# **PUTNAM COUNTY**

# Silver Lake Oaks WTF Silver Lake Oaks WWTF

Docket No. 100330-WS

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

Florida

Volume 5 Book 2 Set 13 of 17

Part 4 of 5

# Containing:

Permits
Monthly Operating Reports
Discharge Monitoring Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

07303 SEP-19



. General Inform	ation for the Month/	Year of: May, 2008				
. Public Water Sy	ystem (PWS) Informa	ation				
PWS Name:	Silver Lake Oaks		······································		PWS Identification Number:	2544258
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Cor	nmunity	Consecutive	
Number of Service Co	onnections at End of Montl	1: 46			al Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florio	la				
Contact Person:	Brian Heath	,	······································	Cor	tact Person's Title: Area N	/anager
Contact Person's Mai	ling Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tele	phone Number:	(352) 787-0980				787-6333
Contact Person's E-M	fail Address:	beheath@aguaamerica.com			(302)	
Vater Treatmen	nt Plant Information			***************************************		
Plant Name:	Silver Lake Oaks			***************************************	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Dr	ive		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatm			nased Finished Water	Teny. Tunana	Julia Tibrida	Elp code. 32177
The state of the s	Day Operating Capacity of		100,800			
	ubsection 62-699.310(4), F.		,	Plant	Class (per subsection 62-699.310(4),	F.A.C.): D
	tors		License Class			Shift(s) Worked
	ator: Paul Thompson		A	7251	Days 1st Shift	min(c) (voiacu
Other Operators:	David Haring		С	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	
				<del></del>		
				<del> </del>		
				+		
				<del> </del>		
				<del> </del>		
ertification by l	Lead/Chief Operator			removed and the second		
		operator licensed in Florida, am the le	ead/chief operator of th	e water treatment	plant identified in part I of this	report. I certify that the
nformation provid	ded in this report is tru	ie and accurate to the best of my know	ledge and belief I cer	tify that all drinks	as weter treatment chamicals w	and at this plant conform to NS
nternational Stand	dard 60 or other appli	cable standards referenced in subsection	nedge and benef. Teel	C I le	ig water treatment chemicals to	sed at this plant comoffin to 145
are premared as	dard oo or other appli	capie standards referenced in subsection	311 02-333.320(3), F.A.	C. Taiso cerniy t	nat the following additional op	erations records for this plant
cre prepared eac	in day that a licensed (	pperator staffed or visited this plant du	ring the month indicate	ed above: (1) reco	ords of amounts of chemicals u	sed and chemical feed rates; and
2) ii applicable, a	appropriate treatment p	process performance records. Furthern	nore, I agree to provide	e these additional	operations records to the PWS	owner so the PWS owner can
etain them togeth	ner with copies of this	report, at a convenient location for at	least ten years.			
		1.1.				
10		6/9/08 Paul	Thompson			A7251
ignature and Date			ed or Typed Name		***************************************	License Number
			D1			(
DEP Form 62-555 90	00(3)Alternate		Page 1			

4,577

7,500

Avgerage

Maximum

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



See Pages 4 for Instructions.

DEP Form 62-555 900(3)Alternate

General Information		ar of: June, 2008				
Public Water System	n (PWS) Informati	on				
PWS Name:	Silver Lake Oaks				PWS Identification Nun	nber: 2544258
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Cor	nmunity	Consecutive	
Number of Service Connec	tions at End of Month:	46		Te	otal Population Served at End	of Month: 94
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			To-	ontact Person's Title:	Area Manager
Contact Person's Mailing A	Address: PC	O Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		52) 787-0980		C	ontact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A		eheath@aquaamerica.com				
Water Treatment Pl	ant Information					
Plant Name:	Silver Lake Oaks				Plant Telephone Numbe	er: (352) 787-0980
Plant Address:	7017 Silver Lake Drive			City: Palatka	State: Florida	Zip Code. 32177
Type of Water Treatment b			urchased Finished Water			
Permitted Maximum Day C	Operating Capacity of Pla	ant, gallons per day:	100,800			
Plant Category (per subsect	tion 62-699.310(4), F.A.			Plan	nt Class (per subsection 62-69	99.310(4), F.A.C.): D
Licensed Operators	<b>建筑有是中国共享</b>	Name	License Class	License Numl	ber I	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
erd Bebugge	Ralph Marriott		С	7527	Days 1st Shift	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
医骨髓管 医神经炎						
till transcription						
Certification by Lead						
, the undersigned wat	er treatment plant of	perator licensed in Florida, am th	ne lead/chief operator of th	e water treatmer	nt plant identified in par	t I of this report. I certify that the
nformation provided	in this report is true	and accurate to the best of my ki	nowledge and belief. I cer	tify that all drink	cing water treatment che	emicals used at this plant conform to NS
nternational Standard	60 or other applica	ble standards referenced in subse	ection 62-555.320(3), F.A.	C. I also certify	that the following addit	tional operations records for this plant
	* *				and the control of th	emicals used and chemical feed rates; an
				and the state of t		the PWS owner so the PWS owner can
//	* * · · · · · · · · · · · · · · · · · ·	port, at a convenient location for		e mese additione	ii operations records to	the 1 W5 Owner So the 1 W5 Owner can
ctain them, together v	viui copies of this re	eport, at a convenient location for	at least tell years.			
12		27 N8 NR	Dayl Thomason			A7251
- V			Paul Thompson			A7251
Signature and Date		1 1	Printed or Typed Name			License Number

Page 1

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks					***************************************	
III. D	aily Data	for the N	lonth/Year	of:		June, 2008					***************************************			
			g Virus Inacti		val: 🔽 Frec (		71. 1		p./w					
	traviolet R		70	r (Describe)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	morne [	Chlorine D	oxide	☐ Ozone	[ Comb	oined Chlori	ne (Chlorai	nines)	
					The same of the sa									
Type	of Disinte	ctant Resid	dual Maintai		ribution System:	₩ Free Chle				(Chloramine		Chlorine I	Dioxide	
				(	T Calculations, or	UV Dose, to	Demostate '	Four-Log	Virus Inac	tivation, if	Applicable	•		
						CT Calc					UV			
				1.00	SERVICE DE LA COMPANSION DEL COMPANSION DE LA COMPANSION		1.00	ale de la constante	A SECTION AND ADDRESS OF	Assessment		Sec. 2012		
1865	<b>CONTRAC</b>		300000			Disinfectant	Lowest CT Provided	4.5						The state of the s
156	Days Plant	4.80.53			Lowest Residual	Contact Time	Before or at	49.00		1000	4000000		Lowest Residual	
	Staffed or		Net Quantity	C FOR CAR	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	7900 T (115)		Minimum CI	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work tha
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
ith	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
- 1		24.0	6,000											
2	X	24.0	6,000		1.2		<u> </u>						0.8	
3	X	24.0	4,400		1.1								0.9	
4	X	24.0	5,000		1.3								1.1	
5 6	X	24.0	7,100		1.2								0.9	
7		24.0 24.0	3,700 4,000		1.2								0.8	
. 8		24.0	4,000											
9 :	Х	24.0	4,000		0.5								0.5	
10	X	24.0	8,000		0.6								0.5	
<i>-</i> 11 -	X	24.0	3,500		0.7								0.4	
12	Х	24.0	5,400		0.6								0.3	
13 -	Х	24.0	9,400		0.6								0.3	
14		24.0	4,100											
15		24.0	4,100											
16	Х	24.0	4,100		0.8								0.5	
17 ∉	Х	24.0	4,400		0.7					11.7.044.140.7.1.18092.79091			0.4	
18	X	24.0	3,200		0.7								0.3	
19	X	24.0	4,200		0.6								0.3	
.1	X	24.0	4,500		0.8								0.4	
21 22		24.0 24.0	3,833 3,833											
23	×	24.0	3,833		0.7									
24	X	24.0	4,000		0.7								0.3	
25	X	24.0	4,400		0.7								0.3	
26	X	24.0	3,500		0.6								0.4	
27	X	24.0	4,000		0.7								0.4	
28		24.0	4,533						***************************************				0.4	
29		24.0	4,533			***************************************								
30	Х	24.0	4,533		0.7								0.4	
31		24,0												
otal			140,100											
vgerage	-		4,519											
Maximur	a		9,400											

<sup>\*</sup> 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.

ublic Water System (PWS) Inf	ormation				
WS Name: Silver Lake O				PWS Identification Number:	2544258
WS Type:	nity Non-Transient Non-Communi	ity Transient Non-C	ommunity	Consecutive	
umber of Service Connections at End of	Month: 46		Tota	al Population Served at End of Month	94
WS Owner: Aqua Utilities	s Florida				
ontact Person: Brian Heath			Con	tact Person's Title: Area N	Manager
ntact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephone Number:	(352) 787-0980		Con	tact Person's Fax Number: (352)	787-6333
ontact Person's E-Mail Address:	beheath@aquaamerica.com				
ater Treatment Plant Informa	ntion				
ant Name: Silver Lake O	aks			Plant Telephone Number:	(352) 787-0980
nt Address: 7017 Silver L	ake Drive		City: Palatka	State: Florida	Zip Code: 32177
pe of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water			
mitted Maximum Day Operating Capa	city of Plant, gallons per day:	100,800			
int Category (per subsection 62-699.310	0(4), F.A.C.): IV		Plant	Class (per subsection 62-699.310(4),	F.A.C.): D
itensed Operators	Name - 1	License Cla	ss License Numbe	Day(s)/	Shift(s) Worked
ad/Chief Operator: Paul Thompso	on	A	7251	Days 1st Shift	
her Operators: David Haring		C	14091	Days 1st Shift	
Ralph Marrio	tt	C	7527	Days 1st Shift	
		1			
			1		
rtification by Lead/Chief Ope	erator				
he undersigned water treatment	plant operator licensed in Florida, an	n the lead/chief operator of	the water treatment	plant identified in part I of this	s report. I certify that the
	t is true and accurate to the best of my				
	applicable standards referenced in su				
	nsed operator staffed or visited this pl				
	ment process performance records. F		ide these additional	operations records to the PWS	s owner so the PWS owner ca
tain them together with copies of	of this report, at a convenient location	for at least ten years.			
	1 1				
	2 2 2 2	AND THE PERSON OF THE PERSON O			A 72 C1
	- 817108	Paul Thompson			A7251

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

PWS I	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
II. D	aily Data	for the M	onth/Year	of:		July, 2008								
				vation/Remov	val: ▼ Free C	hlorine [	Chlorine Di	ioxide Γ	Ozone	┌ Comb	ined Chlori	ne (Chlorar	nines)	
	traviolet R	_		r (Describe):				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0114	, come	med emen	in (cinorai		
					***************************************	▼ Free Chlo	rine [	Combine	d Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
	n Disiniec	ciant Residi	uai Maintai	neu in Disu	Toution System:  T Calculations, or	IV Thee Circ	nne ,	Comonic	CHIOTHIC	(Cinorum)	ASSESSES ASSESSES	emornie i	//Odde	entre and a second
				250 F (	1 Calculations, or	UV-Dose, to	Demostate	rour-Log	Virus Inac	tivation, ii z	Applicable	T. T. March		and the second second second
	or Court of		Net Quantity	5 67 674 67	The second secon	CT Calc	ulations				UV	Dose		
30.00	A 400-0	10 m 10 m	na waka		White the same	87803	Lowest CT.	2012470		Minimum CT				
	Section 4	教技术学	A secret h			Disinfectant	Provided		4.00年	Tree Con-		eta er eba	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 30 m	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	<b>国际经济中央公司的支持部分</b>
	Staffed or	I	Net Quantity		Disinfectant	(T) at C	First	2.25	A Park		Lawart	Minimum UV Dose	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1.4		14 CT	- Lowest Operating	Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work
Day of		Hours plant	Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	Flow ma	Temp of	H of Water	Required, mg	UV Dose,	mW-	Distribution 4	Involves Taking Water System Compone
the h	(Place	Operation	oal		Peak Flow, mg/L	minutes	min/T	Water OC	f Applicable	min/L	mW-sec/cm <sup>2</sup>		System, mg/L	Out of Operation
11	X	24.0	3,000	Traite, Epo	0.7	minutes ()			TP-31-010		200,011	277 711	0.4	
-2	X	24.0	4,000		0.6								0.3	
. 3	X	24.0	4,200		1.1								0.6	
4	Х	24.0	2,900		1.1								0.7	
5		24.0	5,000								***************************************			
6.		24.0	5,000							-		-		
7	Х	24.0	5,000		0,5								0.3	
8	X	24.0	6,000		0.8			-					0.5	
9	X	24.0 24.0	4,100 4,500		0.7	Augustian Company							0.4	
10 11	X	24.0	3,200		0.7						<del></del>		0.4	
128		24.0	4,733		0.0									
13		24.0	4,733											
14	Х	24.0	4,733		0.7	***************************************					***************************************		0.4	
15	Х	24.0	7,200		0.7								0.4	
16%	Х	24.0	3,600		0.7								0.3	
17 5	Х	24.0	4,000		0.9								0.5	
18	Х	24.0	3,400		0.8								0.3	
19		24.0	4,800											
<u>√1</u> ∡1∀	Х	24.0 24.0	4,800 4,800		1.0								0.6	
22	X	24.0	2,300		1.0								0.6	
23	X	24.0	3,400		1.0								0.5	
24	X	24.0	5,000		1.0								0.5	
25	Х	24.0	4,200		0.9								0.5	
26		24.0	3,367											
27		24.0	3,367											
28 +	Х	24.0	3,367		1.0								0.5	
29	Х	24.0	5,000		0.9								0.4	
30%	X	24.0	3,400		0.9								0.5	
31	X	24.0	4,000		0.9								0.5	
tal 🔻	*****		131,100											
Retag	et de Kal	7. 2 2. 2	4,229	3										

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

7,200



See Pages 4 for Instructions.

DEP Form 62 900(3)Alternate

General Informatio	on for the Month/	Year of: August, 2008				
Public Water Syste		ation			<i>-</i>	
WS Name:	Silver Lake Oaks				PWS Identification Numb	per: 2544258
WS Type:		Non-Transient Non-Community	Transient Non-Com		Consecutive	
Number of Service Conne				Total	Population Served at End o	of Month: 94
PWS Owner:	Aqua Utilities Florio	la				
Contact Person:	Brian Heath				ct Person's Title:	Area Manager
Contact Person's Mailing		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephor		(352) 787-0980		Conta	ct Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail		beheath@aquaamerica.com				18.0
Vater Treatment P						
ant Name:	Silver Lake Oaks				Plant Telephone Number:	(352) 787-0980
lant Address:	7017 Silver Lake Dr			City: Palatka	State: Florida	Zip Code: 32177
pe of Water Treatment			rchased Finished Water			
	Operating Capacity of		100,800			
	ction 62-699.310(4), F.				lass (per subsection 62-699	
		Name 💹	License Class	License Number	Da	ay(s)/Shift(s).Worked
ead/Chief Operator			A	7251	Days 1st Shift	
ther Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	
Sections by Section 1999						
	1/01/1 00					
THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ad/Chief Operator					
		operator licensed in Florida, am the	-			
formation provided	I in this report is tr	ue and accurate to the best of my know	owledge and belief. I cert	ify that all drinking	g water treatment cher	nicals used at this plant conform to N
ternational Standar	d 60 or other appli	cable standards referenced in subsec	ction 62-555.320(3), F.A.	C. I also certify that	at the following additi-	onal operations records for this plant
ere prepared each d	lay that a licensed	operator staffed or visited this plant	during the month indicate	d above: (1) record	ds of amounts of chen	nicals used and chemical feed rates; a
						he PWS owner so the PWS owner ca
		report, at a convenient location for	_	******************	F	
Joseph Control	man copies or ans	1	ouot toti jouro.			
	1 1 00 0 - Remove was	09/18/18	1 Per			4.7264
10			aul Thompson			A7251
gnature and Date			rinted or Typed Name			License Number

