1.2							0.8			
8	X	24.0	22,500		1.3							1.0			
9	X	24.0	18,700		1.2							0.8			
10		24.0	18,350												
11	X	24.0	18,350		1.0							0.8			
12	X	24.0	27,300		1.1							0.8			
13	X	24.0	20,300		1.1							0.8			
14	X	24.0	18,600		1.2							0.8			
15	X	24.0	18,900		1.2							0.8			
16	X	24.0	18,700		1.1							0.8			
17	X	24.0	18,100		1.6										
18		24.0	22,300									0.8			
19	X	24.0	22,300		1.3							0.8			
20	X	24.0	18,200		1.3							1.0			
21	X	24.0	15,800		1.3							0.9			
22	X	24.0	19,700		1.3							0.8			
23	X	24.0	22,700		1.2							0.8			
24	X	24.0	16,300		1.3										
25		24.0	24,000									0.8			
26	X	24.0	24,000		1.2							0.8			
27	X	24.0	18,300		1.2							0.8			
28	X	24.0	19,400		1.2							0.8			
29	X	24.0	20,900		1.1							0.8			
30	X	24.0	20,000		1.2							0.8			
31		24.0													
Total			607,300												
Minimum			19,590												
Maximum			27,300												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 177		Total Population Served at End of Month: 443	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980		
Plant Address: 13319 Woodland Drive		City: Astatula	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34705		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Jay Aldrich	C	6368	Days 1st Shift

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

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

*Will Fontaine* 1-9-08  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	13,400		1.3										
2		24.0	24,250												
3	X	24.0	24,250		1.3										
4	X	24.0	18,100		1.2								0.8		
5	X	24.0	21,800		1.3								0.8		
6	X	24.0	23,000		1.3								0.8		
7	X	24.0	23,000		1.3								1.0		
8	X	24.0	18,100		1.3										
9		24.0	25,700												
10	X	24.0	25,700		1.3								1.0		
11	X	24.0	21,400		1.2								0.8		
12	X	24.0	16,100		1.3								1.0		
13	X	24.0	28,600		1.3								1.0		
14	X	24.0	19,000		1.3								1.0		
15	X	24.0	23,500		1.9										
16		24.0	26,050												
17	X	24.0	26,050		1.4										
18	X	24.0	18,700		1.3								1.1		
19	X	24.0			1.2								1.0		
20	X	24.0			1.0								0.8		
21	X	24.0			1.0								1.0		
22	X	24.0			1.0										
23		24.0													
24	X	24.0			1.0								1.0		
25	X	24.0			1.0								1.0		
26	X	24.0			1.0								1.0		
27	X	24.0			0.8								0.8		
28	X	24.0			0.8								0.8		
29	X	24.0			0.9										
30		24.0													
31	X	24.0			0.8								0.8		
<b>Total</b>			396,700												
<b>Average</b>			12,797												
<b>Maximum</b>			28,600												

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

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

PWS ID: 3350322 Plant Name: East Lake Harris Estates

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2007**

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.9mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

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

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

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



See Pages 4 for Instructions.

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

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

PWS Name: <u>East Lake Harris Estates</u>		PWS Identification Number: <u>3350322</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>179</u>		Total Population Served at End of Month: <u>358</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>East Lake Harris Estates</u>		Plant Telephone Number: <u>352-787-0980</u>																																																												
Plant Address: <u>13319 Woodland Drive</u>		City: <u>Astatula</u>	State: <u>Florida</u> Zip Code: <u>34705</u>																																																											
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																														
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>144,000</u>																																																														
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Licensed Operators</th> <th style="width: 35%;">Name</th> <th style="width: 15%;">License Class</th> <th style="width: 15%;">License Number</th> <th style="width: 20%;">Day(s) / Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Lead/Chief Operator:</td> <td><u>Will Fontaine</u></td> <td><u>C</u></td> <td><u>6813</u></td> <td><u>Days 1st Shift</u></td> </tr> <tr> <td rowspan="2">Other Operators:</td> <td><u>Marty Neal</u></td> <td><u>C</u></td> <td><u>10027</u></td> <td><u>Days 1st Shift</u></td> </tr> <tr> <td><u>John Worrell</u></td> <td><u>C</u></td> <td><u>6597</u></td> <td><u>Days 1st Shift</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	Lead/Chief Operator:	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>	Other Operators:	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>																																								
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	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>																																																										

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

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

2-6-06
DOCUMENT NUMBER-DATE
Will Fontaine
C-6813

Signature and Date
Printed or Typed Name
License Number

04308 MAY 22 8

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT-Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24.0	100										
2	X	24.0	100		1.3							1.0	
3	X	24.0	300		1.3							1.0	
4	X	24.0	400		1.2							1.0	
5	X	24.0	300		1.2							0.9	
6	X	24.0	300		1.2							0.9	
7	X	24.0	200		1.2								
8		24.0	100										
9	X	24.0	100		1.2							0.9	
10	X	24.0	200		1.1							0.8	
11	X	24.0	100		1.1							0.8	
12	X	24.0	900		1.3							1.0	
13	X	24.0	3,300		1.4							1.1	
14	X	24.0	100		1.3								
15		24.0	300										
16	X	24.0	300		1.3							1.0	
17	X	24.0	200		1.3							1.0	
18	X	24.0	26,500		1.2							1.0	
19	X	24.0	1,400		1.3							0.9	
20	X	24.0	2,800		1.3							1.0	
21	X	24.0	100		1.3								
22		24.0	3,500										
23	X	24.0	3,500		1.1							0.7	
24	X	24.0	5,000		1.2							0.8	
25	X	24.0	7,800		1.2							0.8	
26	X	24.0	9,000		1.0							0.7	
27	X	24.0	10,500		1.1							0.7	
28	X	24.0	7,300		1.1								
29		24.0	15,000										
30	X	24.0	15,000		1.1							0.7	
31	X	24.0	3,800		1.1							0.7	
Total			118,500										
Average			3,823										
Maximum			26,500										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates			PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	179			Total Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aguaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates			Plant Telephone Number:	352-787-0980	
Plant Address:	13319 Woodland Drive			City:	Astatula	
		State:	Florida	Zip Code:	34705	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Head/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift		
Other Operators:	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

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

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

*Will Fontaine* 3-6-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Water Produced (gall)	CT Calculations for UV Doses to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate (gpd)	Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Minimum UV Dose Required (mg-min/L)	Minimum UV Dose Provided (mg-min/L)	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Provided (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)				
1	X	24.0	25,300		1.1										0.8	
2	X	24.0	1,100		1.2										0.8	
3	X	24.0	24,000		1.1										0.9	
4	X	24.0	16,800		1.1											
5		24.0	25,500													
6	X	24.0	25,500		1.2										0.9	
7	X	24.0	16,700		1.2										0.9	
8	X	24.0	1,700		1.1										0.9	
9	X	24.0	100		1.1										0.8	
10	X	24.0	100		1.1										0.8	
11	X	24.0	100		1.2											
12		24.0	100													
13	X	24.0	100		1.2										0.8	
14	X	24.0	11,300		1.2										0.8	
15	X	24.0	1,600		1.1										0.8	
16	X	24.0	1,800		1.2										0.8	
17	X	24.0	800		1.3										0.9	
18	X	24.0	1,300		1.3											
19		24.0	6,000													
20	X	24.0	6,000		1.2										0.9	
21	X	24.0	2,000		1.2										0.9	
22	X	24.0	100		1.1										0.8	
23	X	24.0	1,500		1.1										0.8	
24	X	24.0	400		1.2										0.8	
25	X	24.0	100		1.2											
26		24.0	200													
27	X	24.0	200		1.2										0.9	
28	X	24.0	800		1.2										0.9	
29		24.0														
30		24.0														
31		24.0														
Totals			171,200													
Average			5,523													
Maximum			25,500													

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



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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (XX)	Hours plant in Operation	Net Quantity of Water Produced (Gal)	C/L Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Real-time Residual Rate (ppb)	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow (mg/L)	Disinfectant Contact Time (min) or Measurement Point During Peak Flow (minutes)	Flow Rate (gpm) or (mgd)		Flow Rate (gpm) or (mgd)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)						
1	X	24.0	16,500		1.2										0.9	
2	X	24.0	3,200		1.2										0.9	
3	X	24.0	6,500		1.2										0.9	
4	X	24.0	1,300		1.2											
5	X	24.0	37,000		1.3										1.0	
6	X	24.0	24,800		1.2										0.8	
7	X	24.0	12,000		1.2										0.8	
8	X	24.0	32,000		1.2										0.8	
9	X	24.0	25,300		1.2										0.9	
10	X	24.0	17,000		1.3											
11		24.0	32,000													
12	X	24.0	32,000		1.3										0.9	
13	X	24.0	34,000		1.2										0.8	
14	X	24.0	19,200		1.2										0.8	
15	X	24.0	23,700		1.2										0.8	
16	X	24.0	100		1.2										0.8	
17	X	24.0	100		1.1										0.8	
18		24.0	100													
19	X	24.0	100		1.1										0.8	
20	X	24.0	100		1.1										0.7	
21	X	24.0	100		1.1										0.7	
22	X	24.0	100		1.1										0.8	
23		24.0	100												0.8	
24	X	24.0	100		1.0											
25	X	24.0	100		1.0										0.7	
26	X	24.0	100		1.1										0.7	
27	X	24.0	100		1.1										0.7	
28	X	24.0	100		1.1										0.7	
29	X	24.0	100		1.3										0.8	
30	X	24.0	100		1.2										0.7	
Total			345,000													
Average			11,129													
Maximum			37,000													

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates	PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	179	Total Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates	Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive	City:	Astatula
		State:	Florida
		Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

 3-5-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identificaiton Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that involves Changing Water System Components or Operations	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	UV Residual Disinfectant Concentration (C) Before or After Customer During Peak Flowing	Disinfectant Contact Time, min at 1st Measurement Point During Peak Flowing	UV Residual Before or After Customer During Peak Flowing	Minimum CT Required, mg-min/L	Minimum UV Dose, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in System (mg/L)	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Minimum CT Required, mg-min/L	Minimum UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24.0	100		1.3										
2		24.0	100												
3	X	24.0	100		1.3							0.9			
4	X	24.0	300		1.3							0.9			
5	X	24.0	500		1.1							0.8			
6	X	24.0	300		1.2							0.8			
7	X	24.0	100		1.2							0.8			
8	X	24.0	100		1.1										
9		24.0	300												
10	X	24.0	300		1.2							0.8			
11	X	24.0	100		1.2							0.8			
12	X	24.0	800		1.3							1.0			
13	X	24.0	100		1.3							1.0			
14	X	24.0	100		1.3							1.0			
15	X	24.0	100		1.3										
16		24.0	100												
17	X	24.0	100		1.3							0.9			
18	X	24.0	100		1.3							1.0			
19	X	24.0	100		1.2							0.9			
20	X	24.0	100		1.2							0.9			
21	X	24.0	100		1.2							0.9			
22	X	24.0	100		1.3										
23		24.0	100												
24	X	24.0	100		1.2							0.8			
25	X	24.0	100		1.2							0.8			
26	X	24.0	100		1.1							0.8			
27	X	24.0	100		1.2							0.9			
28	X	24.0	100		1.2							0.9			
29	X	24.0	100		1.2										
30		24.0	100												
31		24.0													
Total			4,900												
Average			158												
Maximum			800												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: <u>East Lake Harris Estates</u>		PWS Identification Number: <u>3350322</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>179</u>		Total Population Served at End of Month: <u>358</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Zip Code: <u>34749</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	

**B. Water Treatment Plant Information**

Plant Name: <u>East Lake Harris Estates</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>13319 Woodland Drive</u>		City: <u>Astatula</u>	State: <u>Florida</u>
Type of Water Treatment by Plant:		Zip Code: <u>34705</u>	
<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Day(s) / Shift(s) Worked
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

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

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

Will Fontaine 6-5-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number



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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates	PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	179	Total Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates	Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive	City:	Astatula
		State:	Florida
		Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

Will Fontaine 7-7-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identificaiton Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	25,400		1.3									1.0	
2	X	24.0	20,000		1.3									1.0	
3	X	24.0	15,500		1.2										
4		24.0	25,500												
5	X	24.0	25,500		1.3									1.0	
6	X	24.0	20,000		1.5									1.1	
7	X	24.0	14,500		1.2									0.8	
8	X	24.0	5,700		1.2									0.8	
9	X	24.0	19,800		1.2									0.9	
10	X	24.0	18,700		1.1										
11		24.0	28,500												
12	X	24.0	28,500		1.2									0.9	
13	X	24.0	15,800		1.2									0.8	
14	X	24.0	17,100		1.5									1.1	
15	X	24.0	18,600		1.4									1.1	
16	X	24.0	24,100		1.5									1.1	
17	X	24.0	22,200		1.5										
18		24.0	29,650												
19	X	24.0	29,650		1.5									1.1	
20	X	24.0	30,800		1.6									1.1	
21	X	24.0	25,600		1.4									1.0	
22	X	24.0	24,100		1.6									1.2	
23	X	24.0	27,000		1.6									1.2	
24	X	24.0	20,100		1.5										
25		24.0	23,100												
26	X	24.0	23,100		1.5									1.1	
27	X	24.0	18,600		1.4									1.1	
28	X	24.0	20,100		1.4									1.1	
29	X	24.0	21,700		1.5									1.2	
30	X	24.0	21,000		1.5									1.1	
31		24.0													
Total			659,900												
Average			21,287												
Maximum			30,800												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates	PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	179	Total Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

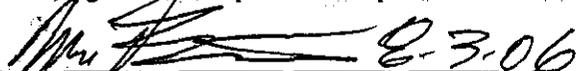
**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates	Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive	City:	Astatula
		State:	Florida
		Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Head/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II Certification by Lead/Chief Operator**