Page 1

PWS I	VS Identification Number: 2544258 Plant Name: Silver Lake Oaks													
III. I	aily Data	for the N	lonth/Year	of:		August, 2008								
Personal Property and Property			g Virus Inactiv		/al: <b>▼</b> Free C	hlorine r	Chlorine Di	oxide	□ Ozone	┌ Comb	sined Chlori	ne (Chloran	nines)	
	traviolet R			r (Describe):		•	Cincinio Di		,	, com	Jiiica Cilion	(		
					ibution System:	▼ Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	:s)	Chlorine I	Dioxide	
Type	I Distille	Lant Resid	duar iviairitar		T Calculations, or								STATE OF STREET	
357	0.00	September	STATES AND	and the second second second	1 Calculations, or									APPROPRIEST OF THE PROPERTY.
200	erane.	46.20				Circaic	uiauoiis	12.491	7 7 7 7		74 4 3 4	Posts in the	<b>在他们主任</b>	
	100		19842				Lowest CT	Article Control			20 - 40			多年,15日本11年,1月日
			realist Partis			Disinfectant	Provided			1				
	Days Plant			a de combina	Lowest Residual  Disinfectant	Contact Time (T) at C	Before or at	4.5	1.00			Minimum,	Lowest Residual Disinfectant	
· State	Staffed or Visited by		Net Quantity of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose		Emergency or Abnormal Operating
Day of	Operator		Control of the Contro		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	\$100 CONTRACTOR (\$100)		Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
1		Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup> /	System, mg/L	Out of Operation
100.460	X	24.0			0.9	W. Carlotte							0.5	
. 242		24.0								ļ		-		
37		24.0 24.0	3,433 3,433		0.9							<u> </u>	0.5	
4	X	24.0	4,100		0.8		<u> </u>			<b> </b>			0.4	
6.3	X	24.0	4,500		0.9		<u> </u>						0.5	
7.0	X	24.0	3,100		1.0								0.5	
8/44	X	24.0	3,100		0.9								0.5	
9		24.0	5,033											
=10		24.0	5,033							ļ			0.4	
12	X	24.0 24.0	5,033 3,400		0.8		<u> </u>					<u> </u>	0.4	
13	X	24.0	3,400		1.1								0.5	
14	X	24.0	3,800		0,8								0.4	
15	Х	24.0	3,400		0.9								0.4	
16		24.0	4,000											
175		24.0	4,000											
18	X	24.0	4,000		1.0							ļ	0.5	
19	X	24.0	2,600 4,400		1.0		<u> </u>						0.3	
2021	X	24.0	4,400		1.0								0.4	
22	X	24.0	4,000		1.0								0.4	
23		24.0	6,667											
24	An and the second	24.0	6,667											
25	X	24.0	6,667		0.5								0.2	
26	X	24.0	2,700		0.8								0.4	
27	X	24.0	2,700		0.8 1.6								0.4	
28	X	24.0 24.0	4,300 2,000		1.6								1.2	
*-30*-	^	24.0	3,700		1.3								1.2	
31		24.0	3,700									<b></b>		
			122,300							*	A	A		
Avgeras	e*		3,945											
Maxim	m - C		6,667											

'0(3)Altemate

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



See Pages 4 for Insti	ructions.						
l. General Information		ear of: Septembe	r, 2008	- 4			
A. Public Water System	n (PWS) Informa	tion					Washington and the second seco
PWS Name:	Silver Lake Oaks					PWS Identification Number:	2544258
PWS Type:	✓ Community	Non-Transient Non-Commu	unity	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month:				To	tal Population Served at End of Month	h: 94
PWS Owner:	Aqua Utilities Florida	a					
Contact Person:	Brian Heath				Co	intact Person's Title: Area	Manager
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980			Co	ntact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.co	<u>m</u>				
. Water Treatment Pl	ant Information						
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Dri	ve		e e ingliere	City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day (	Operating Capacity of F	Plant, gallons per day:		100,800			
Plant Category (per subsect						t Class (per subsection 62-699.310(4)	
		Name	1000年至4000	License Class	License Numb	per Day(s)/	Shift(s) Worked
Lead/Chief Operator:	Paul Thompson			Α	7251	Days 1st Shift	And the second s
Other Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
				The state of the s	la constant		
Control Control (Control Control Contr							
				1			
				1	<u> </u>		
I. Certification by Lead	d/Chief Operator			also as a selection			
-	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	The state of the s	om the load/shi	of operator of the	a water treatmen	t plant identified in part I of th	is report. I certify that the
_						•	*
							used at this plant conform to NSF
							perations records for this plant
	Application of the state of the	**					used and chemical feed rates; and
					these additiona	l operations records to the PW	'S owner so the PWS owner can
retain them, together v	with copies of this	report, at a convenient location	on for at least te	n years.			
		1 10					
		10/08/08	Paul Thomps	on			A7251
Signature and Date		<del>- / - /</del>	Printed or Ty				License Number
and a process of the second se							

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

PWS I	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
II. I	aily Data	for the M	onth/Year	of:		September, 200	08							
1eans	of Achievi	ng Four-Log	Virus Inactiv	vation/Remov	val: ▼ Free C	Chlorine C	Chlorine Di	ovide	☐ Ozone	Comi	bined Chlorii	an (Chlorer	ninaci	
	traviolet R	-		er (Describe):		1	CHIOTHIC DI	OXIGE	1 Ozone	1 Com	oinea Cinorii	ne (Chiorai	nines)	
					ibution System:	▼ Free Chle	orina [	Combin	ed Chlorine	(Chloramine	ac) [	Chlorine I	Novida	
ype o	) Distilled	Tallt Kesiu	uai Maintai								and the second second second		Joxide	
ig ig			4.00		T Calculations, or			our-Log	Virus Inac	tivation, if				是不有以下,这个可以是1996
	9-4			1 ( <del>1</del> )		CT Calc	ulations	16.50%, 9	*	Confidence	July UV I	Dose		
							Lowest CT				Carlos I			
	4.3.44	2017	GAZ AND	15.	Land Control	Disinfectant	Provided		Salfana a	4 1 3 4	District Control		Assess Applie	the fact of the control of the fact
	Days Plant		40.6 (4.6)	40.00	Lowest Residual	Contact Time	Before or at	- 0.405	1.15	-			Lowest Residual	and the desired and a second
2	Staffed or		Net Quantity		Disinfectant *	(T) at C	First 1	4.51456				Minimum	Disinfectant	TAKE BELLEVIOR BUILDING
	Visited by		of Finished		Concentration (C)	Measurement	Customer	Constant			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant		D 1 200	Before or at First	Point During	During Peak	Temp of	TI-CIVI	Minimum CI		Required,	Remote Point in	Conditions, Repair or Maintenance Work
	(Place	in Operation	Producted.	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg-	Water Oc	pH of Water, if Applicable	Required, mg	mW-sec/cm <sup>2</sup>	mW-	Distribution	Involves Taking Water System Compon
1	,"X") X	Operation 24.0	gal. 3,700	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	n Applicable	min/is	mw-sec/cm	sec/cm <sup>2</sup>	System, mg/L 0.5	Out of Operation
2	X	24.0	6,300	4,355	1.1								0.5	
3 )	X	24.0	4,000		1.4									Outage - Tank Cleaning and Inspection
4	Х	24.0	2,600		1.4					5.4		***************************************	0.9	8
.5	Х	24.0	5,500		0.8	······································							0.4	A LAKE
6 "		24.0	5,200		d data					1				
7		24.0	5,200									-	-	
8	X	24.0	5,200		0.9						-		0.4	
9	. X	24.0	3,300		1.0								0.4	
10	X	24.0	3,300		1.3								0.6	<u> </u>
11	X	24.0	3,100		1.5								0.6	
12	X	24.0	4,400		1.5					······································			0.6	
14 %		24.0	4,400 4,400											
15	x	24.0	4,400		1.3								0.6	
16	X	24.0	4,200		1.2								0.6	
17	X	24.0	4,300		1.4	***************************************				······································			0.9	
18	Х	24.0	3,300		1.4					***************************************			0.8	
19	Х	24.0	5,100		1.4	**************************************							0.8	
		24.0	5,167											
21		24.0	5,167											
22 😘	Х	24.0	5,167		1.5								0.8	
23	X	24.0	3,400		1.3								0.6	
24	X	24.0	6,500		1.3								0.7	
25	X	24.0	2,200		1.2								0.7	
26 27	Х	24.0	5,000		1.2								0.7	
28		24.0	3,833 3,833											
29	X	24.0	3,833		1.2								0.0	
30	X	24.0	4,200		1.1								0.6	
			7,200		1.1								0.0	
31		24.0												
31		24.0	130,200								L			

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

6,500

DEP Form 62-5 0(3)Alternate



See Pages 4 for Instructions.				
I. General Information for the Month/Year of:	October, 2008			
A. Public Water System (PWS) Information				
PWS Name: Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type: Community Non-Transient	Non-Community Transient	Non-Community	Consecutive	2344236
Number of Service Connections at End of Month:	46		al Population Served at End of Mo	onth: 94
PWS Owner: Aqua Utilities Florida			Topada, solited at pile of the	
Contact Person: Edward Pellenz		Co.	ntact Person's Title: Ma	anager of Operations
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Con		52) 787-6333
Contact Person's E-Mail Address: ejpellenz@aquaa	merica.com			
Water Treatment Plant Information				
Plant Name: Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by Plant:	ter Purchased Finished W	ater		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800	0		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plan	Class (per subsection 62-699.310	(4), F.A.C.): D
Licensed Operators Name	Licen	ise Class   License Numb	er Day(s)	)/Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A	7251	Days 1st Shift	
Other Operators: David Haring	C	14091	Days 1st Shift	
Ralph Marriott	C	7527	Days 1st Shift	
- Carlotte Committee Commi				
The state of the s				
l. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in	Florida am the lead/chief opera	tor of the water treatment	plant identified in next I of	Aliana de Landification
information provided in this report is true and accurate to the	a bast of my browledge and ball	of I and Carles all 1 : 1	plant identified in part 1 of	this report. I certify that the
information provided in this report is true and accurate to the	e dest of my knowledge and bene	2) F. A. C. J. J. L. C.	ng water treatment chemica	is used at this plant conform to NSF
International Standard 60 or other applicable standards references	renced in subsection 62-555.320(	3), F.A.C. Talso certify t	hat the following additional	operations records for this plant
were prepared each day that a licensed operator staffed or v	isited this plant during the month	indicated above: (1) reco	ords of amounts of chemical	s 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 P'	WS owner so the PWS owner can
retain them, together with copies of this report, at a conveni	ent location for at least ten years.			
$(\Lambda)$				
11/6/08	Paul Thompson			A7251
Signature and Date	Printed or Typed Name			License Number

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

PWS I	WS Identification Number: 2544258 Plant Name: Silver Lake Oaks													
III. D	II. Daily Data for the Month/Year of: October, 2008													
		organi international distance di construire	g Virus Inacti	Herear Street, and the street, and the		Chlorine [	Chlorina D	iovida	F 02000	Camb	in ad Chlani	(Chlana		
			┌ Othe		,	,	CHIOLINE D	OXIGE	1 020116	Com	ппеа Спют	ne (Chiorar	nunes)	
-					ibution System:	▼ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	(2)	Chlorine I	Dioxide	
Type					T Calculations, or						•		·	J
0115				2.77	of Calculations, of	OT C. I.	10.0				7.177	Daniel Control		According to be seen t
Arrama I	il iliya (	Marie Tar		A 40-40	demonstration of	CI Caic	ulations	39,466,0,316	T and the second	Minimum CT	Z May U Y	Dose		1,000
100		-			6 - 2 10 - 15 -		Lowest CT							
	D. Di			0.000		Disinfectant	Provided					100000000000000000000000000000000000000		and the second second
1.401.0		100 100 100 100	Net Quantity	100 A	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at	100	William S	04-94	a de de de la	Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished	100	Concentration (C)	Measurement	Customer :				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	5.00		Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair of Maintenance Work that
the .	(Place	in Operation		-Peak Flow	Customer During	I can I tow, is	Liow, mg-		privot water,	recquired, mg			Distribution	Involves Taking Water System Components
\\- th				Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
2	X	24.0	6,600 2,900		1.2			ļ					0.7	
3 3	X	24.0	4,600		1.2	<u> </u>							0.8	
14 PV	, , ,	24.0	4,033		1.2								0.7	
5. *		24.0	4,033			1								
1.6	X	24.0	4,033		1.2								0.7	
7.0	X	24.0	6,400		1.2								0.6	
9	X	24,0 24,0	1,800		0.9								0.3	
10	X	24.0	4,100		0.9								0.4	
111%		24.0	4,667		e en en								0.4	
12		24.0	4,667											
13	X	24,0	4,667		0.9								0.4	
14	X	24.0	2,400		0.8								0.4	
15 × 16 ×	X	24.0	5,000 4,500		0.8								0.4	
17.4	X	24.0	9,000		0.9								0.3	
~-18		24.0	6,000										0.1	
19		24.0	6,000										***************************************	
- ^^	X	24.0	6,000		2.0								1.3	
22 %	X	24.0 24.0	2,000 4,000		1.6								1.0	
23	X	24.0	4,000		1.6						danimata ilimaan asaa asaa		0.9	
24	X	24.0	2,300		1.6								0.9	
25		24.0	3,033						.,				0.0	
26		24.0	3,033	3-7										
£27;	X	24.0	3,033		1.3								0.9	
28	X	24.0	3,300		1.3								0.8	
30 %	X	24.0	2,400 3,000		1.3								0,8	
31	X	24.0	3,000		1.4								0.8	
Constitution of the Consti			128,500			1							1.0	
	213.00		1 145											

9,000

<sup>\*</sup> 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.

. General Info	rmation for the Month	/Year of: Nov	ember, 2008					
A. Public Water	r System (PWS) Inform	nation						
PWS Name:	Silver Lake Oaks					PWS Identification Numb	per: 2544258	
PWS Type:	✓ Community	Non-Transient Non-C	Community T	ransient Non-Com	munity	Consecutive		
Number of Service	ce Connections at End of Mon	th: 46	Sa			tal Population Served at End of	of Month: 94	
PWS Owner:	Aqua Utilities Flor	ida		***************************************				
Contact Person:	Edward Pellenz				Co	ntact Person's Title:	Manager of Operations	
Contact Person's	Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's	Telephone Number:	(352) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's	E-Mail Address:	ejpellenz@aquaamer	ica.com			***************************************		
Water Treats	ment Plant Information	1						
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-	0980
Plant Address:	7017 Silver Lake D	)rive			City: Palatka	State: Florida	Zip Code:	32177
Type of Water Tre	eatment by Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maxim	um Day Operating Capacity o	f Plant, gallons per day:		100,800				······································
	er subsection 62-699.310(4), 1		IV		Plan	t Class (per subsection 62-699	0.310(4), F.A.C.): D	
Licensed Op	erators	Name	State that a part of the facts	License Class	License Numb		ny(s) / Shift(s) Worked	
	perator: Paul Thompson		**************************************	Α .	7251	Days 1st Shift	· / · · · · · · · · · · · · · · · · · ·	
Other Operato	rs: David Haring			С	14091	Days 1st Shift		**************************************
	Ralph Marriott			С	7527	Days 1st Shift		
				***************************************				
								***************************************
1-1-1			***************************************					
		***************************************						
		**************************************		L	L-			
	by Lead/Chief Operato							
I, the undersign	ned water treatment plan	t operator licensed in Flo	rida, am the lead/chie	f operator of the	water treatment	plant identified in part	I of this report. I certify	that the
information pro	ovided in this report is tr	rue and accurate to the bes	st of my knowledge a	nd belief. I cert	ify that all drink	ing water treatment chen	nicals used at this plant	conform to NSE
International S	tandard 60 or other appl	icable standards reference	ed in subsection 62-56	55 320(3) F A (	Lalso certify	that the following addition	anal operations records	for this plant
were prepared	each day that a licensed	operator staffed or visited	this plant during the	month indicate	debayer (1)	and the following addition	onal operations records	ior uns plant
(2) if applicable	la appropriate treatment	process performence see	and Trust among the	month indicated	1 above: (1) rec	ords of amounts of chem	nicals used and chemica	l feed rates; and
(2) if applicable	e, appropriate treatment	process performance reco	ords. Furthermore, 1	agree to provide	these additional	operations records to the	ie PWS owner so the PV	WS owner can
retain them, to	gether with copies of this	s report, at a convenient le	ocation for at least ter	years.				
		1-1-						
		12/3/08	Paul Thompso	n'			A7251	
Signature and Date	e		Printed or Typ				License Nu	mber
Process,								
DEP Form 82-5	55 900/3\&lternote			Page 1				

WS I	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
II. D	aily Data	for the M	lonth/Year	of:		November, 200	)8							
		AND DESCRIPTION OF THE PERSON NAMED IN		vation/Remov	/al:   ☐ Free (	Chlorine I	Chlorine D	ovide	C Ozone	┌ Coml	nined Chlori	ne (Chlora)	nines)	
		77	-	er (Describe):		,	CHIOTHE D	Oxide	1 020110	1 Com	omed Cinoti	ne (Cinorai	inics)	
					ibution System:	₩ Free Chk	orine [	Combin	ned Chlorine	(Chloramine	25)	Chlorine I	Dioxide	
	e de la companya de l			A CALLES	T Calculations, or	U y Dose, to	Demostate	rour-Log	virus inac	ativation, 11	Applicable	Daabteel la		To a suppose the second
. D. A.		CONTRACTOR OF	A sale and	-	Lowest Residual Disinfectant	- GI Card	ulations		The many set of	Contraction of the	District Control	Dose		
et o	5946	14.		3.4		Disinfectant Contact Time L (T) at C Measurement	*Lowest CT	radat.	Angelia.		(E) (E) (E)	4.00		
W.	\$8,000			ERICH T		Disinfectant	Provided	19033	\$12.00 T	1111	100	26.93	40.55	
	Days Plant		7515137	P. Carlotte and St.	Lowest Residual	Contact Time	*Before or at			Roman Co.	100 m	21.00	Lowest Residual	Balan dalah dalah sebesah berasar berasar
	Staffed or Visited by		Net Quantity of Finished		Disinfectant	1. (T) at C	First		127 ( (10 ( 10 )		Lowest	Minimum	Disinfectant	
100	VISITED DY		Water	Land to the second	Concentration (C)  Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work
the %	Place	Hours plant	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Control of the Contro	The second secon	Required, mg	1 1 2	mW-	Distribution	Involves Taking Water System Compone
· · · h	***X*5	in Operation	Seal 3	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>		System, mg/L	Involves Taking Water System Compone Out of Operation
J.		24.0	3,000										, , , , , ,	
2.5		24.0	3,000											
3-8	X	24.0	3,000		1.4								0.8	
4 -/-	X	24.0	3,500		1.4								0.8	
5	X	24.0	3,600		1.9								1.7	***************************************
6	X	24.0	4,700		1.8 1.8								1.4	
7.	X	24.0	2,100 2,667		1.8	***************************************					225		1.3	
9 -		24.0	2,667	<del> </del>			10.00			<del>                                     </del>				
10	Χ	24.0	2,667		1.8								2, 1,4	
11:	X	24.0	2,300		1.6		100						-1.3	
12 -	X	24.0	2,700		1.3					T			0.7	
13 🛪	X	24.0	2,700		1.2								0.7	
14	X	24.0	3,300		1.3								0.7	
15		24.0	5,067											
16		24.0	5,067		1.2									
17 18	X	24.0	5,067 3,200		1.3								0.8	
19	X	24.0	2,000		1.6								0,8	
	X	24.0	7,400		1.2	***************************************							0.7	
3	Х	24.0	2,500		1.3								0.7	
22		24.0	3,100											
23		24.0	3,100											
24 🛒	X	24.0	3,100		1.3								0.6	
25	X	24.0	2,000		1.2								0.5	
26	v	24.0	3,000		1.0									
27 <u> </u>	X	24.0	3,000 2,100		1.2								0.7	
29		24.0	2,100		1.2								0.7	
30		24.0	2,500					11-1000000-000						
31		24.0	2,000			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
	2.5 (5.1)		96,600			<del></del>		· · · · · · · · · · · · · · · · · · ·		2		1	L	
-	egyta are.	-	3,116											
ximui	m - + 1929	100000	7,400											

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

DEP Form 67 00(3)Alternate

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



DEP Form 62-555 .900(3)Alternate

		Polymer Page 3 Due in De	cember					
See Pages 4 for Inst								····
. General Information	on for the Month/	Year of: Decembe	er, 2008					
A. Public Water Syste	m (PWS) Informa	ation	*					
PWS Name:	Silver Lake Oaks		**************************************			PWS Identification Number	: 2544258	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity	ransient Non-Com	munity	Consecutive		
Number of Service Conne	ections at End of Monti					al Population Served at End of N	Month: 94	
PWS Owner:	Aqua Utilities Florid	da	***************************************	***************************************				
Contact Person:	Edward Pellenz			William and the same of the sa	Cor	tact Person's Title:	Manager of Operations	
Contact Person's Mailing	Address:	PO Box 490310		***************************************	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephor	ne Number:	(352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail	Address:	ejpellenz@aquaamerica.c	om					***************************************
Water Treatment P	Plant Information							
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0	980
Plant Address:	7017 Silver Lake Dr	rive			City: Palatka	State: Florida	Zip Code:	32177
Type of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day	The same of the sa	municipal de la company de		100,800				
Plant Category (per subse						Class (per subsection 62-699.3		
		Name		License Class	License Number	or Day	(s) / Shift(s) Worked	200
Lead/Chief Operator	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	David Haring	rii(t <sup>ee</sup>		C	14091	Days 1st Shift		
3 6 19 19 19 19 19 19 19 19 19 19 19 19 19	Ralph Marriott	ih		C	7527	Days 1st Shift		
and the same of the same of the same								
A CHARLEST AND LONG TO SELECT								
Surface and the second								
Section Control of the Control of th								
		·						
Commission of the second section								
All the second sections of the second section section sections of the second section section section sections of the second section section section sections of the section section section section sections of the section section section section sections of the section sectin	3 <b>1</b> -							
. Certification by Lea	nd/Chief Operator		Satisfies (polygon)					
		operator licensed in Florida,	am the lead/chie	f operator of the	water treatment	plant identified in part Lo	of this report   Logitify	that the
		ue and accurate to the best of						
		cable standards referenced in						
were proposed and d	a oo or other appir	cable stationalds referenced in	subsection 62-32	55.520(5), F.A.C	. Taiso certify t	nat the following addition	iai operations records i	or this plant
(2) if and include	ay that a needsed (	operator staffed or visited this	s plant during the	monin indicated	above: (1) reco	ords of amounts of chemic	cals used and chemical	feed rates; and
		process performance records.			these additional	operations records to the	PWS owner so the PW	/S owner can
retain them, together	with copies of this	report, at a convenient locati	on for at least ten	i years.				
( - )		121.0						
		01/08/09	Paul Thompso				A7251	
Signature and Date		, [	Printed or Typ	ed Name			License Nun	iber

Page 1

#### cc

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

Means of Achieving Four Log Virus Inactivation Removal   The Other (Describe)   The Other	PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks			***************************************			
	III. D	aily Data	a for the N	lonth/Year	of:	SVANSA JAHAR MARANA	December, 200	8							
Type of Disinfectant Residual Maintained in Distribution System:   Free Chlorine   Combined Chlorine (Chloramines)   Chlorine Disade	-										F 0 1	1 (7).1	/Ch1		
Type of Disinfectant Residual Maintained in Distribution System:	1			The second secon		Support Office Control of the Contro	inoraic j	Chlorine Di	oxide	1 Ozone	1 Comt	oinea Chiorii	ne (Chiorai	nines)	
CT Calculations on UV Dose, to Demostrate Four-Leg Virus Inactivation, if Applicable   UV Dose	-						E Erro Chia	riss T	" Combin	ad Chlorina	(Chloromine	(a) [	Chlasias	Nissida	
Contemporary   Cont	Type	of Disinfe				•					<u> </u>		and the same and t		
\$   X   240   2,500   1.2   0.6		44-4-	1000	2000	-9-33-4C335-C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable*	450,000		<b>企业和企业企业企业企业的</b>
\$   X   240   2,500   1.2   0.6			1		and the second	CASON - 2 7 8 7 7 1	CT Calc		1 7 4 5 5 5 5	Killey C.	- 100 AV		Dose -	A 100 A 100 A	大学 100 mm 100 m
\$   X   240   2,500   1.2   0.6	352	1. Table 90 496 St. Table 101						Lowest CT						1.400	
\$   X   240   2,500   1.2   0.6	2.55	a da and	Art Shire and	90	Land Better		Disinfectant	Provided		17 19 1 1 C	0.004.690	d takes	250	no order	A Charles of the same the same
\$   X   240   2,500   1.2   0.6	304660	Days Plant	41. 2000 C	15/00/2004	TE SHEET OF	Lowest Residual	Contact Time	Before or at	95	EUCHS W	De HALL			Lowest Residual	
\$   X   240   2,500   1.2   0.6	1.000	Staffed or	卷145	Net Quantity	13.000	Disinfectant	(T) at C		1000	250			Control of the Contro		
\$   X   240   2,500   1.2   0.6			A-C. 177	of Finished		Concentration (C)	Measurement		1000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CONTROL OF THE PROPERTY OF THE		
\$   X   240   2,500   1.2   0.6	100000000000000000000000000000000000000		Hours plant	Water Droducted	Dool Element	Before or at First	Point During		CONTRACTOR OF STATE	24 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Minimum C1	Uperating ITV Dose			
\$   X   240   2,500   1.2   0.6	100000000000000000000000000000000000000		Operation	and and	Rate and	Peak Flow mg/l	minutes	min/I	Water OC	if Applicable	min/I	mW-sec/cm2	sectom <sup>2</sup>		Out of Operation
24			24.0	2.500	T. Attack, Span	1.2	J. Minuted	MINUL S	.,,	потрриссо		mr-scorem	3500/0111		Security Operation 25 25
Second Process   Seco	142 11	<u> </u>	4	***************************************					<del>                                     </del>						
1975   240   2300   1.4	3.3	Х	24.0			0.7								0.4	
14	-	X	-			0.4								0.2	,
240			ļ												
14		X				1.4				1.62				0.5	
10					<b> </b>										N. C.
109														<del> </del>	
31							*			79					
12													······································		
14	-		L												
15	13		24.0	2,100											
16       X       24.0       4,400       0.8       0.4         17.       X       24.0       2,400       0.7       0.3         18       X       24.0       3,400       0.8       0.4         19       X       24.0       3,400       0.7       0.3         24       0.2,900       0.9       0.5       0.5         224       X       24.0       2,900       0.9       0.5         231       X       24.0       4,300       0.8       0.5         24       X       24.0       4,000       0.8       0.5         24       X       24.0       4,000       0.8       0.4         25       X       24.0       4,000       0.8       0.4         26       X       24.0       3,033       0.4         28       24.0       3,033       0.4         28       24.0       3,033       0.4         29       X       24.0       3,033       0.0         30       X       24.0       3,000       1.0       0.6         30       X       24.0       3,000       1.0       0.6															
17														<u> </u>	
18       X       24.0       3,400       0.8       0.4         19       X       24.0       3,400       0.7       0.3         24.0       2,900       0.9       0.5       0.5         22       X       24.0       2,900       0.5       0.5         23       X       24.0       4,300       0.8       0.5         24       X       24.0       4,000       0.8       0.4         25       X       24.0       4,400       0.8       0.4         26       X       24.0       2,000       0.8       0.4         27       24.0       3,033       0.4       0.4         28       24.0       3,033       0.4       0.6         30       X       24.0       3,000       1.0       0.6         30       X       24.0       3,000       1.0       0.6															
19 X 24.0 3,400 0.7 0.3 0.3															
24.0       2,900       0.5         22.0       X       24.0       2,900         22.1       X       24.0       2,900       0.9         23.1       X       24.0       4,300       0.8         24.1       X       24.0       4,000       0.8         25.5       X       24.0       4,400       0.8         26.1       X       24.0       2,000       0.8         27.1       24.0       3,033       0.4         28.1       24.0       3,033       0.4         29.1       X       24.0       3,033       0.6         30.1       X       24.0       3,000       1.0         30.1       X       24.0       3,000       1.0         31.1       X       24.0       3,000       1.0															
24.0       2,900       0.9       0.5         22       X       24.0       2,900       0.9         23       X       24.0       4,300       0.8         24       X       24.0       4,000       0.8         25       X       24.0       4,400       0.8         26       X       24.0       2,000       0.8         27       24.0       3,033       0.4         28       24.0       3,033       0.6         29       X       24.0       3,033       0.6         30       X       24.0       3,000       1.0       0.6         30       X       24.0       3,000       1.0       0.6	***														
23       X       24.0       4,300       0.8       0.5         24       X       24.0       4,000       0.8       0.4         25       X       24.0       4,400       0.8       0.4         26       X       24.0       2,000       0.8       0.4         27       24.0       3,033       0.4       0.4         28       24.0       3,033       0.6       0.6         30       X       24.0       3,000       1.0       0.7         314       X       24.0       3,000       1.0       0.6	\$		24.0	2,900											
24       X       24.0       4,000       0.8       0.4         25       X       24.0       4,400       0.8       0.4         26       X       24.0       2,000       0.8       0.4         27       24.0       3,033       0.4       0.4         28       24.0       3,033       0.6       0.6         30       X       24.0       3,000       1.0       0.7         314       X       24.0       3,000       1.0       0.6															
25       X       24.0       4,400       0.8       0.4         26       X       24.0       2,000       0.8       0.4         27       24.0       3,033       0.4       0.4         28       24.0       3,033       0.6       0.6         30       X       24.0       3,000       1.0       0.7         314       X       24.0       3,000       1.0       0.6															
26     X     24.0     2,000     0.8     0.4       27     24.0     3,033     0     0.4       28     24.0     3,033     0     0.6       29     X     24.0     3,033     0.6     0.6       30     X     24.0     3,000     0.7     0.6       314     X     24.0     3,000     0.6     0.6															
27     24.0     3,033       28     24.0     3,033       29     X     24.0     3,033       1.0     0.6       30     X     24.0     3,000       314     X     24.0     3,000       1.0     0.7       314     X     24.0     3,000				******************************											
28     24.0     3,033     1.0     0.6       29     X     24.0     3,033     1.0     0.6       30     X     24.0     3,000     1.0     0.7       314     X     24.0     3,000     1.0     0.6		^				0.8								0.4	
29     X     24.0     3,033     1.0     0.6       30     X     24.0     3,000     1.0     0.7       314     X     24.0     3,000     1.0     0.6															
30 X 24.0 3,000 1.0 0.7 31 X 24.0 3,000 1.0 0.6		Х				1.0								0.6	
31 X 24.0 3,000 1.0 0.6	Charles Address Address A												Australia de la composição		
Total 93,700	314 (	Х	24.0			1.0									
Average									***************************************		,				

6,400

Page 2

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

WS ID:	2544258	Plant Name:	Silver Lake	Daks	
V. Summary of Use	of Polymer Containing.	Acrylamide, Polymei	Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Year: * 2008
	ng the monomer acrylamide us				ne polymer dose and the acrylamide level in the polymer are as
Polymer Dose ppm =				Acrylamide Level, %1=	
B. Is any polymer containing polymer are as follows:	ng the monomer epichlorohydr	in used at the water treatme	ent plant?	☑ No ☐ Yes	, and the polymer dose and the epichlorohy drin level in the
Polymer Dose ppm =				Epichlorohydrin Level, %'=	
C. Is any iron or manganes	e sequestrant used at the water	treatment plant?	✓ No	Yes, and the type of sec	questrant, sequestrant dose, ect., are as follows:
Type of Sequestrant (po	lyphosphate or sodium silicate	):			
Sequestrant Dose, mg/L	of phosphate as PO4 or mg/L	of silicate as SiO <sub>2</sub> =			
If sodium silicate is use	d, the amount of added plus na	turally occurring silicate in	mg/L as SiO <sub>0</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>&</sup>lt;sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



35.900(3)Alternate

See Pages 4 for Instr							
<b>General Information</b>	for the Month/Y	ear of: January, 200	9				
Public Water System		ion				Investi de di Nambra	2544258
PWS Name:	Silver Lake Oaks					PWS Identification Number:	2344230
PWS Type:	✓ Community	Non-Transient Non-Communi	ityTr	ansient Non-Comr		Consecutive	h: 94
Number of Service Connec	tions at End of Month:	46			To	tal Population Served at End of Mont	n. 94
PWS Owner:	Aqua Utilities Florida	ı					- COtions
Contact Person:	Edward Pellenz						ager of Operations Zip Code: 34749
Contact Person's Mailing A	Address: I	PO Box 490310			City: Leesburg	State: Florida	
Contact Person's Telephone		(352) 787-0980			Cc	ntact Person's Fax Number: (352)	) 787-6333
Contact Person's E-Mail A	ddress:	ejpellenz@aquaamerica.con	<u>n</u>				
Water Treatment Pl	ant Information						(352) 787-0980
Plant Name:	Silver Lake Oaks				T	Plant Telephone Number:	Zip Code: 32177
Plant Address:	7017 Silver Lake Driv	ve			City: Palatka	State: Florida	Zip Code. 32177
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fini				
Permitted Maximum Day				100,800	T	01 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1) FAC): D
Plant Category (per subsec	tion 62-699.310(4), F.A	A.C.): IV		To the second		nt Class (per subsection 62-699.310(4 per Day(s)	7,
Licensed Operators		Name		License Class	·		Siliti(s) Worked
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	
Other Operators:	David Haring			С	14091	Days 1st Shift	
4.00	Ralph Marriott			C	7527	Days 1st Shift	
h a Company of the Company							
					1		
	VCI : 60						
. Certification by Lea	d/Chief Operator		1 1 1/1:	Company of the	a suntar trantma	nt plant identified in part Loft	his report. I certify that the
I, the undersigned wa	ter treatment plant	operator licensed in Florida, a	m the lead/chie	er operator of the	'Cathetall Jain	lie - water treatment chamical	s used at this plant conform to NSF
information provided	in this report is tru	ie and accurate to the best of m	ny knowledge a	ind belief. I cert	iry that all drin	king water treatment chemical	s used at this plant conform to NSF
Intermedianal Ctondon	d 60 or other applie	cable standards referenced in s	ubsection 62-5	55 320(3), F.A.	C. I also certif	that the following additional	operations records for this plant
musmanad sook d	as that a linearcad of	parator staffed or visited this r	plant during the	e month indicate	d above: (1) re	ecords of amounts of chemical	s used and enemical reed rates, and
(2) if applicable, appl	ropriate treatment r	process performance records.	Furthermore, I	agree to provide	e these addition	al operations records to the PV	WS owner so the PWS owner can
retain them together	with copies of this	report, at a convenient location	n for at least te	n years.			
return them, jogester	iiiii copico oi iiio	. /					
12		02/04/119	Paul Thomps	on			A7251
		00/01/01	Printed or Ty				License Number
Signature and Date			rimed of Ty	ped staine			