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

  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hour of Plant Operation	Net Quantity of Finished Water Produced (gal)	CI Calculations and UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions/Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CI Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow (mg/l)	Disinfectant Contact Time (min) at C	Lowest CI Provided Before or After Customer During Peak Flow (min/l)	Temp of Water (°C)	pH of Water (if Applicable)	Minimum CI Required (mg min/l)	UV Dose (mW sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)			
1	X	24.0	22,400		1.3											
2		24.0	31,000													
3	X	24.0	31,000		1.2								0.9			
4	X	24.0	18,500		1.3								1.0			
5	X	24.0	21,600		1.3								1.0			
6	X	24.0	15,800		1.5								1.1			
7	X	24.0	17,000		1.3								1.0			
8		24.0	14,700		1.3											
9		24.0	19,500													
10	X	24.0	19,500		1.4								1.1			
11	X	24.0	15,200		1.5								1.1			
12	X	24.0	14,700		1.5								1.2			
13	X	24.0	18,600		1.5								1.2			
14	X	24.0	15,100		1.5								1.0			
15	X	24.0	14,700		1.5											
16		24.0	22,300													
17	X	24.0	22,300		1.5								1.1			
18	X	24.0	17,300		1.5								1.1			
19	X	24.0	21,000		1.5								1.0			
20	X	24.0	21,300		1.4								1.0			
21	X	24.0	100		1.4								1.2			
22	X	24.0	100		1.5											
23		24.0	100													
24	X	24.0	100		1.4											
25	X	24.0	100		1.3								1.0			
26	X	24.0	100		1.3								1.0			
27	X	24.0	100		1.3								1.0			
28	X	24.0	100		1.2								1.0			
29	X	24.0	100		1.2								1.0			
30		24.0	100													
31	X	24.0	100		1.2								0.9			
Total			394,600													
Average			12,729													
Maximum			31,000													

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	East Lake Harris Estates	PWS Identification Number:	3350322
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	179	Total Population Served at End of Month:	358
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

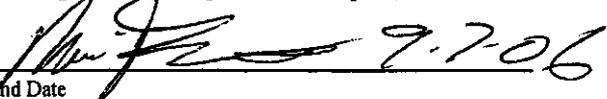
**B. Water Treatment Plant Information**

Plant Name:	East Lake Harris Estates	Plant Telephone Number:	352-787-0980
Plant Address:	13319 Woodland Drive	City:	Astatula
		State:	Florida
		Zip Code:	34705
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	144,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

Signature and Date  8-7-06

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identification Number: **3350322** Plant Name: **East Lake Harris Estates**

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Plant Number	Hours of Operation	Quantity of Disinfectant (mg)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or After First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	100			1.1					0.9	
2	X	24.0	100			1.1					1.0	
3	X	24.0	100			1.2					1.0	
4	X	24.0	100			1.1					0.9	
5	X	24.0	16,100			1.3						
6		24.0	21,800								0.9	
7	X	24.0	21,800			1.3					1.0	
8	X	24.0	15,700			1.4					1.0	
9	X	24.0	17,000			1.3					1.0	
10	X	24.0	16,000			1.3					1.1	
11	X	24.0	21,000			1.4						
12	X	24.0	19,000			1.4						
13		24.0	20,100								1.1	
14	X	24.0	20,100			1.4					1.1	
15	X	24.0	14,600			1.4					1.1	
16	X	24.0	49,600			1.3					1.2	
17	X	24.0	19,400			1.4					1.0	
18	X	24.0	19,200			1.3						
19	X	24.0	12,200			1.3						
20		24.0	24,000								1.0	
21	X	24.0	24,000			1.3					1.0	
22	X	24.0	13,700			1.3					0.9	
23	X	24.0	19,300			1.3					0.9	
24	X	24.0	15,300			1.3					0.9	
25	X	24.0	3,100			1.2						
26	X	24.0	100			1.3						
27		24.0	100								1.0	
28	X	24.0	100			1.3					0.6	
29	X	24.0	100			0.8					0.7	
30	X	24.0	100			1.0					0.8	
31	X	24.0	100			1.1						
TOTAL			374,200									
AVG			12,071									
MAXIMUM			24,000									

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

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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates	PWS Identification Number: 3350322
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 179	Total Population Served at End of Month: 358
PWS Owner: Aqua-Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates	Plant Telephone Number: 352-787-0980
Plant Address: 13319 Woodland Drive	City: Astatula State: Florida Zip Code: 34705
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

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

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

Will Fontaine 10-6-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number





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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Day of the Week	Flow (MGD)	Chlorine Dose (mg/L)	Calculated Chlorine Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				Minimum Chlorine Dose Required (mg/L)	Residual Chlorine (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Flow (MGD)	Chlorine Dose (mg/L)	Flow (MGD)	Chlorine Dose (mg/L)			
		24.0	1.00							
X		24.0	1.00		1.2			0.9		
X		24.0	1.00		1.2			0.8		
X		24.0	1.00		1.3			0.8		
X		24.0	27,700		1.4			1.0		
X		24.0	30,000		1.3			0.9		
X		24.0	21,500		1.2					
		24.0	28,100							
X		24.0	28,100		1.3			0.9		
X		24.0	24,100		1.3			0.9		
X		24.0	16,200		1.2			0.8		
X		24.0	33,300		1.4			1.0		
X		24.0	27,200		1.4			1.0		
X		24.0	19,400		1.3					
		24.0	36,500							
X		24.0	36,500		1.4			1.0		
X		24.0	22,100		1.4			1.0		
X		24.0	24,000		1.3			1.0		
X		24.0	20,600		1.3			0.9		
X		24.0	24,300		1.2			0.8		
X		24.0	16,500		1.3					
		24.0	25,450							
X		24.0	25,450		1.2			0.8		
X		24.0	18,000		1.1			0.8		
X		24.0	24,000		1.2			0.8		
X		24.0	7,100		1.4			1.0		
X		24.0	100		1.2			0.8		
X		24.0	100		1.2					
X		24.0	50		1.2			0.8		
X		24.0	50		1.2			0.8		
			529,800							
			17,090							
			36,500							

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

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



See Pages 4 for Instructions.

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

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

PWS Name: East Lake Harris Estates		PWS Identification Number: 3350322	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 179		Total Population Served at End of Month: 358	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: East Lake Harris Estates		Plant Telephone Number: 352-787-0980	
Plant Address: 13319 Woodland Drive		City: Astatula	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34705	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 144,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift
	Jay Aldrich	C	6368	Days 1st Shift

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

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

12-8-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

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

PWS Identificaiton Number: 3350322 Plant Name: East Lake Harris Estates

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

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
1	X	24.0	100		1.4												
2	X	24.0	100		1.2												1.0
3	X	24.0			1.0												0.8
4	X	24.0	100		1.1												0.8
5	X	24.0	100		1.2												0.8
6	X	24.0			1.2												0.8
7	X	24.0			1.2												0.8
8	X	24.0			1.2												0.8
9	X	24.0	20,800		1.0												0.8
10	X	24.0	16,600		1.5												1.0
11	X	24.0	20,400		1.5												
12		24.0	21,250														
13	X	24.0	21,250		1.5												
14	X	24.0	26,500		1.4												0.8
15	X	24.0	19,700		1.4												0.8
16	X	24.0	20,000		1.4												0.8
17	X	24.0	17,800		1.8												1.0
18	X	24.0	18,200		1.7												
19		24.0	20,250														
20	X	24.0	20,250		1.8												1.0
21	X	24.0	21,300		1.6												0.8
22	X	24.0	16,200		1.8												1.0
23	X	24.0	23,100		1.7												1.0
24	X	24.0	21,200		1.6												1.0
25		24.0	24,000		1.5												
26	X	24.0	24,600														
27	X	24.0	24,600		1.5												0.8
28	X	24.0	21,400		1.6												0.8
29	X	24.0	23,500		1.5												0.8
30		24.0	23,000		1.6												0.8
31		24.0															
Total			466,300														
Average			15,042														
Maximum			26,500														

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



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

PWS Identification Number: 3350322 Plant Name: East Lake Harris Estates

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

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

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

Day of the Month	Hours of Operation	Gallons of Finished Water Produced	CIT Calculations or DV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Minimum Residual Disinfectant Concentration in Distribution System (mg/L)	Remarks on Abnormal Operating Conditions, Repair or Maintenance Work that Involves Using Water System Components Outside Operation			
			Flow Rate (gpm)	Flow Rate (MGD)	Disinfectant Contact Time (minutes)	Disinfectant Concentration (mg/L)	Flow Rate (gpm)	Flow Rate (MGD)	Disinfectant Concentration (mg/L)	Flow Rate (gpm)	Flow Rate (MGD)	Disinfectant Concentration (mg/L)			Flow Rate (gpm)	Flow Rate (MGD)	Disinfectant Concentration (mg/L)
X	24.0	25,600			1.6											1.0	
X	24.0	29,500			1.5												
	24.0	25,750															
X	24.0	25,750			1.6											1.0	
X	24.0	24,100			1.5											0.8	
X	24.0	27,900			1.6											1.0	
X	24.0	800			1.3											0.8	
X	24.0				1.2											0.8	
X	24.0	200			1.2												
	24.0																
X	24.0				1.0											0.8	
X	24.0	100			1.0											0.8	
X	24.0				1.0											0.8	
X	24.0	21,100			1.5											1.0	
X	24.0	18,000			1.3											0.8	
X	24.0	16,700			1.3												
	24.0	22,150															
X	24.0	22,150			1.3											0.8	
X	24.0	18,800			1.5											1.0	
X	24.0	17,200			1.5											1.0	
X	24.0	19,000			1.3											0.8	
X	24.0	18,600			1.5											1.0	
X	24.0	18,200			1.5												
	24.0	17,700															
	24.0	17,700															
X	24.0	17,700			1.5											1.0	
X	24.0	16,400			1.6											1.0	
X	24.0	30,100			1.5											1.0	
X	24.0	18,400			1.5											1.0	
X	24.0	19,000			1.6											1.0	
X	24.0	24,000			1.5											1.0	
		512,600															
		16,535															
		30,100															

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

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

PWS ID: 3350322 Plant Name: East Lake Harris Estates

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

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

Polymer Dose ppm =	Acrylamide Level, % =
--------------------	-----------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % =
--------------------	----------------------------

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.9mg/L as PO <sub>4</sub>
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

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

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

EAST LAKE HARRIS



# St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

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

CERTIFIED NUMBER: 7004 0750 0003 3823 0110

August 12, 2004

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

SUBJECT: Consumptive Use Permit #2607

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

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

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

Sincerely,

Gloria Lewis, Director  
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File  
Lynn Minor, Data Management Supervisor

DOCUMENT NUMBER - DATE  
04308 MAY 22 08  
FPSC-COMMISSION CLERK

GOVERNING BOARD

Ometrias D Long CHAIRMAN APOPKA	David G. Graham, VICE CHA MAN JACKSONVILLE	R. Clay Albright, SECRETARY OCALA	Duane Ottenstroer, TREASURER JACKSONVILLE
W. Michael Branch DEPUTY CHAIRMAN DEERFIELD BEACH	John G. Szwinski OPLANDO	William Kar NASSAU COUNTY	Ann T. Moore BUNELL
			Susan N. Hugh JACKSONVILLE

#### 40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

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

PERMIT NO. 2607

ORIGINAL PERMIT ISSUED: March 7, 2000  
TRANSFER PROCESS DATE: August 9, 2004

PROJECT NAME: East Lake Harris

**A PERMIT AUTHORIZING:**

The District authorizes, as limited by the attached permit conditions, the use of 12.030 million gallons per year of ground water from the Floridan aquifer for household type uses.

**LOCATION:**

Site: East Lake Harris  
Lake County

Section(s): 20 Township(s): 20S Range(s): 26E

**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.

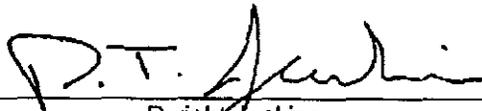
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

**PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated March 7, 2000

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

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



Dwight Jenkins  
Division Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2607**  
**AQUA UTILITIES FLORIDA**  
**DATED MARCH 7, 2000**

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

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
  - (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
  - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
  - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
  - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. 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.
12. This permit will expire on March 7, 2020.
13. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:
  - 10.070 million gallons from 2000 to 2000 for 46.000 acres.
  - 10.170 million gallons from 2001 to 2001 for 46.000 acres.
  - 10.270 million gallons from 2002 to 2002 for 46.000 acres.
  - 10.370 million gallons from 2003 to 2003 for 46.000 acres.
  - 10.460 million gallons from 2004 to 2004 for 46.000 acres.
  - 10.560 million gallons from 2005 to 2005 for 46.000 acres.
  - 10.660 million gallons from 2006 to 2006 for 46.000 acres.
  - 10.760 million gallons from 2007 to 2007 for 46.000 acres.
  - 10.860 million gallons from 2008 to 2008 for 46.000 acres.
  - 10.950 million gallons from 2009 to 2009 for 46.000 acres.
  - 11.050 million gallons from 2010 to 2010 for 46.000 acres.
  - 11.150 million gallons from 2011 to 2011 for 46.000 acres.
  - 11.250 million gallons from 2012 to 2012 for 46.000 acres.
  - 11.350 million gallons from 2013 to 2013 for 46.000 acres.
  - 11.440 million gallons from 2014 to 2014 for 46.000 acres.
  - 11.540 million gallons from 2015 to 2015 for 46.000 acres.
  - 11.640 million gallons from 2016 to 2016 for 46.000 acres.
  - 11.870 million gallons from 2017 to 2017 for 46.000 acres.
  - 11.880 million gallons from 2018 to 2018 for 46.000 acres.
  - 11.930 million gallons from 2019 to 2019 for 46.000 acres.
  - 12.030 million gallons from 2020 to 2020 for 46.000 acres.
14. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
15. All submittals made to demonstrate compliance with this permit must include the permit number 2607 plainly labeled.

16. Well No.1 (9592), as listed on the application, is equipped with an individual, totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
17. Total withdrawal from Well No. 1 (9592), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:
- | Reporting Period | Report Due Date |
|------------------|-----------------|
| January - June   | July 31         |
| July - December  | January 31      |
18. The permittee must have the flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.
19. The permittee must submit a District-approved water conserving rate structure to the Florida Public Service Commission (FPSC) as part of their next rate case.