Page

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

WS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						disance of the second s
I. D	aily Data	for the N	Ionth/Year	of:	12 PART OF STREET	January, 2009								
_			g Virus Inacti	The state of the s	val: ▼ Free C	'hlorine 🗀	Chlorina Di	avida	C Ozona	[ Comb	Smad Chilari	- Chloren	ninaal	
	traviolet R			r (Describe):		1	CHIOTHIC DI	OXIGE	1 020110	Come	nned Cinori	ne (Cinora	nuics)	
					ibution System:	▼ Free Chlo	· [	Combin	ad Chlorina	(Chloramine	e) [	Chlorine I	Yimaida	
ype c	of District	ciant Resid	iuai Maintai					The second second			A		Joxide	I
	40.0				T Calculations, or					tivation, it				
	1255			ADVINE TO B	and continue has a	CT Calc	ulations 64		andrews.	0.882 (7 SZA 942	UV.	Dose		The second of th
41000	7 Sin 9-105				Para Partie	Mark to the fee	Lowest CT					553.4555		
						Disinfectant	Provided		30000					
	Days Plant		100000		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		even vi	New York		Minimum	Disinfectant	the second second second second
	Visited by	Contraction in	of Finished	4.0	Concentration (C)	Measurement	Customer	50000	100000000000000000000000000000000000000	ACTOR LAND	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
ay of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	1 Tables	authorization	Minimum CT	A STATE OF THE STA	Required,	Remote Point in	Conditions, Repair or Maintenance Work th
the .	(Place	in s.	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Component
th	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	3,300		0.9								0.6	
2	X	24.0	3,300		0.9								0.5	
3		24.0	3,333											
5	v	24.0	3,333		0.7				ļ				0.1	
6	X	24.0 24.0	3,333 3,000		0.7		<b>_</b>		ļ				0.4	
7	X	24.0	2,300		0.8				ļ				0.4	
8	X	24.0	3,000		0.8				-			<b> </b>	0.5	
9	X	24.0	2,100		0,6	•••••							0.4	
10		24.0	2,467											
11 -		24.0	2,467											
12	Х	24.0	2,467		0.9								0.6	
13	Х	24.0	3,000		0.9								0.7	
14	X	24.0	2,000		1.4								1.2	
15	X	24.0	4,500		1.4								1.2	
16	Х	24.0	2,900		1.3								1.0	
17		24.0	3,567											
18		24.0	3,567											
19	X	24.0	3,567		0.9								0.6	
) [[	X	24.0	5,000		1.0								0.8	
21 0	X	24.0	2,400		1.1								0.8	
22	X	24.0 24.0	4,500 2,400		1.0								0.7	
24	^	24.0	3,333		1.2								0.8	
25		24.0	3,333											
26	X	24.0	3,333		1.0				<b> </b>				0.5	
27	X	24.0	3,500		1.0								0.3	
28	X	24.0	3,000		1.3				-				0.7	
29	X	24.0	4,000		1.2								0.7	
30	X	24.0	3,700		1.3								0.9	
31		24.0	3,200		1	***************************************							0.7	
al s			99,200						L	L				
eragi		6 4 6 4 4 4	3,200											

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

5,000

DEP Form 900(3)Alte

Maximum



See Pages 4 for Instructions.

PWS Type:  Number of Service Connections PWS Owner:  Aq Contact Person:  Contact Person's Mailing Addre Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name:  Silv Plant Address:  701 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators:  Licensed Operators:  Date of Name o	ua Utilities Florida ul Thompson ess: PC mber: (3 sss: D Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A.	D Box 490310 52) 787-0980 dthompson@aqu Raw Ground Wat unt, gallons per day:	uaamerica.con ter Pui	n rchased Fini	100,800	City: Leesbur	Contact Contact Contact Contact Contact Contact Contact	State: Florida	Coordinator Zip Code: 787-6333  (352) 787- Zip Code:	-0980
Number of Service Connection: PWS Owner: Aq Contact Person: Contact Person's Mailing Addre Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name: Silv Plant Address: 70 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators: Licensed Operators: Date Ope	s at End of Month: ua Utilities Florida ul Thompson ess: PC mber: (3 sss: Di Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A.0 ul Thompson vid Haring	D Box 490310 52) 787-0980 dthompson@aqu  Raw Ground Wat unt, gallons per day: C.):	uaamerica.con ter Pui	n rchased Fini	shed Water 100,800	City: Leesbur	Contact Contact	epulation Served at End of Month Person's Title: Field State: Florida Person's Fax Number: (352) Plant Telephone Number: State: Florida	Coordinator Zip Code: 787-6333  (352) 787- Zip Code:	-0980
PWS Owner: Aq Contact Person: Pan Contact Person's Mailing Addre Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name: Silv Plant Address: 70 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators: Pan Other Operators: Day	ua Utilities Florida ul Thompson ess: PC mber: (3 sss: pc Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. ul Thompson vid Haring	D Box 490310 52) 787-0980 dthompson@aqu  Raw Ground Wat unt, gallons per day: C.):	uaamerica.con ter Dui	rchased Fini	100,800	City: Palatka	Contact Contact	Person's Title: Field State: Florida Person's Fax Number: (352)  Plant Telephone Number: State: Florida	Coordinator Zip Code: 787-6333  (352) 787- Zip Code:	-0980
Contact Person: Part Contact Person's Mailing Addre Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name: Silv Plant Address: 70 Type of Water Treatment by Plant Contact Person's E-Mail Addres Plant Category (per subsection of Category (per subsection of Category (persons) Licensed Operators: Pau Other Operators: Dan	ul Thompson ess: PC mber: (3 ss: D Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. al Thompson vid Haring	52) 787-0980 dthompson@aqu  Raw Ground Wat unt, gallons per day: C.):	ter Pui	rchased Fini	100,800	City: Palatka	Contact	State: Florida Person's Fax Number: (352)  Plant Telephone Number:  State: Florida	Zip Code: 787-6333 (352) 787- Zip Code:	-0980
Contact Person's Mailing Addres Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name: Silv Plant Address: 701 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators: Pau Other Operators: Day	ess: P( mber: (3 ss: pi Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. all Thompson vid Haring	52) 787-0980 dthompson@aqu  Raw Ground Wat unt, gallons per day: C.):	ter Pui	rchased Fini	100,800	City: Palatka	Contact	State: Florida Person's Fax Number: (352)  Plant Telephone Number:  State: Florida	Zip Code: 787-6333 (352) 787- Zip Code:	-0980
Contact Person's Telephone Nu Contact Person's E-Mail Addres Water Treatment Plant Plant Name: Silv Plant Address: 701 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators: Pau Other Operators: Day	mber: (3 ss: Di Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. all Thompson vid Haring	52) 787-0980 dthompson@aqu  Raw Ground Wat unt, gallons per day: C.):	ter Pui	rchased Fini	100,800	City: Palatka	Contact	Plant Telephone Number: (352)  State: Florida	787-6333 (352) 787- Zip Code:	-0980
Contact Person's E-Mail Addres  Water Treatment Plant  Plant Name: Silv  Plant Address: 701  Type of Water Treatment by Pla  Permitted Maximum Day Opera  Plant Category (per subsection of  Licensed Operators: Pau  Other Operators: Day	Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699,310(4), F.A. 11 Thompson vid Haring	Adthompson@aqu  Raw Ground Wate  ant, gallons per day:  C.):	ter Pui	rchased Fini	100,800	I F	Plant Cla	Plant Telephone Number: State: Florida	(352) 787- Zip Code:	
Water Treatment Plant Plant Name: Silv Plant Address: 701 Type of Water Treatment by Pla Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators: Pau Other Operators: Day	Information ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699,310(4), F.A. 11 Thompson vid Haring	Raw Ground Wat unt, gallons per day: C.):	ter Pui	rchased Fini	100,800	I F	Plant Cla	State: Florida	Zip Code:	
Plant Name: Silver In the Plant Name: Silver In the Plant Address: 701  Type of Water Treatment by Plant Plant Category (per subsection of Licensed Operators: Paul Other Operators: Date of Plant Pla	ver Lake Oaks 17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. al Thompson vid Haring	Raw Ground Wat int, gallons per day: C.):	IV		100,800	I F	Plant Cla	State: Florida	Zip Code:	
Plant Address: 701 Type of Water Treatment by Plater Treatment Day Operators Day Chief Operators: Day Operators: Day Chief Operators: Day Ope	17 Silver Lake Drive ant: ating Capacity of Pla 62-699.310(4), F.A. al Thompson vid Haring	Raw Ground Wat int, gallons per day: C.):	IV		100,800	I F	Plant Cla	State: Florida	Zip Code:	
Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators Dead/Chief Operators Day  Day  Other Operators: Day	ant: ating Capacity of Pla 62-699.310(4), F.A. ating Capacity of Pla 62-699.310(4), F.A. ating Capacity ating Capacity ating Capacity ating	Raw Ground Wat int, gallons per day: C.):	IV		100,800	I F	Plant Cla			32177
Permitted Maximum Day Opera Plant Category (per subsection of Licensed Operators Lead/Chief Operators: Day Other Operators: Day	ating Capacity of Pla 62-699.310(4), F.A. al Thompson wid Haring	int, gallons per day: C.):	IV		100,800			ss (ner subsection 62.600.210/A)	), F.A.C.): D	
Plant Category (per subsection of Licensed Operators Paul Chief Operators: Paul Chief Operators: David	62-699.310(4), F.A.	C.):						es (per subsection 62,600,210/A)	), F.A.C.): D	
Licensed Operators Pau Other Operators: David Da	al Thompson vid Haring	Name			License Class			ce I ner cubeaction L. Luci 21/1/41	), r.A.C.): D	The state of the s
Dead/Chief Operator: Pau Other Operators: Dav	ıl Thompson vid Haring	ivaine			License Class				CL:A(-)AV-1-1	
Other Operators: Day	vid Haring					-		Day(s)/	Smitt(s) worked	
					A	7251		Days 1st Shift	varanta de la compositiona de la	
Ka	рп магноп				C	14091		Days 1st Shift		
					C	7527		Days 1st Shift		
									notalinamur — wealijasiniilinauriilina	
								Normalisates Andrews Annual Control of the Control		
									**************************************	
providence de la como										
Certification by Lead/Cl	hiof Onomator									
			<u> </u>							
, the undersigned water to	reatment plant of	perator licensed in	Florida, am the	e lead/chie	t operator of the	water treatm	ent pla	ant identified in part I of the	is report. I certify	y that the
								water treatment chemicals		
nternational Standard 60	or other applical	ble standards refer	renced in subsec	ction 62-55	5.320(3), F.A.(	C. I also certi	fy that	the following additional of	perations records	for this plant
ere prepared each day th	at a licensed ope	erator staffed or vi	isited this plant	during the	month indicated	d above: (1)	record	s of amounts of chemicals	used and chemica	al feed rates; a
								erations records to the PW		
etain them, together with	conies of this re	nort at a convenie	ent location for	at least ten	veare	moo adding	паг ор		o omici so die i	no omici can
The section with	copies of this re	port, at a convenie	one location for	at least ter	years.					
1		7/6/60	2	2002						
		5/7/07	***************************************	aul Thompso					A7251	
ignature and Date		6 - 1:	Pr	rinted or Typ	ed Name				License Nu	ımber

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. L	aily Data	for the N	lonth/Year	of:		February, 2009								
Means	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	val: 🔽 Free C	Chlorine	Chlorine Di	ovide	C Ozone	Com!	ained Chlori	ne (Chlorar	ninacl	
1	traviolet R		, and .	er (Describe)		4	Cinornic Di	Onice	1 020110	1 Com	Jinea Cinori	ile (Ciliorai	illies)	
-						₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	(29)	Chlorine I	)iovide	
1 Jpc	Ji Dianne	Last Resid	Tanana i viaintai		T Calculations, or						*		I	December 2
		3.2			T Calculations, or			·	virus inac					
				F27000000000000000000000000000000000000	7.1 + 3.7 (4.1	CT Calc		6000 G 1000	I many to the second		UV]	Jose		
1.5	43,54	7.00	0.0000000		Rosen and		Lowest CT						114 50 20 12 12	A DAMESTON OF THE PROPERTY OF THE
	12.5	<b>基份与</b> 与	150.593		Manager and	Disinfectant	Provided 1			14.1	17 5 4 A			continued from the second of
	Days Plant Staffed or	* 00,000 to 000 200 000 000 000	ATT O		Lowest Residual	Contact Time	Before or at		Carlotte and			Minimum	Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer	.10			Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	\$1000 minutes (2004) \$200 \$200	Hours plant	The production of the control of the		Before or at First	Point During	During Peak	Stunis		Minimum CT		Required,		Conditions, Repair or Maintenance Work that
-	(Place	E- in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
h	"X")	Operation	gal.	Rate, gpd.		minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
561.6		24.0	I											
2 %	X	24.0	3,200		1.4								0.9	
3 4	X	24.0 24.0	3,300		1.4								1.0	
- 5	X	24.0	4,000 4,000		1.1								1.0	
6	X	24.0	4,100		1.2								0.4	
~0.7 ·%		24.0	4,233										0.7	
*-8		24.0	4,233											
- 9	X	24.0	4,233		1,0								0.6	
10 =	X	24.0	6,000		1.0								0.6	
11	X	24.0 24.0	6,000 3,600		1.0								0.6	
13 0	X	24.0	2,000		0.9					***************************************			0.6 0.5	
14 %		24.0	5,733		3.7								0.0	
√15√		24.0	5,733	-										
16	X	24.0	5,733		0.9								0.6	
17	X	24.0	4,800		0.9								0.5	
18	X	24.0	4,000		0.9								0.5	
	X X	24.0 24.0	3,500 4,900		0.9								0.4	
21	_^	24.0	4,133		0.9								0.4	
22		24.0	4,133											
23	Х	24.0	4,133	4	1.0								0.5	
24	Х	24.0	4,300		0.8								0.4	
25	X	24.0	7,000		0.4								0.4	
26	X	24.0	4,300		0.9								0.5	
28	X	24.0 24.0	3,400 4,667		0.8								0.5	
29		24.0	4,007											
30		24.0												
31 =		24.0												
	A CHARLES	-	122,567				A				1			
Avgerage	A STATE OF	Sec. 20.7	3.954											

Page (

Maximum \*/ \*

<sup>\*</sup> 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. General Information for the Month/Year of: March, 2009 A. Public Water System (PWS) Information 2544258 PWS Identification Number PWS Name: Silver Lake Oaks Consecutive Transient Non-Community Non-Transient Non-Community PWS Type: ✓ Community Total Population Served at End of Month 94 Number of Service Connections at End of Month: 46 Agua Utilities Florida PWS Owner Contact Person's Title: Field Coordinator Contact Person: Paul Thompson Zip Code: 34749 State: Florida City: Leesburg PO Box 490310 Contact Person's Mailing Address: Contact Person's Fax Number: (352) 787-6333 (352) 787-0980 Contact Person's Telephone Number: pdthompson@aguaamerica.com tact Person's E-Mail Address: B. water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Silver Lake Oaks Zip Code: 32177 State: Florida City: Palatka 7017 Silver Lake Drive Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100.800 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): IV Day(s) / Shift(s) Worked License Class | License Number Licensed Operators Name Lead/Chief Operator: | Paul Thompson 7251 Days 1st Shift Other Operators: C 14091 Days 1st Shift David Haring 7527 Days 1st Shift Ralph Marriott 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. Paul Thompson Signature and Date Printed or Typed Name License Number

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

PWS I	dentification	n Number.		2544258		Plant Name:	Silver Lake	Oaks					
III. I	aily Data	for the N	lonth/Year	of:		March, 2009				***************************************	-		
Means		ng Four-Log	g Virus Inacti			Chlorine (	Chlorine Di			bined Chlori			
Гуре	of Disinfed	tant Resid	lual Maintai	ned in Distr	ribution System:	▼ Free Chl	orine [	Combined Chlorin	e (Chloramin	es) $\Gamma$	Chlorine l	Dioxide	
	T					UV Dose, to	Demostate 1	Four-Log Virus Ina	ctivation, if	Applicable	k		
							culations			UV		1	
Day of		Hours plant	the same of the sa	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak	Temp of pH of Wate	Minimum CT		Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work of Involves Taking Water System Compone
u Montn	(Place   "X")	in Operation	Producted, gal.	Rate, gpd.	Customer During Peak Flow, mg/L	minutes	Flow, mg- min/L	Water, OC if Applicab		mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1		24.0	4,667	Rate, gpa.	reak riow, mg.t.	minucs	Hime	Traiter, Chrispphane	<b>H</b>	III IV-SCOCIII	occ cm	System, mg D	
2	X	24.0	4,667		0.8	······································	<del> </del>			<del>                                     </del>		0.4	
3	X	24.0	6,000		0.8					<u> </u>		0.5	
4	X	24.0	4,800		0.9							0.5	
5	Х	24.0	5,600		0.8							0.5	
6	Χ	24.0	4,300		0.8							0.5	
7		24.0	4,533										
8		24.0	4,533										
9	X	24.0	4,533		0.6				-			0.3	
11	X	24.0	8,800 4,000		1.0				-			0.7	
12	X	24.0	4,200		0.8		<del> </del>		+			0.5	
13	X	24.0	6,400		0.8							0.5	
14		24.0	4,233										
15		24.0	4,233						1				
16	X	24.0	4,233		0.8							0.4	
17	X	24.0	4,500		0.7							0.2	
18	X	24.0	4,500		0.7	·						0.3	
1	X	24.0	3,600		0.8							0.4	
20	X	24.0	4,700		0.8							0.5	
21		24.0	4,467										
23	X	24.0	4,467		0.0								
24	$\frac{\lambda}{X}$	24.0	4,467		0.8							0.4	
25	$\frac{x}{x}$	24.0	3,600		0.7				-			0.3	
26	X	24.0	6,600		0.7				-			0.4	
27	X	24.0	4,100		0.7							0.4	
28		24.0	6,300		V. /							0.4	
29		24.0	6,300										
30	X	24.0	6,300		0.5							0.3	
31	X	24.0	5,300		0.7							0.3	
tal		15.00	153,234										
gerage	1 1000		4,943										

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information

A7251 License Number

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



Signature and Date

55. 900(3)Alternate

See Pages 4 for Instructions. I. General Information for the Month/Year of: April, 2009 A. Public Water System (PWS) Information 2544258 PWS Identification Number: PWS Name: Silver Lake Oaks Consecutive ✓ Community Non-Transient Non-Community Transient Non-Community PWS Type: Total Population Served at End of Month 46 Number of Service Connections at End of Month: Agua Utilities Florida PWS Owner: Field Coordinator Contact Person's Title: Paul Thompson Contact Person: Zip Code: 34749 Leesburg State: Florida PO Box 490310 City: Contact Person's Mailing Address: Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number (352) 787-0980 pdthompson@aguaamerica.com Contact Person's E-Mail Address: Water Treatment Plant Information (352) 787-0980 Plant Telephone Number Plant Name Silver Lake Oaks Zip Code: 32177 Palatka State: Florida City: Plant Address: 7017 Silver Lake Drive ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100.800 Plant Class (per subsection 62-699.310(4), F.A.C.): IV Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked License Class License Number Licensed Operators Name Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Other Operators: 14091 Days 1st Shift David Haring 7527 Days 1st Shift Ralph Marriott 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.

Paul Thompson

Printed or Typed Name

Page

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

PWS I	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
11. D	aily Data	for the N	lonth/Year	of:		April, 2009					***************************************			
			g Virus Inactiv	William Control of the Control of th			Chlorine Di	oxida	□ Ozone	Comb	ined Chlori	a (Chlores	-inag\	
	traviolet R			r (Describe):		inoraic i	Chlorine Di	Oxide	1 Ozone	1 Come	inea Chiori	ne (Chiorai	nines)	
					***************************************	▼ Free Chlo	. –	Combin	. J. Ch. I	(Chloramine	-×	Chlorine I	5: :1	
ype (	Disinted	ctant Kesic	Juai Maintai		ibution System:		AND THE PARTY OF T						Jioxide	
				C	T Calculations, or		-	Four-Log	Virus Inac	tivation, if A				e e Sa
					,	CT Calc	ulations			1	UVI	Oose		
Day of	Days Plant Staffed or Visited by Operator (Place	Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak	Temp of	nH of Woter	Minimum CT Required, mg	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the Involves Taking Water System Componen
a	"X")	Operation.	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
i i i	X	24.0	5,000	Trate, gpu.	0.7	Hillings	anny.c	Traiti, C	ii Applicable	THIRL	III W-SCU CIII	Secrem	O.4	Out of Operation
2	X	24.0	3,900		0.6								0.4	
3	Х	24.0	4,400		0.7					<del></del>			0.4	
4		24.0	4,667										0	
5		24.0	4,667											
6	Х	24.0	4,667		0.6								0.4	
7	X	24.0	3,000		0.5								0.3	A
8		24.0	4,500								***************************************			
9	X	24.0	4,500		0.7			***************************************					0.4	
10	X	24.0	4,500		0.4								1.2	
11	X	24.0	3,200		0.7								0.4	
12		24.0	4,400											
13	X	24.0	4,400		0.6								0.4	
14	X	24.0	6,200		1.3								0.9	
16	X	24.0	2,800		0.6								0.3	
17	X	24.0	4,300 2,200		0.4								0.2	
18	$ ^{\wedge}$ $+$	24.0	6,667		0.7								0.3	
		24.0	6,667											
	X	24.0	6,667		0.7								0.4	
21	X	24.0	6,700		0.7								0.0	
22	X	24.0	8,100		0.8								0.5	
23	Х	24.0	4,300		0.8								0.5	
24	X	24.0	5,300		0.4								0.3	
25		24.0	5,100											
26		24.0	5,100											
27	X	24.0	5,100		0.5								0.3	
28	X	24.0	3,200		0.5								0.3	
29	X	24.0	2,100		0.6								0.2	
30	X	24.0	6,600		0.6								0,3	
31		24.0												
tal	3 6	***************************************	142,900							***				
gerage	75 G 76 KG	4 40 60	4,610											

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

8,100

DEP Form 62 300(3) Attemate

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



See Pages 4 for Instructions.

General Informati	ion for the Montl	/Year of: Ma	ay, 2009					
Public Water Syste	em (PWS) Inforn	nation						
WS Name:	Silver Lake Oaks					PWS Identification Num	ber: 2544258	
WS Type:	✓ Community	Non-Transient Non-	-Community	Transient Non-Com	munity	Consecutive		
	ections at End of Month			1.44 University of the second	The same of the sa	l Population Served at End of	of Month: 94	
WS Owner:	Aqua Utilities Flori					A Topolation of the Control of the C		
ontact Person:	Paul Thompson			Carrello-fills	Cont	act Person's Title:	Field Coordinator	
entact Person's Mailing		PO Box 490310		100	City: Leesburg	State: Florida	Zip Code	34749
ntact Person's Telephor		(352) 787-0980		anders and a second		act Person's Fax Number:	(352) 787-6333	
ntact Person's E-Mail A		pdthompson@agua	america.com	green de la mage			remainment of the second	
ater Treatment	Plant Information							
int Name:	Silver Lake Oaks				the second of the least of	Plant Telephone Number	: (352) 787	-0980
nt Address:	7017 Silver Lake D	rive	Albert Weight West V	retriculting an en-	City: Palatka	State: Florida	Zip Code	
pe of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased Fir	nished Water				
	Operating Capacity of	Plant, gallons per day:		100,800				
	ction 62-699.310(4), F		IV		Plan	Class (per subsection 62-69	99,310(4), F.A.C.); D	
icensed Operator		Name		License Class			ay(s) / Shift(s) Worked	
ad/Chief Operato			erem a geografia ara	A	7251	Days 1st Shift	PARTIE A DESCRIPTION OF SHEET	
ner Operators:	David Haring			lc	14091	Days 1st Shift		100
	Ralph Marriott	Secretary and Secretary		C	7527	Days 1st Shift		
	SA PERSONAL SECTION AND DE	Commence of Calculation		Sagar Sagar Marie			CASSING CASCAPA CASA	the state of the s
La company of	ec carrier	PER SONIO AND CHARACTER	sales de la companya de la	Contraction of the		A PART OF THE PART OF THE	CONTRACTOR CONTRACTOR	SERVICE C
		CASTALLAND DESCRIPTION		Prantsagtered		A PROPERTY OF THE PERSON		
				State Control of the Control of the				
Salata a salata	A Company of the Company	ALL STATE OF THE S		S CONSTRUCTION	eacture workings to	and the second second second second		
and annual metal	A CHARLES AND A CHARLES						TO SERVICE AND REAL PROPERTY.	La Longe
<b>建设设备的信息</b>	N 200 1 200 20						Table 2 Transfer	
rtification by Le	ad/Chief Operat	or						
he undersigned w	ater treatment pla	nt operator licensed in l	Florida, am the lead/c	hief operator of t	he water treatme	nt plant identified in r	part I of this report. I c	ertify that the
		true and accurate to the						
		er applicable standards r						
		censed operator staffed of						
s, and (2) if appi	icable, appropriat	e treatment process perf	ormance records. Fu	nermore, I agre	e to provide these	e additional operations	s records to the PWS or	wner so the P
ner can retain the	m, together with	copies of this report, at a	a convenient location	tor at least ten ye	ears.			
( )		. 101						
10		· 6/8/09	Paul Thomps	on -			A7251	
nature and Date		1 1	Printed or Ty	ped Name			License N	umber
~				(				
DEP Form 6 900(3	3)Alternate			Page 1				

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

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. D	aily Data	for the M	lonth/Year	of:		May, 2009					<del></del>			
	With the Party Street, Square,		Virus Inactiv		al: Free C	Chlorine r	Chlorine Di	ovide	┌ Ozone	Com!	bined Chlori	ne (Chlorer	ninec)	
	traviolet R			er (Describe):		,	Chiorine Di	UAIGE	1 Ozone	i Com	omea Chion	ne (Cinorai	iiiiies)	
					ibution System:	Free Chlo	-ina T	Combin	and Chlorina	(Chloramine	ac) [	Chlorine I	Viouida	
ype (	of Disinte	ctant Resid	luai Maintai					Military and Day School Man		-10			Joxide	
				(	CT Calculations, o			our-Log	Virus Inac	tivation, if	-y-distribution-recent recent section			
		1000	T Carlo Color		4.50	CT Calc	ulations		100000		UV	Dose	Sept. State Control	
		64		12 0 0 0	ementalist	forting to the	Lowest CT	The same	282 E	314 J.A.		Maria da	at a notice	to the contemporary of the contemporary
	4.000	ARREST OF	Day (Element	CALLEY CO.		Disinfectant	Provided	100			2.819.65	Contract of	1.00	
	Days Plant	4 10 3 4			Lowest Residual	Contact Time	Before or at	9-17-55	800 6 F TO 12 F	100 F F 100		19.9	Lowest Residual	and the company of the company
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	Caller Ja	1. T. S. S. S. S.		77 15 05 15 15	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		39 (37)		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Dayof	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work t
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	1 7 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	mW-	Distribution	Involves Taking Water System Componer
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1800	X	24.0	4,400		1.0					3.00		A		
2	200	24.0	4,033		CAST TO BUILDING	8,39,70,110,00	THE REPORT OF THE	14972.002		20-1-0-1	1 2 2 2 2 2		1.50	
3	3	24.0	4,033	1 1 A	and Carrier Co.		(AV)(1) (Bref)	CHARLES WEST	COPPLESS COL	7.5-7.5-2-2	(3.15.3) (1.5.5)	2 (5 m y = 16_2 x	0.0	
4	X	24.0	4,033	10.75, 10.21, 10.75,	0,4			45,650	Statistical Company	PERMIT		BASIA CONTRACTOR	0.2	BOOK CONTRACTOR CONTRACTOR CONTRACTOR
5	X	24.0 24.0	5,100 5,800	2 (1971) 94	1.2 0.5	Auggreen to see	CLOB-PROG	Service Specifical	0.500 850 550	MIN THE WAY			0.8	
7	X	24.0	3,000		0.3	charteguebac pet da un	A State Company	and the Color	engager amaging	30 30 30 30	37,420, 20,000		0.3	
8	X	24.0	3,800		0.3		8 8 4 0 9 (8 8 8 8						0.3	
9	Α	24.0	4,100		0.0	CANTON TON TON TON							0,2	
10.4		24.0	4,100		Figorous in Alberta									
11	X	24.0	4,100	parish still all the little	0.3	Gardin Jeropa de Carlos		is feed on a single		Carried Manager			-0.2	RESPONDED INCRESS OF STREET
12	X	24.0	3,300	For versions	1.4	Aurent Erreich			Example Conf	race and the figure	Turks and the control		1.1	Paparanan na wang mengahan kecamatan
13	X	24.0	4,000	Petrol de Santol	0.3	geread a revenue		Service Sec		N. 125.62	s wheelight		0.2	
14	X	24,0	2,600	<b>克尼斯森 东</b> 富	0.5								0.3	
15	X	24.0	4,000	Date of the Art	0.5	The same of the con-		ng ray		PROMINE SELECT	STATE AND	pertino di Mi	0.4	
16	AND SERVED	24.0	3,667	Structual Action 15		The Late Control	and context	374-1-3534	\$65.63.81g	14. 15. 16. 16.	Transfer and the	17 h 70 Kg	A TEST STATE OF THE STATE OF TH	terfolia oli violetta elektro oli elektro
17	129 (100.07)	24.0	3,667			3657-7237-0		Falls, yar Fri		7.5	100			
18 19	X	24.0	3,667 3,000		0,6				Control of the Control				0.4	
20	X	24.0	4,200		0.6		*						0.4	
21	X	24.0	5,000		0.6								0.4	
22	X	24.0	3,000		0.7			77 (39 50	- VSS (- 1 days)			AND SERVICE	0.4	
23	X	24.0	4,333	ALC: U.S. SALCE A							74 17 19 17 1		ALTERNATION OF THE SECOND	
24 🐇		24.0	4,333				100000000000000000000000000000000000000							map in the second second second second
25	X	24.0	4,333		0.7								0.4	
26	Χ	24.0	3,300		0,6			5. NS 1-4		33333			0.3	
27	- X	24.0	4,200		0,5								0,3	
28	X	24.0	3,100		0.7								0.4	
29	X	24.0	3,400		0.7								0.4	
30		24.0	5,000	100	A CHARLES WAS A SE	27,225		1460.00	3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3		Contract to the			
31		24.0	5,000							- Francis - 3				
tal			123,600											
gerage			3,987											
ximur	n		5,800											

<sup>\*</sup> 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.