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

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Cooldge Ave. Lehigh Acres, FL 33936 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34609 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34948  
Phone (772) 465-2400, Ext. 205 Fax (772) 467-584

HBEL Report Number: 2130138 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:

Coliort  Membrane Filtration PWS I.D. 3350322

System Name: EAST LAKE HAWAII # 6406

System Address: 13319 Woodlawn Drive

City: Astoria

System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: H. J. Admitt

Collector's Phone #: Same

Relinquished By: H. J. Admitt

Received By: Bob Long

Relinquished By: Bob Long

Date/Time: 12-6-07 / 1030

Date/Time: 12/6/07

Date/Time: 12/6/07 12:15

Type of Supply: (check only one)

Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)

Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-6-07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Coliort) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliort) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number
	A			2130138001
	A			1 002
	A			2130138003

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
4	well # 1	850	R	0	
5	13422 Palm Ln	900	O	0.8	
6	13347 Woodlawn Dr.	915	O	1.0	

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

0.9

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# C6368)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report  
**Aqua Utilities Florida, Inc.**  
 1100 Thomas Avenue  
 Leesburg, FL 34748



Page 1 of 1

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

Report authorized by: [Signature]  
 Date: 12/6/07  
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: May 4, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: East Lake Harris NO2/NO3 [2128524]  
Received: 5/01/07 13:05

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

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 5/4/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: East Lake Harris NO2/NO3  
Received: 5/01/07 13:05

[2128524]

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

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: 5/4/07

**HARBOR BRANCH  
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500 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2128524]

Client: Aqua Utilities Florida, Inc.

Workorder ID: East Lake Harris NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128524001						Sampled: 05/01/07 9:00		Received: 05/01/07 13:05			
Sample ID: Entry Point ER Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		0.0074	mg/L	0.0030	EPA 300.0	IC7206		05/20/07 13:06	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7206		05/20/07 13:06	JL	E96080	

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: September 28, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc. *East Lake*  
Workorder ID: 6408 ~~Friendly St~~ *HAA5/THM Grb* *HORN* [2126769]  
Received: 9/12/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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FDOH # E85370

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FDOH # E84418

Printed: 9/28/06



**HARBOR BRANCH  
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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6408-Friendly Cir HAA5/THM Grb

[2126769]

Received: 9/12/06 13:00 *EAST LAKE*

*HARRIS*

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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

Printed: 9/28/06

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coalidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

*East Lake Harbors* [2126769]  
*Friendly Cir HAA5/THM Grb*

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6408

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Balch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126769001</b>						Sampled: 09/12/06 10:05		Received: 09/12/06 13:00		
<b>Sample ID: 13722 Palm Dr MRT Location</b>						Matrix: Water				
						Results reported on Wet Weight Basis				
Bromodichloromethane		1.8	ug/L	0.25	EPA 524.2	VOC2693		09/24/06 19:36	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/24/06 19:36	WR	E96080
Chloroform		3.4	ug/L	0.25	EPA 524.2	VOC2693		09/24/06 19:36	WR	E96080
Dibromochloromethane		0.80	ug/L	0.30	EPA 524.2	VOC2693		09/24/06 19:36	WR	E96080
Total THMs		6.0	ug/L	0.50	EPA 524.2	VOC2693		09/24/06 19:36	WR	E96080

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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: 9/28/08

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: September 14, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6406 East Lk Harris DW Scan [2126615]  
Received: 8/22/06 13:50

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Dear Brian Heath;

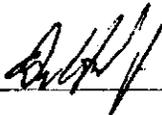
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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

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FDOH # E83509

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/14/06



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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6406 East Lk Harris DW Scan  
Received: 8/22/06 13:50

**[2126615]**

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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2126615001	6406 Point of Entry Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 504.1	PEST4785		
2126615001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83609

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/14/06



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**CERTIFICATE OF ANALYSIS**

[2126615]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6406 East Lk Harris DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126615001						Sampled: 08/22/06 9:15				
Sample ID: 6406 Point of Entry Grab						Received: 08/22/06 13:50				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.2	T.O.N.	1.0	EPA 140.1	WCDE15048		08/22/06 17:04	PA	E83509
pH	Q	7.44	SU	0.200	EPA 150.1	WCDE15054		08/23/06 13:55	PA	E83509
Total Dissolved Solids		210	mg/L	5.0	EPA 160.1	WCDE15060		08/24/06 16:28	RM	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Barium		0.0072	mg/L	0.0018	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Sodium		5.1	mg/L	0.50	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8090		08/25/06 0:11	DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	SAL1019		08/25/06 18:26	SAL	E84129
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:16	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8091		08/24/06 22:33	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8096		09/11/06 0:41	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8097	08/28/06 18:45	08/31/06 23:01	DM	E96080
Chloride		16	mg/L	5.0	EPA 300.0	IC6923		08/26/06 2:07	JL	E96080
Fluoride		0.10	mg/L	0.011	EPA 300.0	IC6918		08/23/06 16:46	JL	E96080
Nitrate as N		0.011	mg/L	0.0030	EPA 300.0	IC6918		08/23/06 16:46	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6918		08/23/06 16:46	JL	E96080
Sulfate		2.9	mg/L	1.4	EPA 300.0	IC6923		08/26/06 2:07	JL	E96080
Surfactants as LAS, Mol.wt.340		0.12	mg/L	0.042	EPA 425.1	WCDE15052	08/23/06 14:45	08/23/06 16:00	RM	E83509
1,2-Dibromo-3-chloropropane		0.00098 U	ug/L	0.00098	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 20:04	JL	E96080
1,2-Dibromoethane		0.0023 U	ug/L	0.0023	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 20:04	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:21	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080
alapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080

5600 US 1 North  
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FD0H # E96080

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FD0H # E83509

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Lehigh Acres, FL 33936  
FD0H # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FD0H # E84418



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

## CERTIFICATE OF ANALYSIS

[2126615]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6406 East Lk Harris DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 19:57	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
o-xylene		0.22 U	ug/L	0.22	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2685		08/27/06 18:07	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 21:33	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2331		09/7/06 19:12	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2331		09/7/06 19:12	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2328		08/28/06 12:52	JJM	E96080
Endothal		20 U	ug/L	20	EPA 548.1	SAL1019		08/31/06 8:54	SAL	E84129
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2327	08/25/06 10:42	08/28/06 12:07	JJM	E96080
Antimony		0.0042 U	mg/L	0.0042	SM 3113 B	META8093		08/26/06 12:23	DM	E96080
Color		4.0	CU	1.8	SM2120 B	WCGE26151		08/23/06 13:30	TCL	E96080
Cyanide		0.0090	mg/L	0.0047	SM4500CN E	WCGE26221	08/28/06 13:00	08/29/06 13:48	GG	E96080

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Sanford, FL 32771  
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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2126615]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6406 East Lk Harris DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Balch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126615002						Sampled: 08/27/06 18:41				
Sample ID: Trip Blank						Received: 08/22/06 13:50				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,1,2-Trichloroethane	0.44 U		ug/L	0.44	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,1-Dichloroethene	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,2,4-Trichlorobenzene	0.41 U		ug/L	0.41	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,2-Dichlorobenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,2-Dichloroethane	0.29 U		ug/L	0.29	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,2-Dichloropropane	0.40 U		ug/L	0.40	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
1,4-Dichlorobenzene	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Benzene	0.20 U		ug/L	0.20	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Carbon tetrachloride	0.24 U		ug/L	0.24	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Chlorobenzene	0.30 U		ug/L	0.30	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
cis-1,2-Dichloroethene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Ethylbenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Methylene chloride	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Styrene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Tetrachloroethene	0.24 U		ug/L	0.24	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Toluene	0.22 U		ug/L	0.22	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Total Xylenes	0.46 U		ug/L	0.46	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
trans-1,2-Dichloroethene	0.35 U		ug/L	0.35	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Trichloroethane	0.36 U		ug/L	0.36	EPA 524.2	VOC2685		08/27/06 18:41	WR	E96080
Vinyl chloride	0.32 U		ug/L	0.32	EPA 524.2	VOC2685		08/27/06 18:41	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.

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FDOH # E85370

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5600 U.S. 1 North, Fort Pierce, FL 34946  
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**CERTIFICATE OF ANALYSIS**

[2125107]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6406 East Lake Harris NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125107001						Sampled: 03/16/06 9:15		Received: 03/16/06 13:45		
Sample ID: POE "East Lk Harris" Grab						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.0067	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 16:39	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 16:39	RS	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
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FDOH # E96080

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Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: March 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

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Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6406 East Lake Harris NO2/NO3 [2125107]  
Received: 3/16/06 13:45

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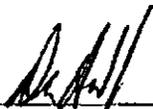
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 6406 East Lake Harris NO2/NO3  
Received: 3/16/06 13:45

**[2125107]**

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

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2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/20/06





# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Soli  
Secretary

VIA EMAIL  
[JMLIHVARCIK@AQUAAMERICA.COM]

June 29, 2007

Jack Lihvarcik, President  
Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

OCD-PW-SS-07-0817

<u>Lake County – PW</u>	<u>PWS ID Number</u>
Friendly Center Subdivision	3350426
East Lake Harris Estates	3350322
Stone Mountain Estates	3351282
Palm Mobile Home Estates	3350981
Piney Woods Subdivision (2 WTPs)	3351021
Hobby Hill Subdivision	3350544
Picciola Island Subdivision	3351009
Carlton Village	3350152

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on April 18, 2007, by Danielle Owens to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than August 6, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at [Danielle.D.Owens@dep.state.fl.us](mailto:Danielle.D.Owens@dep.state.fl.us) or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager  
Drinking Water Compliance and Enforcement

KMD/ddo  
Enclosures

cc: Patrick Farris, Aqua Utilities Florida, Inc. [PAFarris@aquaaamerica.com]  
Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER - DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida  
Department of Environmental Protection  
Central District  
**SANITARY SURVEY REPORT**

Plant Name EAST LAKE HARRIS ESTATES County Lake PWS ID # 3350322  
 Plant Location 13319 Woodland Drive, Astatula, FL 34705 Phone (352) 435-4028  
 Owner Name Aqua Utilities Florida, Inc Phone (352) 435-4028  
 Owner Address 1100 Thomas Ave., Leesburg, FL 34748  
 Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029  
 This Survey Date 04/18/07 Last Survey Date 04/28/04 Last C.I. Date 06/06/00

**PWS TYPE & CLASS**

- Community (5D)  
 Non-transient Non-community  
 Non-Community

**PWS STATUS**

- Approved system with approval number & date  
WC35-6957, 3/26/64  
WC35-257007, 11/7/94, cleared 6/9/95  
 Unapproved system

**SERVICE AREA CHARACTERISTICS**

Subdivision \_\_\_\_\_  
 Food Service:  Yes  No  N/A

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Will Fontaine C-6813 Lead/Chief Operator  
See MOR for complete list of operators  
 O & M Log:  Yes  No  
 Operator Visitation Frequency  

Hrs/day: Required	Visit	Actual	Visit
	3		6

 Days/wk: Required 3 Actual 6  
 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A

Number of Service Connections 177  
 Population Served 443 Basis Operator  
 Average Day (from MORs) 10,794 gpd  
 Max. Day (from MORs) 36,500 gpd 10/06  
 Max-day Design Capacity 144,000 gpd

**WRITTEN PROGRAMS**

O & M Manual Yes Located Water treatment plant  
 Written Preventive Maintenance Program Yes  
 Flushing Plan  Yes  No Records No  
 Valve Maintenance Plan  Yes  No Records No  
 Emergency Response Plan  Yes  No  N/A  
 Comments \_\_\_\_\_

**RAW WATER SOURCE**

- GROUND; Number of Wells 1  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source Friendly Center  
 Emergency Water Capacity 72,100 gpd

**AUXILIARY POWER SOURCE**

- Yes  None  Not Required  
 Source Olympia (Propane)  
 Capacity of Standby (kW) 75  
 Switchover:  Automatic  Manual  
 Standby Plan:  Yes  No  
 Hrs Operated Under Load 4 hrs/mo.  
 What equipment does it operate?  
 Well pumps All  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment All  
 Satisfy average day demand?  Yes  No  Unk  
 Comments Audio-visual alarm and remote telemetry in the event of a power loss.

**TREATMENT PROCESSES IN USE**

Disinfection \_\_\_\_\_  
Iron sequestration (Aquadene)  
 What additional treatment is needed?  
None at this time  
 For control of what deficiencies?  
N/A

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type 3" Precision  
 Backflow Prevention Devices:  Yes  No  
 Cross-Connections None observed  
 Coliform Sampling Plan:  Yes  No  N/A  
 Disinfectant/Disinfection Byproduct Rule Monitoring Plan:  Yes  No  N/A  
 Distribution System Map:  Yes  No  N/A  
 Cross-Connection Control Program:  
Implementation started April 2007.  
 Comments Flow meter last calibrated 03/28/05 by Central Florida Controls, Inc.

**GROUND WATER SOURCE**

Well Number (FLUWID No.)	1 (AAC3249)			
Year Drilled	1964			
Depth Drilled	200'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	116'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	*See comments		
PUMP	Type	Submersible		
	Manufacturer Name	Goulds		
	Model Number	Unknown		
	Rated Capacity (gpm)	200		
	Motor Horsepower	15		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Housing			
Well Vent Protection	N/A			

**COMMENTS** \*Little Lake Harris is 100' west of well.  
 Provide information for all items marked "unknown."

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Regal Capacity 50 ppd  
 Chlorine Feed Rate 12 ppd  
 Avg. Amount of Cl<sub>2</sub> gas used .6 ppd  
 Chlorine Residuals: Plant 0.88 Remote 0.47  
 Remote tap location Blow off @ corner of Zinnia and Pennsylvania Ave.  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank  
 Booster Pump Info 1 hp Goulds model no. 25GBC10  
 Comments New booster pump installed 04/03/07.

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated  
 (B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide documentation of last cleaning and inspection of finished water storage tanks.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Average consumption < 10ppd
Auto-switchover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Scale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fresh Ammonia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Bloodworm Presence \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Comments \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments \_\_\_\_\_

**DEFICIENCIES:**

1. **Failure to adequately establish and implement a cross-connection control program.** Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

2. **Failure to keep records documenting that isolation valves are being exercised.**

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. **Failure to keep records documenting that dead-end water mains are being flushed.**

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**COMMENTS/REMINDERS:**

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**
- **Based on information provided to the Department by email on April 19, 2007, the population served and number of service connections for this system has been changed.** These changes may affect this systems monitoring requirements.

For chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide documentation of last cleaning and inspection for finished water storage tanks.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

PWS ID # 3350322  
Date 04/18/07

**COMMENTS/REMINDERS (continued):**

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

- Provide information for all items marked "unknown."

Inspector *Danella D. Owens* Title Environmental Specialist I Date 06/21/07

Approved by *[Signature]* Title Environmental Manager Date 6/29/07

A UA  
Utilities Florida.

Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

T: 352.787.0980  
F: 352.787.6333  
www.aquaulilitiesflorida.com

August 10, 2007

Danielle Owens  
Environmental Specialist  
FDEP Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

**RE: Reply to Lake County Sanitary Surveys**

Dear Ms. Owens:

Thank you for your inspection on April 18, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

**For All Systems:**

1. *Failure to adequately establish and implement a cross-connection control program.*

**Response:**

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

**Response:**

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

**Response:**

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

**Friendly Center PWS 3350426:**

1. *Failure to describe emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components.*

**Response:**

Friendly Center is interconnected with East Lake Harris. There were no emergency or abnormal events during the time frame specified in the inspection. There are times when East Lake Harris treatment plant provides the water for both systems. There are also times when Friendly Center pumps more and the East Lake Harris flows are down.

**Hobby Hill Subdivision PWS 3350544:**

1. *Failure to maintain public water systems components. The hydropneumatic tank is showing signs of corrosion.*

**Response:**

The hydropneumatic tank is scheduled to be cleaned and painted. Aqua is in the process of hiring a contractor to inspect all tanks statewide for structural integrity. Copies of these inspections will be forwarded to DEP upon completion.

**Piney Woods Subdivision – 2 WTPs PWS 3351021**

1. *Failure to maintain a separate operation and maintenance log for each water treatment plant. There is only one operation and maintenance logbook for both plants.*

**Response:**

Separate log books for each plant will be maintained from now on.

2. *Failure to provide an operation and maintenance manual for each water treatment plant. There is only one operation and maintenance manual for both plants.*

**Response:**

Separate O+M manuals will be created and maintained for each plant.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at [PAFarris@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com). Thank you.

Sincerely,

*Patrick Farris*

Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail

















# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: January, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations; or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	33,000		1.5										1.2	
2	X	24.0	34,400		1.5										1.3	
3	X	24.0	31,400		1.6										1.3	
4	X	24.0	26,700		1.6										1.2	
5	X	24.0	29,200		1.7										1.4	
6		24.0	30,100													
7		24.0	30,100													
8	X	24.0	30,100		1.5										1.3	
9	X	24.0	28,200		1.6										1.2	
10	X	24.0	28,600		1.5										1.2	
11	X	24.0	32,900		1.6										1.3	
12	X	24.0	25,800		1.7										1.3	
13		24.0	34,400													
14		24.0	34,400													
15	X	24.0	34,400		1.3										1.0	
16	X	24.0	36,700		1.3										1.0	
17	X	24.0	34,000		1.1										0.8	
18	X	24.0	30,500		1.4										1.0	
19	X	24.0	27,700		1.5										1.1	
20		24.0	35,700													
21		24.0	35,700													
22	X	24.0	35,700		1.3										0.9	
23	X	24.0	25,100		1.0										0.8	
24	X	24.0	27,500		1.0										0.7	
25	X	24.0	30,100		1.1										0.7	
26	X	24.0	31,100		1.1										0.8	
27		24.0	32,900													
28		24.0	32,900													
29	X	24.0	32,900		1.1										0.8	
30	X	24.0	31,300		1.1										0.8	
31	X	24.0	25,900		1.3										0.9	
Total			969,400													
Average			31,271													
Maximum			36,700													

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** February, 2007

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
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:	bheath@aquaaamerica.com		

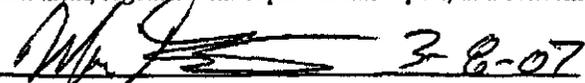
**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Mary Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: February, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	38,300		1.4								1.2	
2	X	24.0	28,600		1.5								1.2	
3		24.0	32,567											
4		24.0	32,567											
5	X	24.0	32,567		1.4								1.1	
6	X	24.0	25,900		1.3								0.9	
7	X	24.0	30,500		1.3								1.0	
8	X	24.0	35,200		1.3								1.0	
9	X	24.0	28,700		1.4								1.0	
10		24.0	34,700											
11		24.0	34,700											
12	X	24.0	34,700		1.3								1.0	
13	X	24.0	26,700		1.3								0.9	
14	X	24.0	29,700		1.3								0.9	
15	X	24.0	25,300		1.4								0.9	
16	X	24.0	29,900		1.8								1.3	
17		24.0	29,000											
18		24.0	29,000											
19	X	24.0	29,000		1.2								0.9	
20	X	24.0	30,300		1.5								1.1	
21	X	24.0	33,100		1.5								1.2	
22	X	24.0	33,200		1.1								0.9	
23	X	24.0	34,000		1.6								1.1	
24		24.0	38,033											
25		24.0	38,033											
26	X	24.0	38,033		1.6								1.3	
27	X	24.0	29,300		1.5								1.1	
28	X	24.0	33,700		1.6								1.2	
29		24.0												
30		24.0												
31		24.0												
Total			895,300											
Average			28,881											
Maximum			38,300											

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: March, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):  
 Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	38,100		1.5										1.2	
2	X	24.0	31,600		1.6										1.3	
3		24.0	30,500													
4		24.0	30,500													
5	X	24.0	30,500		1.5										1.3	
6	X	24.0	26,100		1.4										1.2	
7	X	24.0	33,100		1.5										1.2	
8	X	24.0	33,600		1.4										1.2	
9	X	24.0	42,300		1.6										1.3	
10		24.0	37,367													
11		24.0	37,367													
12	X	24.0	37,367		1.6										1.4	
13	X	24.0	39,300		1.5										1.3	
14	X	24.0	26,300		1.5										1.3	
15	X	24.0	43,400		1.5										1.2	
16	X	24.0	22,100		1.5										1.2	
17		24.0	32,500													
18		24.0	32,500													
19	X	24.0	32,500		1.3										1.1	
20	X	24.0	33,400		1.4										1.1	
21	X	24.0	43,400		1.4										1.2	
22	X	24.0	41,500		1.5										1.2	
23	X	24.0	29,600		1.5										1.2	
24		24.0	45,467													
25		24.0	45,467													
26	X	24.0	45,467		1.5										1.3	
27	X	24.0	47,300		1.4										1.2	
28	X	24.0	42,700		1.4										1.2	
29	X	24.0	38,400		1.4										1.0	
30	X	24.0	69,100		1.5										1.3	
31		24.0	43,500													
Total			1,162,300													
Average			37,494													
Maximum			69,100													

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: April, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1			24.0	43,500										
2	X		24.0	43,600		1.4							1.2	
3	X		24.0	44,500		1.4							1.1	
4	X		24.0	54,000		1.4							1.2	
5	X		24.0	45,300		1.3							1.1	
6	X		24.0	34,600		1.0							0.7	
7			24.0	42,500										
8			24.0	42,500										
9	X		24.0	42,500		1.3							1.0	
10	X		24.0	35,700		1.8							1.3	
11	X		24.0	22,300		1.7							1.5	
12	X		24.0	42,500		1.6							1.4	
13	X		24.0	29,000		1.8							1.5	
14			24.0	39,367										
15			24.0	39,367										
16	X		24.0	39,367		1.4							1.1	
17	X		24.0	28,300		1.6							1.1	
18	X		24.0	39,500		1.6							1.3	
19	X		24.0	41,700		1.6							1.4	
20	X		24.0	55,200		1.6							1.4	
21			24.0	41,400										
22			24.0	41,400										
23	X		24.0	41,400		1.6							1.4	
24	X		24.0	34,300		1.5							1.2	
25	X		24.0	45,000		1.6							1.4	
26	X		24.0	46,600		1.4							1.3	
27	X		24.0	44,200		1.5							1.2	
28			24.0	57,900										
29			24.0	57,900										
30	X		24.0	57,900		1.6							1.3	
31			24.0											
Total				1,273,300										
Average				41,074										
Maximum				57,900										

\* Refer to the instructions for this report to determine which plants must provide this information.



**MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: May, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	47,000		1.5								1.2	
2	X	24.0	51,500		1.6								1.3	
3	X	24.0	52,200		1.6								1.4	
4	X	24.0	64,000		1.4								1.2	
5		24.0	51,833											
6		24.0	51,833											
7	X	24.0	51,833		1.4								1.1	
8	X	24.0	39,300		1.5								1.2	
9	X	24.0	43,400		1.5								1.2	
10	X	24.0	51,200		1.6								1.3	
11	X	24.0	31,100		1.6								1.3	
12		24.0	45,733											
13		24.0	45,733											
14	X	24.0	45,733		1.5								1.2	
15	X	24.0	39,000		1.4								1.2	
16	X	24.0	36,200		1.5								1.2	
17	X	24.0	36,800		1.4								1.2	
18	X	24.0	37,800		1.4								1.2	
19		24.0	41,933											
20		24.0	41,933											
21	X	24.0	41,933		1.3								1.0	
22	X	24.0	47,100		1.0								0.9	
23	X	24.0	52,400		1.3								0.9	
24	X	24.0	55,400		1.4								1.2	
25	X	24.0	42,200		1.4								1.2	
26		24.0	46,333											
27		24.0	46,333											
28	X	24.0	46,333		1.2								1.0	
29	X	24.0	56,900		1.5								1.2	
30	X	24.0	50,300		1.5								1.3	
31	X	24.0	54,300		1.5								1.3	
Total			1,445,600											
Average			46,632											
Maximum			64,000											

\* Refer to the instructions for this report to determine which plants must provide this information.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** June, 2007

**A. Public Water System (PWS) Information**

PWS Name: <b>Fern Terrace</b>		PWS Identification Number: <b>3350370</b>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <b>125</b>		Total Population Served at End of Month: <b>283</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>Florida</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>bheath@aquamerica.com</b>			

**B. Water Treatment Plant Information**

Plant Name: <b>Fern Terrace</b>		Plant Telephone Number: <b>(352) 787-0980</b>		
Plant Address: <b>300 North Fern Drive</b>		City: <b>Leesburg</b>	State: <b>Florida</b> Zip Code: <b>34748</b>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>129,600</b>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>D</b>		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	<b>Will Fontaine</b>	<b>C</b>	<b>6813</b>	<b>Days 1st Shift</b>
Other Operators:	<b>Marty Neal</b>	<b>C</b>	<b>10027</b>	<b>Days 1st Shift</b>
	<b>John Worrell</b>	<b>C</b>	<b>6597</b>	<b>Days 1st Shift</b>

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge 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.

*Will Fontaine* 7/6/07  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: June, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	45,600		1.5									1.3	
2		24.0	40,967												
3		24.0	40,967												
4	X	24.0	40,967		1.4									1.1	
5	X	24.0	40,300		1.5									1.2	
6	X	24.0	55,800		1.5									1.3	
7	X	24.0	52,400		1.7									1.5	
8	X	24.0	49,400		1.7									1.5	
9		24.0	64,333												
10		24.0	64,333												
11	X	24.0	64,333		1.6									1.5	
12	X	24.0	61,800		1.5									1.3	
13	X	24.0	69,100		1.5									1.5	
14	X	24.0	70,400		1.4									1.4	
15	X	24.0	24,700		1.3									1.4	
16		24.0	52,433												
17		24.0	52,433												
18	X	24.0	52,433		1.3									1.3	
19	X	24.0	36,900		1.1									1.1	
20	X	24.0	34,900		1.0									1.1	
21	X	24.0	24,700		1.1									1.0	
22	X	24.0	29,700		1.0									0.8	
23		24.0	47,000												
24		24.0	47,000												
25	X	24.0	47,000		1.1									0.8	
26	X	24.0	33,000		1.2									0.8	
27	X	24.0	43,900		0.9									1.0	
28	X	24.0	39,000		1.2									1.2	
29	X	24.0	32,700		1.2									1.1	
30		24.0	36,500												
31		24.0													
Total			1,395,000												
Average			45,000												
Maximum			70,400												

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** July, 2007

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	283
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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Fax Number:	(352) 787-6333
		Zip Code:	34749

**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600	Zip Code:	34748
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine 8-8-07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: July, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Stuffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Minimum CT Required, mg-min/L.	Temp of Water, °C if Applicable	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup> .			Minimum UV Dose Required, mW-sec/cm <sup>2</sup> .
1			24.0	36,500										
2	X		24.0	36,600		1.0							0.8	
3	X		24.0	20,200		1.2							1.0	
4	X		24.0	29,500		1.1							0.9	
5	X		24.0	31,600		1.1							0.9	
6	X		24.0	27,700		1.3							1.0	
7			24.0	31,833										
8			24.0	31,833										
9	X		24.0	31,833		1.2							1.1	
10	X		24.0	48,400		1.3							1.2	
11	X		24.0	43,900		1.1							1.0	
12	X		24.0	26,300		0.7							0.8	
13	X		24.0	40,000		1.3							1.1	
14			24.0	29,767										
15			24.0	29,767										
16	X		24.0	29,767		0.7							0.7	
17	X		24.0	38,100		0.7							0.7	
18	X		24.0	31,300		1.1							1.1	
19	X		24.0	33,900		1.0							0.9	
20	X		24.0	27,000		2.2							2.5	
21			24.0	30,167										
22			24.0	30,167										
23	X		24.0	30,167		1.6							1.6	
24	X		24.0	24,800		1.9							1.6	
25	X		24.0	29,500		1.6							1.5	
26	X		24.0	27,000		1.6							1.6	
27	X		24.0	30,100		1.4							1.4	
28			24.0	30,433										
29			24.0	30,433										
30	X		24.0	30,433		0.5							0.3	
31	X		24.0	19,800		1.4							1.3	
Total				968,800										
Average				31,252										
Maximum				48,400										