General Information	on for the Month	/Year of: June, 2009								
Public Water Syste	em (PWS) Inform	ation								
PWS Name:	Silver Lake Oaks						PWS Identification Number	r:	2544258	
PWS Type:	✓ Community	Non-Transient Non-Community	/ Tra	ansient Non-Comi	munity		onsecutive			
Number of Service Conne	ctions at End of Month:	46				Total P	opulation Served at End of !	Month:	94	
PWS Owner:	Aqua Utilities Florid	la						······································		***************************************
Contact Person:	Paul Thompson			***************************************	10	Contact	Person's Title:	Field Coordinat	or	
ontact Person's Mailing	Address:	PO Box 490310			City: Leesburg	T	State: Florida		Zip Code:	34749
ontact Person's Telephon	e Number:	(352) 787-0980			-	Contact	Person's Fax Number:	(352) 787-6333		
ontact Person's E-Mail A	ddress:	pdthompson@aquaamerica.c	com						demonstration as a	AV NV. LLANGER AL. GLASSES
Vater Treatment I	Plant Information									
lant Name:	Silver Lake Oaks					T	Plant Telephone Number:		(352) 787-09	980
lant Address:	7017 Silver Lake D	rive			City: Palatka		State: Florida		Zip Code:	32177
ype of Water Treatment	by Plant;	✓ Raw Ground Water	Purchased Finish	hed Water						
ermitted Maximum Day	Operating Capacity of	Plant, gallons per day:		100,800						
lant Category (per subsec	tion 62-699.310(4), F.	A.C.): IV			,	Plant C	ass (per subsection 62-699.	310(4), F.A.C.):	D	
Licensed Operators	3	Name		License Class				y(s) / Shift(s)	Worked	
ead/Chief Operator	: Paul Thompson		1	A	7251		Days 1st Shift			
ther Operators:	David Haring		(	0	14091	1	Days 1st Shift			
	Ralph Marriott		(	C	7527		Days 1st Shift			
	72									
outici di la la	NOV: CO									
ertification by Le	CONTRACTOR OF THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.									
		nt operator licensed in Florida, ar								
formation provided	in this report is t	rue and accurate to the best of my	y knowl <i>e</i> dge ai	nd belief. I cer	tify that all d	rinkin	g water treatment ch	emicals used	at this plan	nt conform t
SF International St	andard 60 or othe	r applicable standards referenced	in subsection	62-555.320(3)	, F.A.C. I als	o cert	ify that the following	additional of	perations r	ecords for th
ant were prepared	each day that a lic	ensed operator staffed or visited t	this plant durin	ng the month i	ndicated abov	e: (1)	records of amounts	of chemicals	used and c	hemical feed
tes; and (2) if appli	icable, appropriate	e treatment process performance i	records. Furth	ermore, I agre	e to provide th	iese a	dditional operations r	ecords to the	PWS own	er so the PW
vner can ketain the	m, together with o	opies of this report, at a convenie	ent location for	r at least ten ve	ars.		c⊪v njeri i njajvikans			
		11	era are selection distribution are sales and the	,						
1/2		7/8/03	Paul Thompson						A7251	
gnature and Date			Printed or Typed						License Num	her
			, innex or 1 ypec						riceise (vull)	LUCI (
DEP Form 6 300(3	)Aitemate		F	Page 1						

PWS I	dentification	Number:		2544258		Plant Name:	Silver Lake	Oaks						
11. 1	Daily Data	for the M	lonth/Year	of:		June, 2009								
1eans	of Achievir	g Four-Log	Virus Inactiv	ation/Remov	al: Free C	hlorine r	Chlorine Di	oxide	□ Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		,	CHAINCE DE	OAGC	i Ozone	1 Come	and Cinoru	ic (Cinora	illico)	
						▼ Free Chle	seina F	Combin	ad Chlorina	(Chloramine	(s) [	Chlorine I	Dioxida	
ype (	of Disinfec	tant Kesid	uai Maintaii		bution System:							Chionne	Hoxide	
					CT Calculations, or	· UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if A				
						CT Calc	ulations				UVI	Oose		
							Lowest CT							
						Disinfectant	Provided							,
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work t
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componer
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
	X	24.0	5,000		0.7								0.3	
2	X	24.0	3,700		0.6								0.3	
3	X	24.0	4,700		0.4								0.2	
4 .	X	24.0	5,200		0,6								0.3	
5	X	24.0	2,000		0.7								0.4	
6		24.0	3,033											
7		24.0	3,033											
8	X	24.0	3,033		0.5								0.2	
9	X	24.0	3,000		0.4								0.2	
10	X	24.0	4,500		0.6								0.4	
12	$\begin{array}{ c c c c }\hline X & & \\\hline X & & \\\hline \end{array}$	24.0 24.0	3,400 2,000		0.5								0.2	
13	_ ^	24.0	4,333		0.3								0.2	
14		24.0	4,333											
15	X	24.0	4,333		0.6								0.3	
16	X	24.0	4,400		0.7								0.3	
17	X	24.0	5,000		0.6								0.3	
18	X	24.0	1,800		0.6								0.3	
19	X	24.0	3,000		0.6	***************************************							0.3	
20		24.0	4,667											
1		24,0	4,667											
-	X	24.0	4,667		0.4								0.2	
23	X	24.0	3,000		0.7								0.4	
24	X	24.0	3,600		0.7								0.4	
25	X	24.0	3,500		0,7								0.3	
26	. X	24.0	2,500		0,6								0.3	
27		24.0	3,033											
28 29	X	24.0	3,033											
30	X	24.0 24.0	3,033		0.6								0.3	
31	^	24.0	1,600		0.5								0.2	
tal		24.0	107,100		1		لـــــا							
geragi			3,455											
aximu			5,200											

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

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



See Pages 4 for Instructions.

General Information	on for the Month/\	ear of: July, 2009									
. Public Water Syste	m (PWS) Informa	tion									
PWS Name:	Silver Lake Oaks				PWS Identification Number:	2544258					
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Transient Non-C								
Number of Service Conne	ections at End of Month	at End of Month: 46 Total Population Served at End of Month:									
PWS Owner:	Aqua Utilities Florida	a									
Contact Person:	Paul Thompson				Contact Person's Title: Field	1 Coordinator					
Contact Person's Mailing	Address:	PO Box 490310		City: Leesburg		Zip Code: 34749					
Contact Person's Telephor	ne Number:	(352) 787-0980		the same of the sa		) 787-6333					
Contact Person's E-Mail A	Address:	pdthompson@aquaameric	a.com	***************************************							
Water Treatment P			7201-2-11-11-11-11-11-11-11-11-11-11-11-11-								
Plant Name.	Silver Lake Oaks				Plant Telephone Number:	(352) 787-0980					
Plant Address:	7017 Silver Lake Dri	ve		City: Palatka	State: Florida	Zip Code: 32177					
Type of Water Treatment		✓ Raw Ground Water	Purchased Finished Water	10.0%		Tarp cook.					
Permitted Maximum Day	Operating Capacity of I		100,800								
Plant Category (per subsec	ction 62-699.310(4), F.A	A.C.): IV		PI	ant Class (per subsection 62-699.310(4	), F.A.C.): D					
Licensed Operators		Name	License Cla	ss License Nun		Shift(s) Worked					
Lead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift						
Other Operators:	David Haring		C	14091	Days 1st Shift						
	Ralph Marriott		C	7527	Days 1st Shift						
					<u> </u>						
			· · · · · · · · · · · · · · · · · · ·		L						
Certification by Lea											
, the undersigned wa	ter treatment plant	operator licensed in Florida, a	am the lead/chief operator of	the water treatme	ent plant identified in part I of th	is report. I certify that the					
nformation provided	in this report is true	e and accurate to the best of n	ny knowledge and belief. I c	ertify that all drin	king water treatment chemicals	used at this plant conform to NSI					
nternational Standard	d 60 or other applic	able standards referenced in s	subsection 62-555.320(3), F.	A.C. Lalso certif	y that the following additional o	pperations records for this plant					
vere prepared each da	av that a licensed or	perator staffed or visited this	plant during the month indica	ited above: (1) r	ecords of amounts of chamicals	used and chemical feed rates; and					
2) if applicable, appr	opriate treatment n	rocess performance records	Furthermore Lagree to prov	ide these addition	and operations records to the DW	'S owner so the PWS owner can					
etain them together	with conies of this	report, at a convenient location	on for at least ton years	ide these addition	ial operations records to the PW	5 owner so the PW5 owner can					
The together	with copies of this i	1 (	on for at least tell years.								
11		8/7/09									
		0/1/09	Paul Thompson			A7251					
Signature and Date		A L	Printed or Typed Name			License Number					
			B			(					
DEP Form 900(3)	Altemate		Page 1								

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

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. D	aily Data	for the N	lonth/Year	of:		July, 2009								
-			g Virus Inacti				Chlorine Di	ovide	☐ Ozone	Camb	oined Chlori	na (Chlava		
1	traviolet R		-	r (Describe):			Chiorate Di	OAGC	1 Ozone	1 Conic	omed Chiori	ne (Chiorai	nines)	
-					ibution System:	₩ Free Chlo	vrine [	Combin	ed Chlorine	(Chloramine	·s) [	Chlorine I	Dioxide	
1370	I	T Test	T Trainear						The state of the s				Joans	T
				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*  CT Calculations  UV Dose							All Control of the Co			
						CT Calc	ulations				UV	Jose		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required, mg	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
ļ <u>, —</u>	X	24.0	3,400		0,5								0.2	
3	X	24.0 24.0	2,300 2,500		0.5								0.2	
4	_^	24.0	2,900		0,8								0,4	
5		24.0	2,900											
6	X	24.0	2,900		0.4								0.2	
7	X	24.0	3,600		0.4								0.2	
8	X	24.0	2,700		0.4								0.2	
9	X	24.0	1,600		0.4								0.2	
10	X	24.0	4,100		0.8								0.5	
11		24.0	3,333											
12		24.0	3,333											
13	X	24.0	3,333		0.4								0.2	
15	X	24.0 24.0	3,700 4,100		0.8								0.4	
16	X	24.0	1,300		1.5								0.9	
17	X	24.0	4,600		1.7								1.0	
18		24.0	3,467		1								1.2	
19		24.0	3,467											
~~	X	24.0	3,467		1.4								1.0	
	X	24.0	4,100		0.7								0.4	
22	X	24.0	5,700		1.1							Name of Control of Con	0.8	
23	X	24.0	3,000		0.6								0.3	
24	X	24.0	2,500		0.7								0.3	
26		24.0	2,800											
27	X	24.0	2,800		1.1									
28	X	24.0	3,500		0.7								0.8	
29	X	24.0	3,100	<del></del>	0.8								0.4	
30	X	24.0	2,300		0.6								0.4	
31	X	24.0	4,300		0.7								0.4	
l'otal	1.20		99,900											

5,700

DEP Form 900(3)Alternate

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See Pages 4 for Instructions.										
. General Information for the Mo	onth/Year of:									
. Public Water System (PWS) Inf	formation									
PWS Name: Silver Lake O				PWS Identification Number:	2544258					
PWS Type:		nity Transient Non-	Community	Consecutive						
Number of Service Connections at End of			The state of the s	al Population Served at End of N	fonth: 94					
PWS Owner: Aqua Utilities	Florida									
Contact Person: Paul Thompso	n		Cor	tact Person's Title: F	ield Coordinator					
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749					
Contact Person's Telephone Number:	(352) 787-0980				352) 787-6333					
Contact Person's E-Mail Address:	pdthompson@aquaamerica	i.com								
Water Treatment Plant Informa	ition									
lant Name: Silver Lake O	aks			Plant Telephone Number:	(352) 787-0980					
Plant Address: 7017 Silver La			City: Palatka	State: Florida	Zip Code: 32177					
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water								
Permitted Maximum Day Operating Capac	ity of Plant, gallons per day:	100,800								
Plant Category (per subsection 62-699.310				Class (per subsection 62-699.31	0(4), F.A.C.): D					
Licensed Operators	Name	License Cl	ass License Number	Day(	s) / Shift(s) Worked					
Lead/Chief Operator: Paul Thompso	n	A	7251	Days 1st Shift						
Other Operators: David Haring		C	14091	Days 1st Shift						
Ralph Marriot	t .	C	7527	Days 1st Shift						
* 1										
)—————										
Certification by Lead/Chief Open	rator		1114							
I, the undersigned water treatment	plant operator licensed in Florida, an	n the lead/chief operator of	the water treatment	plant identified in part Lo	f this report I contify that the					
information provided in this report	is true and accurate to the best of my	knowledge and belief I o	ertify that all drink:	plant identified in part 1 of	ala ward at this plant and an an Alexander					
International Standard 60 or other a	annlicable standards referenced in su	hopotion 62 555 220(2) E	A.C. Lalas and Chikir	ig water treatment chemic	als used at this plant conform to NSF					
were prepared each day that a licen	applicable standards referenced in su	lost during the month in di-	A.C. Taiso certify ti	nat the following additiona	operations records for this plant					
(2) if applicable appropriate treatm	sed operator staffed or visited this pl	ant during the month indica	ated above: (1) reco	rds of amounts of chemica	als used and chemical feed rates; and					
retain them togeth with and a	nent process performance records. F	urtnermore, I agree to prov	ide these additional	operations records to the F	PWS owner so the PWS owner can					
retain them, together with copies of	this report, at a convenient location	for at least ten years.								
( )										
	09/04/09	Paul Thompson			A7251					
Signature and Date	į,	Printed or Typed Name			License Number					

PWS I	dentification	on Number:		2544258		Plant Name:	Silver Lake	Oaks						
111. 1	Daily Data	i for the N	lonth/Year	of:		1.0. miles, 1.								
Means	of Achievi	ing Four-Lo	g Virus Inacti	vation/Remov	val: ▼ Free C	Chlorine [	Chlorine D	ioxide	☐ Ozone	┌ Comb	nined Chlori	ne (Chlorat	nines)	
T U	traviolet R	Radiation	[ Othe	er (Describe):					R CHICHOLDER	,	mica cinori	no (Omora	1,1100)	
Type	of Disinfe	ctant Resi	dual Maintai	ned in Distr	ibution System:	₩ Free Chl	orine T	Combin	red Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
177	T	T	1		T Calculations, or								T TE	
					T Calculations, of		ulations	LOUI-FOR	g virus mai	arvation, it	UV			
			F	-	I	CI Calc	ALL SECTIONS A	1.3	1.0	Т	UVI	Juse		
							Lowest CT							
2			Frank Steel St		The same of the sa	Disinfectant	Provided	1.0	and the second					A. C.
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	(A)
ĺ	Staffed or		Net Quantity	100	Disinfectant	(T) at C	First					Minimum	Disinfectant	
D	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	The state of the s
Day of		Hours plant	t	D- 1 E	Before or at First	Point During	During Peak	Tempof		Minimum CT		Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Tempor	pH of Water	Required, mg	100 CO	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation 24.0	gal. 4,367	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation.
4		24.0	4,367											
3	X	24.0	4,367		0.6				-	-				
4	X	24.0	2,000		0.6				<del> </del>	<b></b>			0.3	
5	X	24.0	2,200		0.6			-	-	-			0.4	
6	X	24.0	1,700		0.7			-					0.3	
7	X	24.0	4,100		0.6								0.3	
. 8		24.0	2,567										0.5	
9		24.0	2,567											
. 10	X	24.0	2,567		0.6								0.3	
11	Х	24.0	2,300		0.6								0.3	
12	X	24.0	2,900		0.6								0.3	
13_	X	24.0	3,300		0.6								0.3	
14	X	24.0	1,900		0.6								0.2	
15		24.0	2,933											4
16		24.0	2,933											
17	X	24.0	2,933		0.6								0.2	
18	X	24.0	3,200		0.6								0.3	
19	Х	24.0	3,400		0.7								0.3	
20	X	24.0	3,500		0.3								0.2	
1	X	24.0	2,300		0.5								0.3	
22		24.0	2,933											
24	X	24.0	2,933											
25	X	24.0	2,900		0.4								0.2	
26	X	24.0	2,500		0.4								0.2	
27	X	24.0	2,100	+	0.4								0.2	
28	X	24.0	1,200		0.5								0.2	
29		24.0	3,000	-	0.3								0.2	
30		24.0	3,000											
31	X	24.0	3,000		0.8			-+					0.5	
otal			88,900										0.3	
VOPTROP			2.868											

4,367

Maximum , \*\*\*

900(3)Alternate

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



5. 900(3)Alternate

General Information		Year of: September, 2009				
Public Water System		ition			PWS Identification Number	
PWS Name:	Silver Lake Oaks	2544258				
PWS Type:	✓ Community	Non-Transient Non-Community	☐ Transient Non-Com		Consecutive	
Number of Service Connec				Total	Population Served at End of Mor	nth 94
PWS Owner:	Aqua Utilities Florid	a				
Contact Person:	Paul Thompson			·	<del></del>	d Coordinator
Contact Person's Mailing		PO Box 490310		City: Leesburg	State: Florida	Zip Code 34749
Contact Person's Telephon		(352) 787-0980		Conta	ct Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail A		pdthompson@aquaamerica.com				
Vater Treatment Pl						
lant Name:	Silver Lake Oaks				Plant Telephone Number.	(352) 787-0980
lant Address:	7017 Silver Lake Dri			City: Palatka	State: Florida	Zip Code: 32177
ype of Water Treatment b			ised Finished Water			
ermitted Maximum Day (			100,800			
lant Category (per subsec					lass (per subsection 62-699.310(	
Licensed Operators		Name	License Class	License Number		/ Shift(s) Worked
ead/Chief Operator:			A	7251	Days 1st Shift	
ther Operators:	David Haring		C	14091	Days 1st Shift	
<b>经</b> 经有关基础的	Ralph Marriott		C	7527	Days 1st Shift	
Mark State Committee						
					<u> </u>	
Libraria (Alberta)	<u> </u>					
, . e	NCI: CO					
ertification by Lead			William Co.			
	A	operator licensed in Florida, am the lea			The property of the property o	
		e and accurate to the best of my knowle				
		cable standards referenced in subsection				
		perator staffed or visited this plant duri				
) if applicable, appro	opriate treatment p	rocess performance records. Furtherm	ore, I agree to provide	these additional o	perations records to the PW	VS owner so the PWS owner can
		report, at a convenient location for at le				
		v 1	neneran filmint 🐝 natus (ATT)			
de			hompson		· · · · · · · · · · · · · · · · · · ·	A7251
gnature and Date		Printe	d or Typed Name			License Number
			p. of			
DEP Form 5 900(3)A	Alternate		Page			