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: August, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	26,000		1.4									1.4	
2	X	24.0	28,400		1.4									1.3	
3	X	24.0	25,100		1.4									1.5	
4		24.0	33,167												
5		24.0	33,167												
6	X	24.0	33,167		1.3									1.2	
7	X	24.0	37,900		1.4									1.2	
8	X	24.0	20,100		1.5									1.4	
9	X	24.0	43,500		1.4									1.2	
10	X	24.0	43,800		1.3									1.2	
11		24.0	43,933												
12		24.0	43,933												
13	X	24.0	43,933		1.3									1.1	
14	X	24.0	25,200		0.5									0.3	
15	X	24.0	44,600		1.2									1.0	
16	X	24.0	32,500		1.5									1.1	
17	X	24.0	34,700		1.3									1.1	
18		24.0	46,500												
19		24.0	46,500												
20	X	24.0	46,500		1.2									1.0	
21	X	24.0	36,100		1.4									1.3	
22	X	24.0	56,200		1.3									1.1	
23	X	24.0	47,400		1.4									1.2	
24	X	24.0	41,000		1.3									1.2	
25		24.0	37,067												
26		24.0	37,067												
27	X	24.0	37,067		0.5									0.3	
28	X	24.0	24,700		1.3									1.0	
29	X	24.0	48,600		1.4									1.2	
30	X	24.0	30,100		1.4									1.2	
31	X	24.0	36,900		1.5									1.3	
Total			1,164,800												
Average			37,574												
Maximum			56,200												

\* refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** September, 2007

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace			PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	125			Total Population Served at End of Month:	283
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace			Plant Telephone Number:	(352) 787-0980	
Plant Address:	300 North Fern Drive			City:	Leesburg	
		State:	Florida	Zip Code:	34748	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators:	Name:	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift		
Other Operators:	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 10.5.07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: September, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	30,100												
2		24.0	30,100												
3	X	24.0	30,100		1.4										1.2
4	X	24.0	34,000		1.4										1.3
5	X	24.0	44,300		2.2										1.7
6	X	24.0	27,800		1.5										1.4
7	X	24.0	37,800		0.7										0.6
8		24.0	40,767												
9		24.0	40,767												
10	X	24.0	40,767		1.5										1.3
11	X	24.0	26,800		1.6										1.4
12	X	24.0	40,100		1.4										1.3
13	X	24.0	33,800		1.5										1.3
14	X	24.0	32,200		1.4										1.1
15		24.0	40,300												
16		24.0	40,300												
17	X	24.0	40,300		1.4										1.1
18	X	24.0	32,000		1.5										1.3
19	X	24.0	27,300		1.3										1.0
20	X	24.0	30,200		1.7										1.0
21	X	24.0	26,700		1.0										0.7
22		24.0	30,000												
23		24.0	30,000												
24	X	24.0	30,000		1.2										0.9
25	X	24.0	24,200		1.2										1.0
26	X	24.0	43,300		1.2										0.9
27	X	24.0	23,600		1.0										0.7
28	X	24.0	34,000		1.1										0.7
29		24.0	39,000												
30		24.0	39,000												
31		24.0													
Total			1,019,600												
Average			32,890												
Maximum			44,300												

\* Refer to the instructions for this report to determine which plants must provide this information.



**MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: October, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	39,000		1.0									0.8	
2	X	24.0	27,400		1.2									0.8	
3	X	24.0	43,500		1.0									0.8	
4	X	24.0	26,500		1.3									0.9	
5	X	24.0	34,900		1.5									1.1	
6		24.0	37,667												
7		24.0	37,667												
8	X	24.0	37,667		1.4									1.2	
9	X	24.0	26,200		1.3									1.0	
10	X	24.0	36,600		1.3									0.9	
11	X	24.0	22,200		1.4									1.1	
12	X	24.0	27,400		1.4									1.2	
13		24.0	35,000												
14		24.0	35,000												
15	X	24.0	35,000		1.3									1.1	
16	X	24.0	21,200		1.3									1.0	
17	X	24.0	34,700		1.4									1.2	
18	X	24.0	27,400		1.5									1.2	
19	X	24.0	26,300		1.6									1.2	
20		24.0	28,000												
21		24.0	28,000												
22	X	24.0	28,000		1.5									1.2	
23	X	24.0	25,200		1.4									1.1	
24	X	24.0	25,800		1.4									1.0	
25	X	24.0	21,800		1.3									1.0	
26	X	24.0	23,500		1.3									1.0	
27		24.0	26,667												
28		24.0	26,667												
29	X	24.0	26,667		1.3									0.9	
30	X	24.0	30,000		1.3									0.9	
31	X	24.0	24,000		1.4									1.0	
Total			925,600												
Average			29,858												
Maximum			43,500												

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** November, 2007

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace			PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	125			Total Population Served at End of Month:	283
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	bheath@aguaamerica.com			Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace			Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive			City:	Leesburg
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

**II Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine 12/6/07  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: November, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
															Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L
1	X	24.0	25,700		1.4										1.1	
2	X	24.0	21,600		1.3										1.1	
3		24.0	28,000													
4		24.0	28,000													
5	X	24.0	28,000		1.3										1.0	
6	X	24.0	21,000		1.3										0.9	
7	X	24.0	27,800		1.2										0.8	
8	X	24.0	24,000		1.0										0.7	
9	X	24.0	31,000		1.1										0.8	
10		24.0	29,000													
11		24.0	29,000													
12	X	24.0	29,000		1.3										0.9	
13	X	24.0	28,700		1.3										0.9	
14	X	24.0	28,800		1.2										0.8	
15		24.0	28,800												0.8	
16	X	24.0	34,400		1.2										0.8	
17		24.0	23,100		1.3										1.0	
18		24.0	30,000													
19	X	24.0	30,000		1.3										1.0	
20	X	24.0	25,000		1.3										1.0	
21	X	24.0	34,300		1.2										0.9	
22		24.0	26,500													
23	X	24.0	26,500		1.2										0.9	
24		24.0	30,000													
25		24.0	30,000													
26	X	24.0	30,000		1.3										0.9	
27	X	24.0	29,400		1.3										0.9	
28	X	24.0	26,000		1.4										1.0	
29	X	24.0	28,100		1.3										1.0	
30	X	24.0	26,800		1.3										1.0	
31		24.0														
			839,700													
			27,087													
			34,400													

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: December, 2007

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log-Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C if Applicable	pH of Water	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24.0	32,000										
2		24.0	32,000										
3	X	24.0	32,000			1.2						0.8	
4	X	24.0	27,400			1.3						1.0	
5	X	24.0	28,200			1.3						1.0	
6	X	24.0	26,900			1.3						1.0	
7	X	24.0	22,200			1.3						0.9	
8		24.0	30,000										
9		24.0	30,000										
10	X	24.0	30,000			1.4						1.0	
11	X	24.0	25,700			1.2						0.9	
12	X	24.0	32,000			1.2						0.9	Well Pump breaker tripped
13	X	24.0	29,100			1.3						1.0	
14	X	24.0	28,000			1.4						1.0	
15		24.0	30,000										
16		24.0	30,000										
17	X	24.0	30,000			1.2						0.9	
18	X	24.0	27,300			1.2						0.9	
19	X	24.0	25,000			1.1						0.9	
20	X	24.0	23,000			1.2						0.8	
21	X	24.0	22,400			1.3						1.0	
22		24.0	23,000										
23		24.0	23,000										
24	X	24.0	23,000			1.3						0.9	
25		24.0	24,000										
26	X	24.0	24,000			1.1						0.7	
27	X	24.0	28,000			1.1						0.7	
28	X	24.0	23,100			1.0						0.7	
29		24.0	28,000										
30		24.0	28,000										
31	X	24.0	28,000			1.3						1.1	
<b>Total</b>			<b>845,300</b>										
<b>Average</b>			<b>27,268</b>										
<b>Maximum</b>			<b>32,000</b>										

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS ID: 3350370 Plant Name: Fern Terrace

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2007**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
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C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** January, 2006

**A. Public Water System (PWS) Information**

PWS Name: <b>Fern Terrace</b>		PWS Identification Number: <b>3350370</b>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <b>125</b>		Total Population Served at End of Month: <b>290</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>Florida</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Zip Code: <b>34749</b>	
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	

**B. Water Treatment Plant Information**

Plant Name: <b>Fern Terrace</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>300 North Fern Drive</b>		City: <b>Leesburg</b>	State: <b>Florida</b>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: <b>32748</b>	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>129,600</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>V</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>D</b>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	<b>Will Fontaine</b>	<b>C</b>	<b>6813 / Days 1st Shift</b>
Other Operators:	<b>Marty Neal</b>	<b>C</b>	<b>10027 / Days 1st Shift</b>
	<b>John Worrell</b>	<b>C</b>	<b>6597 / Days 1st Shift</b>

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

2-6-06  
 Signature and Date DOCUMENT NUMBER DATE

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: January, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	31,000												
2	X	24.0	31,100		1.2										0.9
3	X	24.0	39,000		1.2										0.9
4	X	24.0	27,400		1.3										0.9
5	X	24.0	27,300		1.2										0.9
6	X	24.0	21,700		1.2										0.9
7		24.0	29,967												
8		24.0	29,967												
9	X	24.0	29,967		1.3										1.0
10	X	24.0	26,900		1.3										1.0
11	X	24.0	28,000		1.3										1.1
12	X	24.0	25,100		1.4										1.1
13	X	24.0	24,900		1.3										1.0
14		24.0	30,533												
15		24.0	30,533												
16	X	24.0	30,533		1.1										0.8
17	X	24.0	34,700		1.2										0.8
18	X	24.0	23,400		1.2										0.8
19	X	24.0	25,300		1.2										0.9
20	X	24.0	36,600		1.3										1.0
21		24.0	28,533												
22		24.0	28,533												
23	X	24.0	28,533		1.3										1.0
24	X	24.0	30,800		1.2										0.9
25	X	24.0	25,500		1.2										0.9
26	X	24.0	36,600		1.2										1.0
27	X	24.0	30,500		1.2										0.9
28		24.0	30,533												
29		24.0	30,533												
30	X	24.0	30,533		1.2										0.9
31	X	24.0	32,400		1.2										1.0
Total			916,900												
Average			29,577												
Maximum			39,000												

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** February, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

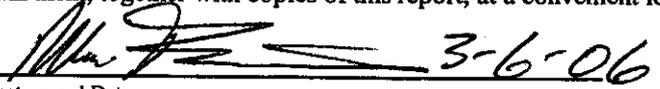
**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32748
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


3-6-06
Will Fontaine
C-6813  
 Signature and Date Printed or Typed Name License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: February, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Days Plant Started or Visited by Operator (Place in Operation)	Hour plant in Operation	Net Quantity of Finished Water Produced (gpd)	Chlorine Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Minimum Disinfectant Residual Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Free Chlorine Residual Concentration (C) Before or After Customer Draw Point During Peak Flow (mg/L)	Disinfectant Point of Addition Measurement Point During Peak Flow (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)	Flow (C) Provided Before or After Customer Draw Point (mg/L)		
1	X	24.0	26,400		1.4									1.1	
2	X	24.0	24,000		1.3									1.0	
3	X	24.0	32,400		1.2									0.9	
4		24.0	27,100												
5		24.0	27,100												
6	X	24.0	27,100		1.0									0.7	
7	X	24.0	29,300		1.1									7.0	
8	X	24.0	25,300		1.3									1.0	
9	X	24.0	25,500		1.4									1.1	
10	X	24.0	23,800		1.3									1.0	
11		24.0	32,967												
12		24.0	32,967												
13	X	24.0	32,967		1.3									1.1	
14	X	24.0	31,300		1.2									1.0	
15	X	24.0	34,000		1.4									1.1	
16	X	24.0	27,600		1.4									1.0	
17	X	24.0	27,700		1.3									1.0	
18		24.0	32,300												
19		24.0	32,300												
20	X	24.0	32,300		1.4									1.2	
21	X	24.0	42,300		1.3									1.1	
22	X	24.0	27,400		1.4									1.1	
23	X	24.0	43,500		1.3									1.1	
24	X	24.0	26,500		1.2									0.9	
25		24.0	30,633												
26		24.0	30,633												
27	X	24.0	30,633		1.3									0.9	
28	X	24.0	30,200		1.3									1.1	
29		24.0													
30		24.0													
31		24.0													
<b>Total</b>			<b>846,200</b>												
<b>Average</b>			<b>27,297</b>												
<b>Maximum</b>			<b>43,500</b>												