PWS Id	entificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
II. D	aily Data	ı for the N	lonth/Year	of:		September, 200	)9							
leans (	of Achievi	ng Four-Lo	g Virus Inacti	vation/Remov	al: ▼ Free C	Chlorine [	Chlorine Di	oxide	┌─ Ozone	☐ Comt	nined Chlori	ne (Chlora	mines)	
	raviolet R			r (Describe)					,	, com	onica cinori	ne (emore	11111037	
						▼ Free Chlo	vrina T	Combin	ned Chlorine	(Chloramine	·s)	Chlorine l	Diavide	
ype o	Distille	Clain Resid	Juai Mailitai										T	
				(	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									
						CT Calc	ulations	_			UV	Dose		
							Lowest CT							
						Disinfectant	Provided			10-		-		
	Days Plant				Lowest Residual	Contact Time	Before or at					Accommendate	Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by	* · · · · · · · · · · · · · · · · · · ·	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	S. S	Hours plant	" - horocit district and con-		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work t
e	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componen
unth	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	1,700		0.5								0.2	
2	X	24.0	2,400		0.7								0.4	
3	X	24.0	1,000		0.5								0.2	
4	X	24.0	2,200		0.6								0.3	
5		24.0	2,700											
6		24.0	2,700											
7	X	24.0	2,700		0.7								0.3	
8	X	24,0	1,100		0.5								0.2	
9	X	24.0	2,700		0.5								0.3	
10	X	24.0	2,300		0.8								0.5	
11.7	X	24.0	3,400		0.5								0.2	
12		24.0	2,500											
13		24.0	2,500		0.0								0,5	
14	X	24.0	2,500		0.8								0.4	
15	X	24.0	2,000		0.5								0.3	
17	X	24.0	3,700 1,300		0.5								0.3	
18	X	24.0 24.0	2,100		0.5								0.3	
0	X	24.0	6,033		0.3								0.5	
20		24.0	6,033											
21	X	24.0	6,033		4.5							***************************************	3.8	
22	X	24.0	10,500		0.4								0.2	
23	X	24.0	5,000		0.6								0.4	
24	X	24.0	2,500		0.7		-						0.4	
25	X	24.0	1,500		0.7								0.4	
26		24.0	3,100											
27		24.0	3,100											
28	Х	24.0	3,100		0.7								0.4	
29	X	24.0	1,600		0.7								0.5	
30	Х	24.0	2,500		0.7								0.4	
31		24.0												
tal			92,500											
gerage			2,984											
aximum			10,500											

<sup>\*</sup> 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 Instr General Information		'ear of: October, 200	Ω					<u></u>
			3					
Public Water System		tion				PWS Identification Num	nber: 2544258	
PWS Name:	Silver Lake Oaks	I N - T - i - t N - C - m - i -	5. TT <del>-</del>	ransient Non-Com	munity	Consecutive	2517250	
PWS Type:	✓ Community	Non-Transient Non-Communi	CY LI	ransient Non-Com		Population Served at End	of Month: 94	
Number of Service Connec					Total	ropulation served at End	Of Workii.	
PWS Owner:	Aqua Utilities Florida	3			Tour	ct Person's Title	Field Coordinator	
Contact Person:	Paul Thompson				<del></del>	State: Florida	Zip Code	34749
Contact Person's Mailing A		PO Box 490310			City: Leesburg	et Person's Fax Number:	(352) 787-6333	34747
ontact Person's Telephone		(352) 787-0980			Contac	et Person's Pax Number.	(332) 181-0333	
intact Person's E-Mail A		pdthompson@aquaamerica.	com					
Water Treatment Pl						Interest Telephone Nicosha	r: (352) 78°	7-0080
lant Name.	Silver Lake Oaks				C. D.L.d.	Plant Telephone Number	Zip Code	
lant Address:	7017 Silver Lake Driv		T5 1 75	· · · · · · · · · ·	City: Palatka	State: Florida	Zip Couc	. 32177
ype of Water Treatment b		Raw Ground Water	Purchased Fini					
ermitted Maximum Day (			- 75121.	100,800	D N	lass (per subsection 62-69	99.310(4), F.A.C.): D	
lant Category (per subsect	tion 62-699.310(4), F.A			License Class	License Number		Day(s) / Shift(s) Worked	1
Licensed Operators		Name		<del> </del>			ray(s) / Sillings) Worker	<u> </u>
ead/Chief Operator:				A	7251	Days 1st Shift		
ther Operators:	David Haring			С	14091	Days 1st Shift		
	Ralph Marriott			С	7527	Days 1st Shift		
				<b>_</b>				
				<u> </u>		L		
ertification by Lead	Whief Operator		Control (Single-		Material			
the undersioned wat	ar trantment plant	operator licensed in Florida, am	the lead/chie	f operator of the	water treatment n	lant identified in part	Lof this report   Logiti	ify that the
Communication of the district	er treatment plant	e and accurate to the best of my	the read ente	nd baliaf I com	for that all drinking	water treatment che	emicals used at this plan	at conform to h
torination provided	in this report is tru	e and accurate to the best of my	knowledge at	na benet. I certi	ny mai an diliking	water treatment che	inicais used at this plat	le fonthis plan
ternational Standard	60 or other applic	able standards referenced in su	bsection 62-53	55.320(3), F.A.C	. I also certify tha	it the following addit	tional operations record	is for this plant
ere prepared each da	y that a licensed o	perator staffed or visited this pl	ant during the	month indicated	d above: (1) record	ds of amounts of cher	micals used and chemic	cal feed rates; a
	A	rocess performance records. Fi			these additional of	perations records to t	the PWS owner so the l	PWS owner car
tain them, together w	vith copies of this i	report, at a convenient location	for at least ter	n years.				
		1 1						
12		11/6/03	Paul Thompso	n			A7251	
ignature and Date			Printed or Typ			<del></del>	License N	Number
C. C			JP					
DEP Form f 900(3)A	kitamate			Page I				

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

PWS I	VS Identification Number 2544258 Plant Name. Silver Lake Oaks													
111.	Daily Data	for the N	lonth/Year	of:		October, 2009								
			g Virus Inacti	- Allegania de la companya del companya de la companya del companya de la company	val:   ✓ Free C		Chlorino Di	ovida	Ozone	Camb	ined Chlorii	na (Chlasar	ninac)	
1	traviolet R			r (Describe).		morne į	Chlorine Di	Oxide	Ozone	Como	med Chiera	ie (Cinorai	mines)	
-						<b>C a a a</b>		Combi	and Chlorian	(Chloramine	c) [=	Chlorine I	Signida	
Type	of Disinte	ctant Resid	dual Maintai			Free Chlo							Jioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	y Virus Inac	tivation, if /				
						CT Calc	ulations				UVI	Dose		
							I CT							
						Disinfectant	Lowest CT Provided						7	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	
	(Place	ín	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
N	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	2,100		0.7								0.4	
2	X	24.0	3,300		0.6								0.3	
3		24.0	3,067											
4		24.0	3,067											
5	X	24.0	3,067		0.7								0.4	
7	X	24.0 24.0	3,000 2,100		07 07				<del> </del>				0.4	
8	X	24.0	3,000		0.7								0.4	
9	X	24.0	4,100		0.6				<del>                                     </del>				0.3	
10		24.0	3,000											
11		24.0	3,000											
12	X	24.0	3,000		0.6				<u> </u>				0.2	
13	X	24.0	2,000		0.7								0.3	
14	X	24.0	3,000		0.7								0.3	
15	X	24.0	1,700		0.7								0.4	
16	X	24.0	1,800		0.6								0.3	
17		24.0	3,000											
10		24.0	3,000											
	X	24.0	3,000		0.7								0.4	
20	X X	24.0	1,600 5,500		0.7								0.4	
22	$\frac{\lambda}{X}$	24.0	4,000		0.5								0.3	
23	$\frac{\hat{x}}{x}$	24.0	4,500		0.5								0.2	
24	- $$	24.0	3,067										V	
25		24 0	3.067											
26	X	24.0	3,067		0.5								0.2	
27	X	24.0	4,100		1.4								1.1	
28	X	24.0	1,600	1	1,4	1							1.1	
29	X	24.0	4,200		1.6								1.2	
30	X	24,0	1,800		1,4								1.4	
31		24.0	3,666											
Total			93,466											
Avgerage			3,015											

DEP Form 6

00(3)Alternate

<sup>\*</sup> 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



Public Water System	n (PWS) Informa	4:					
		ition					
PWS Name:	Silver Lake Oaks					PWS Identification Number:	2544258
PWS Type:	✓ Community	Non-Transient Non-Con	nmunity	Transient Non-Com	munity	Consecutive	
Number of Service Connec						otal Population Served at End of Month:	94
WS Owner:	Aqua Utilities Florid		***************************************	A Committee of the Comm			
Contact Person:	Paul Thompson				C	ontact Person's Title: Field Co	oordinator
ontact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephon	e Number:	(352) 787-0980	**************************************		C	ontact Person's Fax Number: (352) 7	87-6333
ontact Person's E-Mail A	ddress:	pdthompson@aquaame	erica.com		<u> </u>		
Vater Treatment Pl	ant Information				<u></u>		
ant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
ant Address:	7017 Silver Lake Dr	ive			City: Palatka	State: Florida	Zip Code: 32177
ype of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fi	nished Water	<u> </u>		
rmitted Maximum Day (	Operating Capacity of	Plant, gallons per day:		100,800			
ant Category (per subsec	tion 62-699.310(4), F.	.A.C.): 1	V		Pla	nt Class (per subsection 62-699.310(4), F	F.A.C.): D
Licensed Operators		Name		License Class	License Num	ber Day(s)/S	hift(s) Worked
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	
ther Operators:	David Haring			C	14091	Days 1st Shift	
	Ralph Marriott			C	7527	Days 1st Shift	
ertification by Lead							
						nt plant identified in part I of this	
						king water treatment chemicals us	
ternational Standard	60 or other appli	cable standards referenced	in subsection 62-5	555.320(3), F.A.C	. I also certify	that the following additional ope	erations records for this plan
ere prepared each da	y that a licensed of	operator staffed or visited the	his plant during th	e month indicated	d above: (1) re	cords of amounts of chemicals us	ed and chemical feed rates;
) if applicable, appr	opriate treatment	process performance record	ds. Furthermore, I	agree to provide	these additiona	al operations records to the PWS	owner so the PWS owner co
tain them, together v	with copies of this	report, at a convenient loca	ation for at least te	en vears.		To the pay \$ conditional process and the second process and the conditional conditions and the conditional conditions and the conditional conditions are conditional conditional conditional conditions and the conditional conditions are conditional conditional conditional conditions are conditional conditional conditions and conditional conditions are conditional conditional conditions are conditional conditional conditional conditional conditions are conditional conditional conditional conditional conditional conditions are conditional conditional conditional conditional conditions are conditional	
		1					
1 2		12/8/18	Dout Thomas	200			4.7251
		1 - 1 1/1/7	Paul Thomps	SOIT		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A7251
material and Design			D. ' I T				1
gnature and Date	Military Constitution of the Constitution of t	- V f V	Printed or Ty	ped Name	****		License Number

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

PWS lo	entificatio	n Number:		2544258		Plant Name:	Silver Lake	Öaks						
III. D	aily Data	for the N	ionth/Year	of:		November, 200	)9							William (1997)
Section 2 in contrast of the least of the le			y Virus Inactiv	And the second second second			Chlorine Di	ovida	□ Ozone	r Comb	ined Chlori	o a (Chloron	minna)	
	raviolet R			r (Describe):		mornic j	Chiorine Di	oxide	i Ozone	1 Comp	inea Chioru	ne (Chiorar	nines)	
-						F* - 011		· C 1:	1.01.1	(Chloramine		Chlorine I	S:- 11	
Type o	f Disinte	ctant Resid	lual Maintau		ibution System:	Free Chlo							Jioxide	Y
				C	T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if A				
		89	i i			CT Calc	ulations				UVI	Oose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Nouth	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1		24.0	5,250											
2	X	24.0	5,250		0.5								0.2	
3	X	24.0	10,600		1.4		<b></b>						0.9	
5	X	24.0 24.0	11,900		1.2		<u> </u>						0.9	
6	X	24.0	23,000 32,100		1.3								0.9	
7	^	24.0	3,000		1.2								0,0	
8		24.0	3,000											
9	X	24.0	3,000		1.4	***************************************							1.0	
10	X	24.0	1,300		1.1								0.9	
-11	Х	24.0	3,300		1.6								1.5	
12	X	24.0	3,300		1.2								1.0	
13	Х	24.0	4,000		1.2								0.9	
14		24.0	3,200											
15		24.0	3,200			-								
16	X	24.0	3,200		1.3								0.2	
17	X	24.0	3,000		0.4								0.2	
- +	X	24.0 24.0	2,100 3,000		0.6								0.3	
- 20	X	24.0	2,600		0.8		-						0.5	<del> </del>
21	- α.	24.0	5,533		0.0								0.5	
22		24.0	5,533											
23	Х	24.0	5,533		1.1								0.8	
24	Х	24.0	5,000		1.0								0.8	
25	Х	24.0	2,000		1.0								0.7	
26	Х	24.0	2,100		1.0								0.7	
27	X	24.0	3,000		0.8								0.5	
28		24.0	2,667											
29		24.0	2,667			···								
30	X	24.0	2,667		0.6								0.3	
Total		24.0	166,000		I									
Avgerage		2	5,355											
Maximur			32,100											

i.900(3)Alternate

<sup>\*</sup> 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



900(3)Alternate

Polymer Page 3 Due in December

See Pages 4 for Instr	uctions	. o., me ng							
. General Information		car of: December, 20	009						
A. Public Water System	(PWS) Informa	tion						2511256	
PWS Name:	Silver Lake Oaks					PWS Identifica	tion Number:	2544258	
PWS Type:	✓ Community	Non-Transient Non-Communit	у ЦТ	ansient Non-Com		Consecutive			
Number of Service Connec	tions at End of Month	46				Total Population Serve	d at End of Month:	94	
PWS Owner:	Aqua Utilities Florid	a							
Contact Person:	Paul Thompson				,	Contact Person's Title:	Field Coordin	<del></del>	
Contact Person's Mailing A	ddress.	PO Box 490310			City: Leesburg				34749
Contact Person's Telephone		(352) 787-0980				Contact Person's Fax N	Tumber: (352) 787-633	33	
ontact Person's E-Mail Ac	ldress:	pdthompson@aquaamerica.c	com					www.mannountenary.com	
s. Water Treatment Pla	ant Information								
Plant Name:	Silver Lake Oaks					Plant Telephone	e Number:	(352) 787-098	
Plant Address:	7017 Silver Lake Dri	ve			City: Palatka	State: Florida	3	Zip Code:	32177
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		100,800					
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.). IV					ion 62-699.310(4), F.A.C.	): D	
Licensed Operators		Name		License Class	License Nun	nber	Day(s) / Shift(s	s) Worked	
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift			
Other Operators:	David Haring			C	14091	Days 1st Shift			
	Ralph Marriott			C	7527	Days 1st Shift			
1									
•									
l. Certification by Lead									
		operator licensed in Florida, am							
		e and accurate to the best of my							
International Standard	60 or other applie	cable standards referenced in sub	section 62-55	5.320(3), F.A.C	. I also certif	y that the following	ng additional operation	ons records fo	r this plant
were prepared each da	y that a licensed of	perator staffed or visited this pla	ant during the	month indicated	dabove: (1) re	ecords of amounts	of chemicals used as	nd chemical f	eed rates; and
		process performance records. Fu							
		report, at a convenient location							
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jopiso oi tito			y					
12		12/10	David Theorem					A7251	
		1,110	Paul Thompson					License Numb	nar
Signature and Date			Printed or Type	eu Name				Dicense Nunit	NG I
									- 1

Page I

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

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. I	Daily Data	for the N	lonth/Year	of:		December, 200	)9							
Means		ng Four-Lo	g Virus Inacti			Thlorine [	Chlorine Di	oxide	□ Ozone	☐ Comb	oined Chlorii	ne (Chlorar	nines)	
					ibution System:	Free Chle	orine T	Combin	ed Chlorine	(Chloramine	es) = =	Chlorine I	Dioxide	
, , p.c.	1	T Treat	Tutti ivianitai		T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable*	·		
					T Careatations, or		culations	001 202			UVI			
					T T	I Crean	T T			<u> </u>				
							Lowest CT							
						Disinfectant	Provided						Lowest Residual	
	Days Plant		No constitution		Lowest Residual	Contact Time	Before or at First					Minimum	Disinfectant	
	Staffed or		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Visited by Operator	Hours plant			Before or at First	Point During	During Peak			Minimum CT	1	Required,	Remote Point in	Conditions; Repair or Maintenance Work t
Day Of	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required, mg	110000000000000000000000000000000000000	mW-	Distribution	Involves Taking Water System Componen
Nn	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	5,500	Time, Spid.	0.8				1.				0.5	
2	X	24.0	5,000		0.6								0.3	
3	X	24.0	1,800		0.6			A10.2 / 0.25					0.3	
4	X	24.0	2,100		0.7								0.5	
5		24.0	6,000											
6		24.0	6,000											
7	X	24.0	6,000		0.7								0.4	
8	X	24.0	1,000		0.7								0.4	
9	X	24.0	3,700		0.9								0.5	
10	X	24.0	2,200		0.7							<u></u>	0.3	
11	X	24.0	2,200		0.7		ļ						0.3	
12		24.0	1,467				-							
13	X	24.0 24.0	1,467		0.8		-						0.4	
15	X	24.0	7,600		0.8								0.5	
16	X	24.0	3,200		1.2								10	
17	X	24.0	3,800		1.0								0.8	
10	X	24.0	2,200		1.2								0.8	
		24.0	3,467											
20		24.0	3,467											
21	X	24.0	3,467		1.2								10	
22	Х	24.0	1,900		2.0								1.6	
23	X	24.0	3,000		1.3								1.1	
24	X	24.0	2,000		1.3								1.0	
25	X	24.0	1,500		0.4								0.2	
26		24.0	2,400											
27		24 0	2,400		0.0								0.3	
28 29	X	24.0	2,400 3,000		0.5								0.3	
30	X	24.0	1,400		0.6								0.4	
31	X	24.0	2,100		0.7	. Allul Transcription							0.4	
otal		27.0	95,200		0.71								071	
vgerag	e		3,071											
0-1-45	<del>-</del>		3,011											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information

7,600

DEP Form 6% 30(3)Arternate

Maximum

## ^

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



See Pages 4 for Instructions.