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: March, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Plant Shared or Merged Operator Place	Hours plant in Operation	AC 4000000 8000000 16000000 32000000 64000000 128000000 256000000 512000000 1024000000 2048000000 4096000000 8192000000 16384000000 32768000000 65536000000 131072000000 262144000000 524288000000 1048576000000 2097152000000 4194304000000 8388608000000 16777216000000 33554432000000 67108864000000 134217728000000 268435456000000 536870912000000 1073741824000000 2147483648000000 4294967296000000 8589934592000000 17179869184000000 34359738368000000 68719476736000000 137438953472000000 274877906944000000 549755813888000000 1099511627776000000 2199023255552000000 4398046511104000000 8796093022208000000 17592186044416000000 35184372088832000000 70368744177664000000 140737488355328000000 281474976710656000000 562949953421312000000 1125899906842624000000 2251799813685248000000 4503599627370496000000 9007199254740992000000 18014398509481984000000 36028797018963968000000 72057594037927936000000 144115188075855872000000 288230376151711744000000 576460752303423488000000 1152921504606846976000000 2305843009213693952000000 4611686018427387904000000 9223372036854775808000000 18446744073709551616000000 36893488147419103232000000 73786976294838206464000000 147573952589676412928000000 295147905179352825856000000 590295810358705651712000000 1180591620717411303424000000 2361183241434822606848000000 4722366482869645213696000000 9444732965739290427392000000 18889465931478580854784000000 37778931862957161709568000000 75557863725914323419136000000 151115727451828646838272000000 302231454903657293676544000000 604462909807314587353088000000 1208925819614629174706176000000 2417851639229258349412352000000 4835703278458516698824704000000 9671406556917033397649408000000 19342813113834066795298816000000 38685626227668133590597632000000 77371252455336267181195264000000 154742504910672534362390528000000 309485009821345068724781056000000 618970019642690137449562112000000 1237940039285380274899124224000000 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# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: April, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Served or Visited by Operator (Place X's)	Hours plant in Operation	Net Quantity of Finished Water Produced (gpd)	Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Efficiency of Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak (low mg/L)	Disinfectant Contact Time (min)	Lowest CT Provided Before or at First Customer During Peak (min/L)	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Operating UV Dose (mW-sec/cm <sup>2</sup> )		
1			24.0	48,467							
2			24.0	48,467							
3	X		24.0	48,467		1.4				1.2	
4	X		24.0	44,100		1.4				1.2	
5	X		24.0	49,700		1.7				1.4	
6	X		24.0	37,900		1.7				1.4	
7	X		24.0	41,900		1.7				1.3	
8			24.0	42,333							
9			24.0	42,333							
10	X		24.0	42,333		1.5				1.2	
11	X		24.0	28,200		1.5				1.1	
12	X		24.0	49,900		1.5				1.1	
13	X		24.0	38,800		1.5				1.2	
14	X		24.0	30,100		1.5				1.1	
15			24.0	56,967							
16			24.0	56,967							
17	X		24.0	56,967		1.5				1.3	
18	X		24.0	36,100		1.4				1.1	
19	X		24.0	31,500		1.4				1.1	
20	X		24.0	44,800		1.3				1.0	
21	X		24.0	42,500		1.4				1.0	
22			24.0	41,967							
23			24.0	41,967							
24	X		24.0	41,967		1.3				1.0	
25	X		24.0	42,800		1.3				1.1	
26	X		24.0	45,000		1.3				1.1	
27	X		24.0	39,600		1.3				1.0	
28	X		24.0	40,600		1.3				1.0	
29			24.0	46,400							
30			24.0	46,400							
31			24.0								
Total				1,305,500							
Average				42,113							
Maximum				56,967							

\* Refer to the instructions for this report to determine which plants must provide this information.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** May, 2006

**A. Public Water System (PWS) Information**

PWS Name: <u>Fern Terrace</u>		PWS Identification Number: <u>3350370</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>125</u>		Total Population Served at End of Month: <u>290</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Fern Terrace</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>300 North Fern Drive</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>129,600</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
	<u>Will Fontaine</u>	<u>C</u>	<u>6813 / Days 1st Shift</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027 / Days 1st Shift</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597 / Days 1st Shift</u>

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C-6813</u> License Number
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# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: May, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Plant	Hours of Operation	Volume of Water Treated (gals)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Stalling Water System Components Out of Operation		
				Peak Flow (gpm)	Lowest Residual Disinfectant Concentration (mg/L) Before or at First Measurement Point During Peak Flow	Disinfectant Contact Time (min)	Lowest Residual Disinfectant Concentration (mg/L) Before or at First Measurement Point During Peak Flow	Temp of Water (C)	Temp of Water (F)	Minimum Chlorine Residual (mg/L)	Operating UV Dose (mW-sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
X		24.0	46,400		1.2										1.0	
X		24.0	40,500		1.1										0.8	
X		24.0	43,800		1.2										0.8	
X		24.0	42,100		1.2										0.9	
X		24.0	47,300		1.2										1.0	
		24.0	49,300													
		24.0	49,300													
X		24.0	49,300		1.2										0.9	
X		24.0	40,100		1.2										0.9	
X		24.0	41,700		1.4										1.0	
X		24.0	34,400		1.3										0.9	
X		24.0	23,400		1.3										0.9	
		24.0	38,867													
		24.0	38,867													
X		24.0	38,867		1.2										0.8	
X		24.0	36,900		1.4										1.0	
X		24.0	34,000		1.4										1.1	
X		24.0	33,300		1.4										1.1	
X		24.0	35,300		1.4										1.0	
		24.0	49,900													
		24.0	49,900													
X		24.0	49,900		1.4										1.2	
X		24.0	37,900		1.4										1.2	
X		24.0	41,700		1.5										1.1	
X		24.0	51,400		1.3										1.1	
X		24.0	53,000		1.0										0.9	
		24.0	46,300													
		24.0	46,300													
X		24.0	46,300		1.2										0.9	
X		24.0	62,700		1.0										0.7	
X		24.0	39,600		1.0										0.7	
			1,338,600													
			43,181													
			62,700													

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** June, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
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		

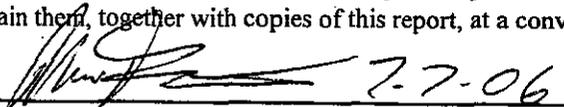
**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

  
 Signature and Date 7-7-06

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: June, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT: Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	49,600		0.9										0.7
2	X	24.0	31,900		0.8										0.5
3		24.0	52,233												
4		24.0	52,233												
5	X	24.0	52,233		1.1										0.8
6	X	24.0	36,900		1.2										0.8
7	X	24.0	64,200		1.1										0.9
8	X	24.0	57,100		1.0										0.8
9	X	24.0	38,000		1.0										0.7
10		24.0	54,600												
11		24.0	54,600												
12	X	24.0	54,600		1.7										1.4
13	X	24.0	20,800		1.6										1.3
14	X	24.0	29,600		2.2										2.1
15	X	24.0	26,600		1.8										1.7
16	X	24.0	34,700		1.4										1.3
17		24.0	35,667												
18		24.0	35,667												
19	X	24.0	35,667		1.0										0.7
20	X	24.0	25,200		0.9										0.7
21	X	24.0	30,800		2.2										2.2
22	X	24.0	32,400		1.9										1.8
23	X	24.0	36,500		1.8										1.6
24		24.0	32,600												
25		24.0	32,600												
26	X	24.0	32,600		0.9										0.6
27	X	24.0	26,400		1.7										1.2
28	X	24.0	23,700		1.7										1.3
29	X	24.0	22,500		1.7										1.2
30	X	24.0	25,600		1.7										1.3
31		24.0													
<b>Total</b>			1,137,800												
<b>Average</b>			36,703												
<b>Maximum</b>			64,200												

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** July, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

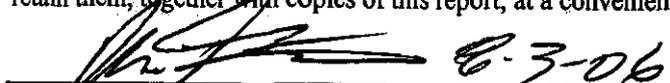
**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: July, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (G) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flowing, min/L	Temp of Water, °C	pH of Water (If Applicable)	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	30,433												
2		24.0	30,433												
3	X	24.0	30,433		1.7									1.5	
4	X	24.0	35,900		1.5									1.2	
5	X	24.0	40,500		1.6									1.3	
6	X	24.0	30,500		1.6									1.3	
7	X	24.0	44,400		1.5									1.2	
8		24.0	36,133												
9		24.0	36,133												
10	X	24.0	36,133		1.6									1.1	
11	X	24.0	30,300		1.6									1.2	
12	X	24.0	38,000		1.8									1.5	
13	X	24.0	23,000		1.8									1.4	
14	X	24.0	26,800		1.6									1.2	
15		24.0	54,167												
16		24.0	54,167												
17	X	24.0	54,167		1.7									1.4	
18	X	24.0	29,200		1.4									1.1	
19	X	24.0	44,300		1.4									1.2	
20	X	24.0	42,900		1.4									1.1	
21	X	24.0	38,900		1.4									1.1	
22		24.0	34,867												
23		24.0	34,867												
24	X	24.0	34,867		0.8									0.6	
25	X	24.0	25,300		1.7									1.0	
26	X	24.0	30,900		1.3									0.9	
27	X	24.0	40,300		1.4									1.2	
28	X	24.0	31,600		1.2									0.9	
29		24.0	45,700												
30		24.0	45,700												
31	X	24.0	45,700		1.5									1.3	
Total			1,156,700												
Average			37,313												
Maximum			54,167												

\* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** August, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine 9-7-06  
 Signature and Date

Will Fontaine  
 Printed or Typed Name

C-6813  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: August, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before first Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	32,800		1.4									1.1	
	X	24.0	60,100		1.6									1.4	
	X	24.0	59,900		1.4									1.2	
	X	24.0	34,700		1.3									1.0	
		24.0	27,000												
		24.0	27,000												
	X	24.0	27,000		1.1									0.7	
	X	24.0	27,200		1.4									1.0	
	X	24.0	34,500		1.4									1.1	
	X	24.0	30,500		1.4									1.1	
	X	24.0	33,300		1.4									1.0	
		24.0	36,467												
		24.0	36,467												
	X	24.0	36,467		1.3									1.0	
	X	24.0	37,600		1.3									1.0	
	X	24.0	34,600		1.3									0.9	
	X	24.0	33,100		1.3									1.0	
	X	24.0	29,800		1.2									0.8	
		24.0	30,167												
		24.0	30,167												
	X	24.0	30,167		1.1									0.6	
	X	24.0	25,600		1.4									1.0	
	X	24.0	37,300		1.4									1.2	
	X	24.0	33,200		1.3									1.0	
	X	24.0	27,400		1.4									1.0	
		24.0	34,133												
		24.0	34,133												
	X	24.0	34,133		1.3									0.9	
	X	24.0	27,600		1.3									0.9	
	X	24.0	42,800		1.4									1.1	
	X	24.0	38,100		1.4									1.0	
Total			1,063,400												
Average			34,303												
Maximum			60,100												

\* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** September, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Fern Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
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:	bheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Fern Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
		State:	Florida
		Zip Code:	34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operator	Will Fontaine	C	6813	Days 1st Shift
Operator	Marty Neal	C	10027	Days 1st Shift
Operator	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine 10-6-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: September, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Days Plant Started or Visibly Inoperable (X's)	Hours Plant in Operation	Net Volume of Finished Water Produced (gal)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (Cl) Before or After Customer During Peak Flowing	Disinfectant Contact Time (D) at C Measurement Point During Peak Flowing, minutes	Lowest CT Provided Before or After First Customer During Peak Flowing, mg-min/L	Compliance with Water Act	Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	24,500		1.4									1.0	
		24.0	29,200												
		24.0	29,200												
	X	24.0	29,200		1.3									0.9	
	X	24.0	50,400		1.4									1.2	
	X	24.0	33,100		1.4									1.1	
	X	24.0	25,000		1.4									1.0	
	X	24.0	23,500		1.5									1.2	
		24.0	32,133												
		24.0	32,133												
	X	24.0	32,133		1.4									1.1	
	X	24.0	26,700		1.0									0.8	
	X	24.0	28,700		1.0									0.7	
	X	24.0	29,000		1.5									0.9	
	X	24.0	22,100		1.5									1.1	
		24.0	31,300												
		24.0	31,300												
	X	24.0	31,300		1.5									1.3	
	X	24.0	24,200		1.0									0.8	
	X	24.0	27,600		1.5									1.1	
	X	24.0	26,600		1.5									1.1	
	X	24.0	28,200		1.5									1.2	
		24.0	37,967												
		24.0	37,967												
	X	24.0	37,967		1.3									1.1	
	X	24.0	45,000		1.3									1.1	
	X	24.0	29,600		1.4									1.1	
	X	24.0	43,700		1.4									1.2	
	X	24.0	37,200		1.2									0.9	
		24.0	36,200												
		24.0	36,200												
			950,100												
			30,648												
			50,400												

\* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** October, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Ferris Terrace	PWS Identification Number:	3350370
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	125	Total Population Served at End of Month:	290
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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Ferris Terrace	Plant Telephone Number:	(352) 787-0980
Plant Address:	300 North Fern Drive	City:	Leesburg
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	129,600	Zip Code:	34748
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Operator	Marty Neal	C	10027	Days 1st Shift
Operator	John Worrell	C	6597	Days 1st Shift

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Will Fontaine 11-3-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: October, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Date	Flow (MGD)	Chlorine (mg/L)	CT Calculations (mg-min) to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)				
			Flow (MGD)	Residual (mg/L)	Time (min)	Flow (MGD)	Residual (mg/L)	Time (min)	Flow (MGD)	Residual (mg/L)	Time (min)	Flow (MGD)		Residual (mg/L)	Time (min)		
		24.0	36,200														
X		24.0	36,300				1.2										0.9
X		24.0	44,700				1.5										1.1
X		24.0	31,500				1.5										1.2
X		24.0	46,900				1.5										1.3
X		24.0	34,100				1.4										1.1
		24.0	42,533														
		24.0	42,533														
X		24.0	42,533				1.1										0.8
X		24.0	35,300				1.3										1.0
X		24.0	35,900				1.4										1.1
X		24.0	44,100				1.4										1.2
X		24.0	26,000				1.4										1.1
		24.0	47,100														
		24.0	47,100														
X		24.0	47,100				1.3										1.0
X		24.0	42,700				1.3										1.0
X		24.0	43,400				1.4										1.2
X		24.0	36,000				1.1										0.9
X		24.0	52,300				1.3										1.1
		24.0	40,633														
		24.0	40,633														
X		24.0	40,633				1.4										1.1
X		24.0	39,000				1.3										1.0
X		24.0	37,900				1.4										1.1
X		24.0	34,000				1.4										1.2
X		24.0	37,500				1.3										1.0
		24.0	36,000														
		24.0	36,000														
X		24.0	36,000				1.3										1.0
X		24.0	29,400				1.3										1.0
		24.0	1,216,900														
		24.0	39,255														
		24.0	52,300														

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** November, 2006

**A. Public Water System (PWS) Information**

PWS Name:	<u>Fern Terrace</u>	PWS Identification Number:	<u>3350370</u>
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	<u>125</u>	Total Population Served at End of Month:	<u>290</u>
PWS Owner:	<u>Aqua Utilities Florida</u>		
Contact Person:	<u>Brian Heath</u>	Contact Person's Title:	<u>Area Manager</u>
Contact Person's Mailing Address:	<u>PO Box 490310</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>bheath@aquaaamerica.com</u>		

**B. Water Treatment Plant Information**

Plant Name:	<u>Fern Terrace</u>	Plant Telephone Number:	<u>(352) 787-0980</u>
Plant Address:	<u>300 North Fern Drive</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	<u>129,600</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>V</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

*Will Fontaine* 12-8-06  
Signature and Date

Will Fontaine  
Printed or Typed Name

C-6813  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: November, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Plant Number	Hours of Operation	Volume of Water Produced	C/D Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable								Average Residual Concentration in Distribution System (mg/L)	Approximate Volume of Water Produced (MG)	
				C/D Calculations				UV Dose						
				Residual Concentration Before or After Customer Point of Use (mg/L)	Disinfectant Contact Time (minutes)	UV System Capacity (MG/Day)	UV System Operating Time (minutes)	UV System Capacity (MG/Day)	Minimum UV Dose Required (mJ/cm <sup>2</sup> )	UV System Operating Time (minutes)	Minimum UV Dose Required (mJ/cm <sup>2</sup> )			
X		24.0	38,100		1.4								1.1	
X		24.0	29,600		1.3								1.0	
X		24.0	34,800		1.4								1.1	
		24.0	34,000											
		24.0	34,000											
X		24.0	34,000		1.3								1.0	
X		24.0	46,000		1.3								1.0	
X		24.0	25,800		1.2								0.8	
X		24.0	23,800		1.2								0.8	
X		24.0	31,300		1.2								0.8	
		24.0	36,500											
		24.0	36,500											
X		24.0	36,500		1.3								1.0	
X		24.0	38,900		1.2								0.9	
X		24.0	29,500		1.3								1.0	
X		24.0	30,100		1.4								1.1	
X		24.0	25,500		1.3								0.9	
		24.0	30,633											
		24.0	30,633											
X		24.0	30,633		1.2								0.9	
X		24.0	28,000		1.2								0.8	
X		24.0	44,900		1.1								0.8	
X		24.0	25,700		1.2								0.9	
X		24.0	33,800		1.2								0.9	
		24.0	36,833											
		24.0	36,833											
X		24.0	36,833		1.5								1.2	
X		24.0	26,600		1.5								1.1	
X		24.0	38,800		1.5								1.2	
X		24.0	26,400		1.5								1.1	
		24.0												
			991,500											
			31,984											
			46,000											

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS ID: 3350370 Plant Name: Fern Terrace

III. Daily Data for the Month/Year of: December, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Check X)	Hours plant in Operation	Net Quantity of Finished Water Produced in gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Points in Distribution System, mg/L	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that involves replacing water system components (Outside of PWS, if applicable)
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
	X	24.0	30,900		1.5							1.2	
	X	24.0	33,300		1.6								
		24.0	31,600										
	X	24.0	31,600		1.6							1.2	
	X	24.0	35,300		1.5							1.2	
	X	24.0	31,800		1.4							1.1	
	X	24.0	30,600		1.5							1.3	
	X	24.0	34,700		1.5							1.2	
		24.0	38,800										
		24.0	38,800										
	X	24.0	38,800		1.4							1.2	
	X	24.0	26,000		1.4							1.1	
	X	24.0	36,500		1.5							1.2	
	X	24.0	35,600		1.5							1.2	
	X	24.0	30,500		1.5							1.2	
		24.0	36,433										
		24.0	36,433										
	X	24.0	36,433		1.6							1.2	
	X	24.0	33,400		1.6							1.5	
	X	24.0	44,000		1.5							1.3	
	X	24.0	35,400		1.6							1.4	
	X	24.0	27,000		1.6							1.3	
		24.0	34,700										
		24.0	34,700										
	X	24.0	34,700		1.4							1.0	
	X	24.0	23,000		1.6							1.1	
	X	24.0	34,300		1.5							1.2	
	X	24.0	23,600		1.4							1.1	
	X	24.0	26,000		1.4							1.2	
		24.0	33,000										
		24.0	33,000										
Total			1,030,900										
Average			33,255										
Maximum			44,000										

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS ID:	3350370	Plant Name:	Fern Terrace
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =		Acrylamide Level, % <sup>1</sup> =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % <sup>1</sup> =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



FERN TERRACE  
**St. Johns River  
Water Management District**

Kathy B. Graer, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500  
On the Internet at [www.sjrwmd.com](http://www.sjrwmd.com).

CERTIFIED NUMBER: 7004 0750 0003 3823 0127

August 12, 2004

Aqua Utilities of Florida  
6960 Professional Parkway East, Suite 400  
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit #2611

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

Gloria Lewis, Director  
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File  
Lynn Minor, Data Management Supervisor

GOVERNING BOARD

Ometrios D. Long CHAIRMAN APPOLE	David G. Graham VICE CHAIRMAN JACKSONVILLE	R. Clay Albright SECRETARY OCALA	Duane Olsenstroer TREASURER JACKSONVILLE
W. Michael Branch FERNANDO VAL BEACH	John G. Szahinski ORLANDO	William Kerr MELBOURNE BEACH	Ann T. Moore BURNELL
			Susan N. King LAKE COUNTY

DOCUMENT NUMBER-DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK

#### 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. 2611

ORIGINAL PERMIT ISSUED: February 18, 2000  
TRANSFER PROCESS DATE: August 10, 2004

PROJECT NAME: Fern Terrace

**A PERMIT AUTHORIZING:**

The District authorizes, as limited by the attached permit conditions, the use of up to 17.7 million gallons per year of ground water from the Floridan aquifer for household type uses.

**LOCATION:**

Site: Fern Terrace  
Lake County

Section(s): 29                      Township(s): 19S                      Range(s): 25E

**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 February 18, 2000

**AUTHORIZED BY:** St. Johns River Water Management District  
Department of Resource Management

By: \_\_\_\_\_



Dwight Jenkins  
Division Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2611**  
**AQUA UTILITIES FLORIDA**  
**DATED FEBRUARY 18, 2000**

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
- (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
  - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
  - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
  - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. 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.
12. This permit will expire on February 18, 2020.
13. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:
- 17.300 million gallons from 2000 to 2000 for 77.000 acres.
  - 17.400 million gallons from 2000 to 2001 for 77.000 acres.
  - 17.500 million gallons from 2001 to 2002 for 77.000 acres.
  - 17.700 million gallons from 2002 to 2020 for 77.000 acres.
14. Maximum daily ground water withdrawals for household and utility type uses must not exceed 0.119 million gallons.
15. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
16. All submittals made to demonstrate compliance with this permit must include the permit number 2611 plainly labeled.
17. Well No.1, as listed on the application, is equipped with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
18. Total withdrawal from Well No. 1, as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:
- | Reporting Period | Report Due Date |
|------------------|-----------------|
| January - June   | July 31         |
| July - December  | January 31      |
19. The permittee must have the flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual

flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.

20. The permittee must develop a water conserving rate structure and submit it to the District for review and approval at least six months prior to the next rate case for this service area to be filed with the Florida Public Service Commission. The evaluation must include a demographic study of the service area and graphically illustrate the percentage of users per each increasing 1,000 gallon unit. A flat rate structure is not considered a water conserving rate structure.
21. The permittee must submit a District-approved water conserving rate structure to the Florida Public Service Commission (FPSC) as part of their next rate case.

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Lab Receipt Date and Time: 12/19/07 12:15  
 Received for Laboratory By: [Signature]  
 Analysis Date and Time: 12/19/07 16:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 4°C  
 Disinfectant Check:  Not Detected  >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33938 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34609 FDOH # E84418

HBEL Report Number: 2130230 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Colliert  Membrane Filtration PWS I.D. 3350370

System Name: #6407 Fern Terrace

System Address: 300 North Fern dr

City: Leesburg System or Owner's Phone #: 352-787-0980 Fax #: 352-787-6333

Collector: Willy Fontaine Collector's Phone #: 352-266-2953

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12/13/07 Date/Time: 12/17/07 Date/Time: 12/19/07 12:15

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  
 Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-17-07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM922B (Colliert) SM9223B  
 Fecal (MF) SM9221E E. coli (MF) EC-MUG (Colliert) SM9223B

Sample Number	Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
W1		A			2130230001
R1		A			1002
R2		A			2130230002

**TO BE COMPLETED BY COLLECTOR OF SAMPLE**

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid mg/L	pH
W1	well	9:30am	R	-	-
R1	210 Bentbanger	9:40am	O	1.0	-
R2	6826 Fern Cir	9:50am	O	1.2	-

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,000. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  A certified operator (# 6813)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Key: P - Present A - Absent C - Confident Growth  
 TNTC - Too Numerous to Count TA - Turbid  
 L.C.A. Absence of gas or acid

Report authorized by: [Signature] Analyst: [Signature]  
 Date: 12/19/07  
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

**Aqua Utilities Florida, Inc.**  
 1100 Thomas Avenue  
 Leesburg, FL 34748



Page 1 of 1

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 DEP Sample Types: O=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Test; S=Special (clearance, etc.) 2 Defined in Florida Administrative Code Rule 62-180  
 Top Form - ORIGINAL FORM # 1875 - PRINTING BY HEARN Middle Form - LABORATORY Pub Form - CLIENT

DOCUMENT NUMBER - DATE  
 04308 MAY 22 08

FPSC-COMMISSION CLERK

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34609 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Lab Receipt Date and Time: 12/13/07 12:15  
 Received for Laboratory By: [Signature]  
 Analysis Date and Time: 12/13/07 16:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 4.9%  
 Disinfectant Check:  Not Detected  >0.1 mg/l

HBEL Report Number: 2190291 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Coliform  Membrane Filtration PWS I.D. 3750370

System Name: #6407 Fern Terrace  
 System Address: 300 N Fern Dr

City: Leesburg System or Owner's Phone #: 352-787-0900 Fax #: 352-787-6333

Collector: Will Fontaine Collector's Phone #: 352-266-2953

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]  
 Date/Time: 12-13-07 Date/Time: 12/13/07 Date/Time: 12/13/07 12:15

Type of Supply:  Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-13-07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B  
 Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2190291001
	A			2190291002

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/l	pH
D-1	204 Glenn st	10:05AM	S	1.0	-
07	6717 Fern cir	9:55AM	S	1.2	-
Outage Pressure Below psi					

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# 6813)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth  
 TNTC - Too Numerous to Count TA - Turbid  
 L.C.A. - Absence of gas or acid  
 Analyst: [Signature]

Report authorized by: [Signature] Technical Director or Designee  
 Date: 12/13/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report  
**Aqua Utilities Florida, Inc.**  
 1100 Thomas Avenue  
 Leesburg, FL 34748



Page 1 of 1

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)  
 2 Defined in Florida Administrative Code Rule 62-160  
 Top Form - ORIGINAL FORM # 1075 - PRINTING BY HEARM Middle Form - LABORATORY Pink Form - CLIENT

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 3480 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

HBEL Report Number: 2130231 Sub-Contract Lab ID: \_\_\_\_\_

Lab Receipt Date and Time: 12/14/07 1115

Analysis Method Requested:  
 Colliert  Membrane Filtration PWS I.D. 3350370

Received for Laboratory By: PRD

System Name: #64107 Fern Terrace  
 System Address: 300 N Fern drive

Analysis Date and Time: 12/14/07 1430

Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  21 °C  
 Disinfectant Check  Not Detected  >0.1 mg/l

City: Leesburg System or Owner's Phone #: 352-787-0900 Fax #: 352-787-6383

Collector: Wish Fontaine Collector's Phone #: 352-266-2953

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-14-07 Date/Time: 12/14/07 955 Date/Time: 12/14/07 1115

Type of Supply:  Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-14-07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Colliert) SM9223B				
Fecal (MF) SM9221E		E. coli (MF) EC-MRUG (Colliert) SM9223B		
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number
	A			2130231003
	A			2130231004

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/l	pH
0-3	204 Glenn St	9:20am	S	1.0	
0-4	6717 Fern Cir	9:30am	S	1.2	
Outage Pressure below 20PSI. please call with results #sup 1-352-266-2953					

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# 6813)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth  
 TNTC-Too Numerous to Count TA-Turbid  
 L.C.A. Absence of gas or acid  
 Analyst: PRD

Report authorized by: [Signature] Technical Director or Designee

Date: 12/14/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report  
**Aqua Utilities Florida, Inc.**  
 1100 Thomas Avenue  
 Leesburg, FL 34748



Page 2 of 2

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)  
 Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY <sup>2</sup> Defined in Florida Administrative Code Rule 62-160  
 Pink Form - CLIENT

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

500 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 7, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fern Terrace 6407 NO2/NO3  
Received: 3/01/07 13:10

[2128029]

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.

5800 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4156 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: 3/7/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fern Terrace 6407 NO2/NO3  
Received: 3/01/07 13:10

[2128029]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

<u>HBEL Sample</u>	<u>Method Narratives (If Applicable)</u>		
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lahigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 3/7/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-5584

**CERTIFICATE OF ANALYSIS**

[2128029]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Fern Terrace 6407 NO2/NO3

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128029001						Sampled: 03/01/07 8:40		Received: 03/01/07 13:10			
Sample ID: Point of Entry Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		4.6	mg/L	0.0030	EPA 300.0	IC7138		03/2/07 13:35	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7138		03/2/07 13:35	JL	E96080	

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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

18331 Cartez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 3/7/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: September 14, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fern Terrace 6407 DW Scan [2126624]  
Received: 8/23/06 13:25

---

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.

5800 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: 9/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fem Terrace 6407 DW Scan  
Received: 8/23/06 13:25

[2126624]

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
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**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
EPA 504.1	PEST4785		
2126624001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 9/14/06

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Home: (772) 465-2400, Ext. 255 Fax: (772) 467-5884

## CERTIFICATE OF ANALYSIS

[2126624]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Fem Terrace 6407 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126624001						Sampled: 08/23/06 11:40				
Sample ID: POE Grab						Received: 08/23/06 13:25				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15055		08/23/06 14:51	PA	E83509
pH	Q	7.84	SU	0.200	EPA 150.1	WCDE15054		08/23/06 13:55	PA	E83509
Total Dissolved Solids		180	mg/L	5.0	EPA 180.1	WCDE15060		08/24/06 16:28	RM	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Barium		0.0078	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Sodium		8.3	mg/L	0.50	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8120		09/11/06 13:32	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8093		08/26/06 12:31	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:18	DM	E96080
Selenium		0.0030	mg/L	0.0022	EPA 200.9	META8091		08/24/06 22:33	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8096		09/11/06 0:41	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8097	08/28/06 18:45	08/31/06 23:01	DM	E96080
Chloride		20	mg/L	5.0	EPA 300.0	IC6923		08/26/06 2:49	JL	E96080
Fluoride		0.10	mg/L	0.011	EPA 300.0	IC6920		08/24/06 14:48	JL	E96080
Nitrate as N		4.7	mg/L	0.0030	EPA 300.0	IC6920		08/24/06 14:48	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6920		08/24/06 14:48	JL	E96080
Sulfate		14	mg/L	1.4	EPA 300.0	IC6923		08/26/06 2:49	JL	E96080
Surfactants as LAS, Mol.wt.340		0.11	mg/L	0.042	EPA 425.1	WCDE15052	08/23/06 14:45	08/23/06 16:00	RM	E83509
1,2-Dibromo-3-chloropropane		0.0011 U	ug/L	0.0011	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 20:35	JL	E96080
1,2-Dibromoethane		0.0025 U	ug/L	0.0025	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 20:35	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4788	08/29/06 8:09	08/29/06 16:50	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080
alapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080

5600 US 1 North  
 Fort Pierce, FL 34946  
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
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 FDOH # E83509

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418



Printed: 9/14/08

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-994

## CERTIFICATE OF ANALYSIS

[2126624]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Fern Terrace 6407 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 20:30	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,2-Dichloroethane		0.28 U	ug/L	0.29	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
o-xylene		0.22 U	ug/L	0.22	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Total Xylenes		0.48 U	ug/L	0.46	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Trichloroethene		0.38 U	ug/L	0.36	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2685		08/28/06 0:20	WR	E96080
Alachlor		0.66 U	ug/L	0.66	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Atrazine		0.52 U	ug/L	0.52	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Benzo(a)pyrene		0.076 U	ug/L	0.076	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
bis(2-ethylhexyl)phthalate		0.91 U	ug/L	0.91	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Di(2-ethylhexyl)adipate		0.73 U	ug/L	0.73	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Hexachlorobenzene		0.33 U	ug/L	0.33	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Hexachlorocyclopentadiene		0.26 U	ug/L	0.26	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Simazine		0.68 U	ug/L	0.68	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:11	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2331		09/7/06 19:44	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2331		09/7/06 19:44	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2328		08/28/06 13:07	JJM	E96080
Endothal		20 U	ug/L	20	EPA 548.1	SAL1027		08/31/06 14:01	SAL	E84129
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2327	08/25/06 10:42	08/28/06 12:14	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1026		08/25/06 18:26	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26165		08/25/06 8:50	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	09/1/06 11:45	09/1/06 17:21	GG	E96080

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Printed: 9/14/06

Page 4 of 6

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2126624]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Fern Terrace 6407 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126624002						Sampled: 08/23/06 10:55				
Sample ID: TRIP BLANK						Matrix: Water				
						Received: 08/23/06 13:25				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,1,2-Trichloroethane	0.44 U		ug/L	0.44	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,1-Dichloroethane	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,2,4-Trichlorobenzene	0.41 U		ug/L	0.41	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,2-Dichlorobenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,2-Dichloroethane	0.29 U		ug/L	0.29	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,2-Dichloropropane	0.40 U		ug/L	0.40	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
1,4-Dichlorobenzene	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Benzene	0.20 U		ug/L	0.20	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Bromodichloromethane	0.25 U		ug/L	0.25	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Bromoform	0.41 U		ug/L	0.41	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Carbon tetrachloride	0.24 U		ug/L	0.24	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Chlorobenzene	0.30 U		ug/L	0.30	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Chloroform	0.25 U		ug/L	0.25	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
cis-1,2-Dichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Dibromochloromethane	0.30 U		ug/L	0.30	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
o-Dichlorobenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Methylene chloride	0.23 U		ug/L	0.23	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Styrene	0.21 U		ug/L	0.21	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Tetrachloroethane	0.24 U		ug/L	0.24	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Toluene	0.22 U		ug/L	0.22	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Total THMs	0.50 U		ug/L	0.50	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Total Xylenes	0.46 U		ug/L	0.46	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
trans-1,2-Dichloroethane	0.35 U		ug/L	0.35	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Trichloroethane	0.36 U		ug/L	0.36	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080
Vinyl chloride	0.32 U		ug/L	0.32	EPA 524.2	VOC2685		08/28/06 0:54	WR	E96080

Laboratory ID: 2126624003						Sampled: 08/23/06 10:55				
Sample ID: 200 Bantbough MRT Grab						Matrix: Water				
						Received: 08/23/06 13:25				
						Results reported on Wet Weight Basis				
Bromodichloromethane	0.79		ug/L	0.25	EPA 524.2	VOC2686		08/28/06 16:16	WR	E96080
Bromoform	0.41 U		ug/L	0.41	EPA 524.2	VOC2686		08/28/06 16:16	WR	E96080
Chloroform	0.67		ug/L	0.25	EPA 524.2	VOC2686		08/28/06 16:16	WR	E96080
Dibromochloromethane	0.98		ug/L	0.30	EPA 524.2	VOC2686		08/28/06 16:16	WR	E96080
Total THMs	2.4		ug/L	0.50	EPA 524.2	VOC2686		08/28/06 16:16	WR	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.  
 Q Sample held beyond the accepted holding time.

5600 US 1 North  
 Fort Pierce, FL 34946  
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
 Sanford, FL 32771  
 FDOH # E83509

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 9/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
POB 490310  
Leesburg, FL 34749

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fern Terrace 6407 NO2/NO3 [2125111]  
Received: 3/16/06 13:45

---

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.

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2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

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**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Fern Terrace 6407 NO2/NO3  
Received: 3/16/06 13:45

[2125111]

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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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**Quality Control Summary**

Method HBEL Batch Analyte

Analytical Issue

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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Sanford, FL 32771  
FDOH # E83509



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FDOH # E84418

Printed: 3/20/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[21251111]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Fern Terrace 6407 NO2/NO3

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125111001						Sampled: 03/15/06 9:25		Received: 03/16/06 13:45			
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N	Q	5.3	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 13:13	RS	E96080	
Nitrite as N	Q	0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 13:13	RS	E96080	

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.  
Q Sample held beyond the accepted holding time.

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FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Soli  
Secretary

VIA EMAIL

[PAFarris@aquaaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

OCD-PW-SS-07-0474

<u>Lake County - PW</u>	<u>PWS ID Number</u>
Fem Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 29, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at [Danielle.D.Owens@dep.state.fl.us](mailto:Danielle.D.Owens@dep.state.fl.us) or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager  
Drinking Water Compliance and Enforcement

KMD/ddo  
Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER - DATE

04308 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida  
 Department of Environmental Protection  
 Central District  
**SANITARY SURVEY REPORT**

Plant Name FERN TERRACE SUBDIVISION County Lake PWS ID # 3350370  
 Plant Location 300 North Fern Drive, Leesburg, FL 34788 Phone (352) 435-4028  
 Owner Name Agua Utilities Florida, Inc. Phone (352) 435-4028  
 Owner Address 1100 Thomas Avenue, Leesburg, FL 34748  
 Contact Person Patrick Farris Title Env. Compliance Specialist Phone (352) 435-4029  
 This Survey Date 04/11/07 Last Survey Date 04/28/04 Last C.I. Date 8/24/99

**PWS TYPE & CLASS**

- Community (5D)  
 Non-transient Non-community  
 Non-Community

**PWS STATUS**

- Approved system with approval number & date  
HRS #4688 - 01/16/62  
WC35-192001 - 06/26/92  
 Unapproved system

**SERVICE AREA CHARACTERISTICS**

Subdivision \_\_\_\_\_  
 Food Service:  Yes  No  N/A

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Will Fontaine C-6813 Lead/Chief Operator  
See MOR for complete list of operators  
 O & M Log:  Yes  No  Not required  
 Operator Visitation Frequency  

Hrs/day: Required	Visit	Actual	Visit
Days/wk: Required	3	Actual	5

 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A  
 Population reported on monthly operation reports  
 differs from Department records.

Number of Service Connections 125  
 Population Served 283 Basis Operator  
 Average Day (from MORs) 35,533 gpd  
 Max. Day (from MORs) 69,100 gpd 03/07  
 Max-day Design Capacity 129,600 gpd

**WRITTEN PROGRAMS**

O & M Manual Yes Located Water treatment plant  
 Written Preventive Maintenance Program Yes  
 Flushing Plan  Yes  No Records No  
 Valve Maint Plan  Yes  No Records No  
 Emergency Response Plan  Yes  No  N/A  
 Comments \_\_\_\_\_

**RAW WATER SOURCE**

- GROUND; Number of Wells 1  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
 Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

- Yes  None  Not Required  
 Source Baldor Diesel  
 Capacity of Standby (kW) 40  
 Switchover:  Automatic  Manual  
 Standby Plan:  Yes  No  
 Hrs Operated Under Load 4 hrs/mo  
 What equipment does it operate?  
 Well pumps All  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment All  
 Satisfy average day demand?  Yes  No  Unk  
 Comments Audio-visual alarm and remote

telemetry in the event of a power loss.

**TREATMENT PROCESSES IN USE**

Disinfection  
 What additional treatment is needed?  
None at this time  
 For control of what deficiencies?  
N/A

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type 4" McCrometer  
 Backflow Prevention Devices:  Yes  No  
 Cross-connections None observed  
 Coliform Sampling Plan:  Yes  No  N/A  
 DDBP Monitoring Plan:  Yes  No  N/A  
 Distribution System Map  Yes  No  N/A  
 Written Cross-connection Control Program:  
Inadequate  
 Comments Flow meter last calibrated 04/13/05 by  
Central Florida Controls, Inc.

**GROUND WATER SOURCE**

Well Number (FLUWID No.)	1 (AAC3234)			
Year Drilled	1960			
Depth Drilled	160'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	107'			
Diameter (outside casing)	3"			
Material (outside casing)	Black steel			
Well Contamination History	Nonr			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	> 100'		
	Reuse Water	N/A		
	WW Plumbing	< 100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Goulds		
	Model Number	20045		
	Rated Capacity (gpm)	180		
	Motor Horsepower	15		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Housing			
Well Vent Protection	Yes			

**COMMENTS** The Department will continue to accept the wastewater plumbing set back distance unless the well is shown to be microbially or chemically contaminated.  
Provide information for all items marked "unknown."

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner Capacity      \* gpd  
 Chlorine Feed Rate #1- 2.5 stroke #2 - 2.5 stroke  
 Avg. Amount of Cl<sub>2</sub> gas used      N/A  
 Chlorine Residuals: Plant 1.43 Remote 1.56  
 Remote tap location 200 Bentbough  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank  
 Booster Pump Info       
 Comments \* 2 Stenner hypochlorinator pumps: #1  
- 10 gpd, #2 - 3 gpd

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

**AERATION (Gases, Fe, & Mn Removal)**

Type      Capacity       
 Aerator Condition       
 Bloodworm Presence       
 Visible Algae Growth       
 Protective Screen Condition       
 Comments     

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated  
 (B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Hydropneumatic tank has not been cleaned or inspected. A cleaning and inspection is scheduled for November 2007.

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

**DEFICIENCIES:**

**1. Failure to adequately establish and implement a cross-connection control program.**

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, [www.frwa.net](http://www.frwa.net), also has a cross-connection control manual for your reference

**2. Failure to keep records documenting that isolation valves are being exercised.**

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**3. Failure to keep records documenting that dead-end water mains are being flushed.**

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

**4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.**

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C.]

**5. The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007. For a system that collects fewer than 40 samples per month, if no more than one sample collected during a month is total coliform-positive, the system is in compliance with the maximum contaminant level for total coliforms. [Rule 62-550.310(5)(a)2, F.A.C.]**

**COMMENTS/REMINDERS:**

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

**For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.**

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

**COMMENTS/REMINDERS (continued):**

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

- Provide information for all items marked "unknown."

Inspector *Paralle D. Owens* Title Environmental Specialist I Date 05/10/07

Approved by *Eric D. ...* Title Environmental Manager Date 05/17/07



July 2, 2007

Danielle Owens  
Environmental Specialist  
FDEP Central District  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767

**RE: Reply to Lake County Sanitary Surveys**

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

**For All Systems:**

1. *Failure to adequately establish and implement a cross-connection control program.*

**Response:**

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

**Response:**

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

**Response:**

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. *Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.*

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

**Fern Terrace PWS 3350370:**

1. *The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.*

**Response:**

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 2/12/07 and 2/13/07, both passed.

**Skycrest PWS 3351205:**

1. *The maximum contaminant level for total coliform bacteria was exceeded during April 2007.*

**Response:**

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 4/16/07 and 4/17/07, both passed.

**Valencia Terrace PWS 3351421:**

1. *Failure to provide a self contained breathing apparatus (SCBA).*

**Response:**

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

**Grand Terrace PWS 3354697:**

1. *The maximum contaminant level for total coliform bacteria was exceeded during November 2006.*

**Response:**

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 11/6/06 and 11/7/06, both passed.

**Western Shores PWS 3351464:**

1. *Failure to provide a self contained breathing apparatus (SCBA).*

**Response:**

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

**Silver Lake Estates PWS 3351182:**

1. *Failure to provide a self contained breathing apparatus (SCBA).*

**Response:**

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. *Failure to submit a capacity analysis report.*

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at [PAFarris@aquamerica.com](mailto:PAFarris@aquamerica.com). Thank you.

Sincerely,

*Patrick Farris*

Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail

