. General Informatio	n for the Month/	Year of: January, 2	010			
A. Public Water System	m (PWS) Inform	ation				
PWS Name:	Silver Lake Oaks				PWS Identification Nur	mber: 2544258
PWS Type:	✓ Community	Non-Transient Non-Commi	unity Transient Non-	-Community	Consecutive	
Number of Service Conne				,	Total Population Served at End	d of Month: 94
PWS Owner:	Aqua Utilities Florid	da				
Contact Person:	Paul Thompson				Contact Person's Title:	Field Coordinator
Contact Person's Mailing .	Address	PO Box 490310		City: Leesbu	rg State: Florida	Zip Code 34749
Contact Person's Telephor	ne Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A	\ddress:	pdthompson@aquaameric	a.com			
Water Treatment P	lant Information					
Plant Name:	Silver Lake Oaks				Plant Telephone Number	er: (352) 787-0980
Plant Address:	7017 Silver Lake Dr	rive		City: Palatka	State: Florida	Zip Code 32177
Type of Water Treatment b	by Plant:	Raw Ground Water	Purchased Finished Water	1 1		Annaham da anaham da
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:	100,800	***************************************		
Plant Category (per subsec				T F	lant Class (per subsection 62-6	99.310(4), F.A.C.): D
Licensed Operators		Name	License C			Day(s) / Shift(s) Worked
ead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift	
Other Operators:	David Haring		C	14091	Days 1st Shift	
The state of the s	Ralph Marriott		C	7527	Days 1st Shift	
Certification by Lead	d/Chief Operator			01-12-5		
the undersigned wat	er treatment plant	operator licensed in Florida,	am the lead/chief operator o	f the water treatm	ent plant identified in par	t I of this report. I certify that the
formation provided	in this report is tru	ue and accurate to the best of r	ny knowledge and belief. 1	certify that all dri	nking water treatment che	emicals used at this plant conform to N
						tional operations records for this plant
						emicals used and chemical feed rates; a
						the PWS owner so the PWS owner can
etain them together i	with applies of this	process performance records.	- for at least to prov	vide these additio	nai operations records to	the PWS owner so the PWS owner can
etain them, together v	vith copies of this	report, at a convenient locatio	n for at least ten years.			
$(\sim)$		P				
		02/00/10	Paul Thompson			A7251
signature and Date		1	Printed or Typed Name			License Number
ALUE GERT TELEVISION			Daga 1			(

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

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. L	aily Data	for the N	1onth/Year	of:	AND REPORTED BY AND AND A	January, 2010								
			g Virus Inacti		val: 🔽 Free C	hlorine r	Chlorine Di	oxide	☐ Ozone	Com!	oined Chlorii	ne (Chlorae	ninec\	
	traviolet R			er (Describe)			Chorne Di	CALL	; Ozone	Come	med Chorn	ic (Cinnai	indics)	
-					ribution System:	Free Chlo		Combin	ed Chlorina	(Chloramine	) [	Chlorine I	Viovida	
Type	) Disinie	T Clant Resid	Juai Maintai										Jionae	
				-	CT Calculations, or	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		rour-Log	Virus Inac	tivation, if				
					·	CT Calc	ulations		г —		UVI	Jose		
			Same and the same				Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	Required, mg	1	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	2,000		1.2								1.0	
2		24.0	6,833											
3	X	24.0 24.0	6,833										0.0	
5	X	24.0	6,833 3,000		1.0								0.8	
6	X	24.0	2,000		1.1								1.1	
7	X	24.0	1,800		1.0								0.8	
8	X	24.0	3,000		1.0								0.8	
9	Α	24.0	3,167		1.0								0,9	
10		24 0	3,167											
11	X	24 0	3,167		1.5								1.3	
12	Х	24.0	3,000		1.1			***************************************					1.0	
13	X	24.0	3,300		1.1								0.9	
14	X	24.0	4,100		1.0							***************************************	0.8	
15	X	24.0	1,700		1.0								0.8	
16		24,0	2,867											
17	X	24.0	2,867		0.8								0.6	
18	X	24.0	2,867		1.0								0.8	
19	X	24.0	3,100		1.0								0.7	
20	X	24.0	3,000	_	1.0								0.7	
21	X	24.0	3,000		1.0								0.7	
22		24.0	2,600											
24		24.0 24.0	3,333											
25	X	24.0	3,333		0.8								0.6	
26	X	24.0	2,100		0.8								0.6	
27	X	24.0	2,000		0.8								0.7	
28	X	24.0	3,100		0.9						-		0.7	
29	X	24.0	3,000		0.8								0.6	
30		24.0	5,700		0.0								0.0	
3.1		24.0	5,700											
Total			105,800											
Avgerage			2.412											

DEP Form 6 (00(3)Alternate

Maximum 6,833

\* 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



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instructions.					
I. General Information for the Mon	th/Year of: February, 2010				
A. Public Water System (PWS) Info	rmation				
PWS Name: Silver Lake Oak				PWS Identification Number:	2544258
PWS Type: Communit	ty Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connections at End of M	fonth: 46		Total	Population Served at End of Month:	94
PWS Owner: Aqua Utilities F	lorida				
Contact Person: Paul Thompson			Conta	ct Person's Title: Field Coor	dinator
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Conta	ct Person's Fax Number: (352) 787-	6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				
B. Water Treatment Plant Informat	ion				
Plant Name: Silver Lake Oak			the Control of the Co	Plant Telephone Number:	(352) 787-0980
Plant Address: 7017 Silver Lak	e Drive		City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment by Plant:		sed Finished Water			
Permitted Maximum Day Operating Capacit		100,800			
Plant Category (per subsection 62-699.310(4				lass (per subsection 62-699.310(4), F.A.	C.): D
Licensed Operators	Name	License Class	License Number	Day(s) / Shif	t(s) Worked
Lead/Chief Operator: Paul Thompson		A	7251	Days 1st Shift	
Other Operators: David Haring		C	14091	Days 1st Shift	
Ralph Marriott		C	7527	Days 1st Shift	
The state of the s					
Land Control Land					
salah basara di Sa					
AS A STREET AND A CONTROL OF THE CON					
I Certification by Lead/Chief Opera					
i, the undersigned water treatment pl	lant operator licensed in Florida, am the lea	id/chief operator of the	water treatment p	lant identified in part I of this re	port. I certify that the
information provided in this report is	s true and accurate to the best of my knowled	edge and belief. I certi	fy that all drinking	water treatment chemicals used	at this plant conform to NSF
International Standard 60 or other ap	oplicable standards referenced in subsection	n 62-555.320(3), F.A.C	. I also certify tha	at the following additional opera-	tions records for this plant
were prepared each day that a license	ed operator staffed or visited this plant duri	ing the month indicated	l above: (1) record	ds of amounts of chemicals used	and chemical feed rates; and
(2) if applicable, appropriate treatme	ent process performance records. Furtherm	ore, I agree to provide	these additional or	perations records to the PWS ow	mer so the PWS owner can
retain them, together with copies of t	this report, at a convenient location for at le	east ten years.			
	1 1				
	- 3/9/10 Paul T	hompson			47751
Signature and Date		d or Typed Name	***************************************		A7251
	Pillitee	d or Typed Ivallie			License Number

Page 1/

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

PWS	dentification	on Number:		2544258		Plant Name:	Silver Lake	Oaks				***************************************		
Ш	Daily Data	for the N	lonth/Year	of:		February, 2010								
The real Party and the least of	The second second	CONTRACTOR OF THE PARTY OF THE	g Virus Inacti	WITH THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	val:		Chlorine D		┌ Ozone	r 0 1		/011	3	
	ltraviolet R			r (Describe)		.mornic j	Chlorine D	oxide	1 Ozone	1 Comt	oined Chlori	ne (Chiorar	nines)	
-					***************************************		- P	" C 1:	1011	((2))		011	S1 11	
Type	of Disinte	ctant Resid	dual Maintai		ribution System:	Free Chk				(Chloramine		Chlorine I	Dioxide	
i delle i	13655	NEC 4 9	1000000	(	CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	V		1500 150	是中华华岛的高温度的主义的
200	a service	<b>建筑工作</b>	25 四部	Charles and the	40579056	CT Calc	ulations	And the	\$12,665	E SAFER B	UV	Dose		中國服务中部的政治中的国际
	SA Water		160		3 x 7 x 5 1 3	1000	Lowest CT	7.07		90.35				于1865年中国的第三个国际的1866年的。
			148.65			Disinfectant	Provided						A Landing	
	Days Plant	1500	10000000	61.2366	Lowest Residual	Contact Time	Before or at	23.2		1.404.746	56.6	ake grade (1)	Lowest Residual	STATE OF THE PARTY OF THE PARTY.
10000	Staffed or	HATE OF	Net Quantity	9-59-20-6	Disinfectant	(T) at C	First	Section 1	A Kalin	A ENGINEER	105,0	Minimum	Disinfectant	a provide a security of
(E. 44)	Visited by	Difference and	of Finished	200	Concentration (C)	Measurement	Customer	369 A. C.	ALC: HOLD	20054-463	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	T	page or of	Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			CT Required	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	mg-min/L	mW-sec/cm <sup>4</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
2	X	24.0	5,700		0.9								0.6	
3/4	X	24.0	2,600 3,500		0.9			-					0.7	
4	X	24.0	3,100		0.9								0.7	
5	X	24.0	8,200		0.9					<b> </b>	<del></del>		0.7	
- 6	1-2-	24.0	3,667					<u> </u>			-			
2		24.0	3,667			***************************************								
- 8	Х	24.0	3,667		1.0								0.9	
. 9	X	24.0	4,500		0.4								0.3	
10-	X	24.0	3,600		0.4								0.2	
- 11	Х	24.0	2,200		1.0								0.5	
12	Х	24.0	3,600		0.6								0.3	
-13		24.0	5,267											
14		24.0	5,267											
15	X	24.0	5,267		0.9								0.7	
17	X	24.0	3,100 3,300	_	0.8								0.5	
18	X	24.0	3,700		0.9								0.6	
19	X	24.0	3,000		0.9								0.7	
20		24.0	3,500		227	***************************************								
21		24.0	3,500											
22	X	24.0	3,500		0.8						***************************************		0.6	
23	Х	24,0	2,900		. 0.9		1						0.6	*
24	X	24.0	3,200		0.9								0.6	
25	X	24.0	4,800		1.0								0.7	
26	X	24.0	3,400		0.9	·····							0.7	
27		24.0	3,566											
28		24.0	3,566											
29 30		24.0												
31		24.0 24.0												
Total		24.0	108,832					L						
Avgerag	e		3,511											
3			a. i.e. ( 1											

<sup>\*</sup> 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.

DEP Form 62-555 900(3)Alternate

General Information	n for the Month/	ear of: Marr	ch, 2010						
. Public Water System	n (PWS) Informa	tion	A TOTAL OF THE PROPERTY OF THE			7000			
PWS Name:	Silver Lake Oaks				***************************************	PWS Identification Numb	per: 254	14258	
PWS Type:	✓ Community	Non-Transient Non-C	Community T	ransient Non-Com	munity	Consecutive			
Number of Service Connec	tions at End of Month	1: 46			The state of the s	Population Served at End of	of Month: 94		
PWS Owner.	Aqua Utilities Florid	a							
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	***************************************	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida		Code: 34749	
Contact Person's Telephone	e Number:	(352) 787-0980			A THE RESERVE THE PARTY OF THE	ct Person's Fax Number:	(352) 787-6333	***************************************	
Contact Person's E-Mail A	ddress:	pdthompson@aquaar	merica.com						
Water Treatment Pl	ant Information								
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(35)	2) 787-0980	
lant Address:	7017 Silver Lake Dri	ive			City: Palatka	State: Florida		Code: 32177	
ype of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water		<u> </u>			
ermitted Maximum Day (				100,800					
Plant Category (per subsect		A.C.):	IV		Plant C	lass (per subsection 62-699	9.310(4), F.A.C.):	D	
Licensed Operators		Name		License Class			ay(s) / Shift(s) Wo	orked	
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	<b>*</b>		
Other Operators:	David Haring			C	14091	Days 1st Shift			
	Ralph Marriott			С	7527	Days 1st Shift		***************************************	
Section of the section of									
· 经基础的公司的									
4.000.000.000									
			***************************************						
						L			
Certification by Lead	I/Chief Operator							A TOTAL STREET	
the undersigned water	er treatment plant	operator licensed in Flor	rida, am the lead/chie	f operator of the	water treatment n	lant identified in part	Lof this report L	certify that the	2
formation provided i	in this report is tru	e and accurate to the bes	st of my knowledge a	nd belief. I certi	fy that all drinking	water treatment chen	nicals used at this	plant conform	o to NIC
ternational Standard	60 or other applic	cable standards reference	ed in subsection 62-5	55 320(3) F A (	Lalco partify the	t the fellowing additi	and an and	piant contoin	110 143
ere prepared each da	v that a licensed o	perator staffed or visited	this plant during the	month indicates	above (1)	it the following addition	onal operations re	cords for this	plant
) if applicable appro	printe treatment n	perator statied or visited	a uns plant during me	monui maicatet	above: (1) recor	ds of amounts of chem	nicals used and ch	emical feed ra	ites; and
tain them together w	optimic ireannent p	process performance reco	orus, rurulermore, i a	agree to provide	these additional o	perations records to the	ne PWS owner so	the PWS own	er can
dani them, together w	vitii copies of this	report, at a convenient lo	ocation for at least ter	i years.					
1		11 2 1							
		- 4 18110	Paul Thompso	n			A72	.51	
gnature and Date			Printed or Typ	ed Name				ense Number	
			. 1200,000 €0. 102 <b>**</b>				Dice		(

Page 1

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

PWS I	dentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
III. D	aily Data	for the N	lonth/Year	of:		March, 2010								
			Virus Inactiv				Chlorine Di	ovida	☐ Ozone	Comb	oined Chloris	on (Chlorer	ninasì	***************************************
1	traviolet R			r (Describe):		,	CHOING DI	o.ddc	1 OZONE	Conc	nied Chiori	ie (Cinorai	illies)	
-					ibution System:	₩ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	(s) [	Chlorine I	Dioxide	
Type	i Distille	ctaric record	ruai iviairitaii		T Calculations, or								1	
					1 Calculations, or			our-Log	Virus inac	uvation, ii z	UV			
						CT Calc	ulations				UVI	Jose		
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Staffed or Visited by		Net Quantity of Finished		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
34 8	X	24.0	3,566		0.8								0.6	
2	X	24.0	3,600		0.8								0.6	
3	X	24.0	4,500		0.8								0.5	
4	X	24.0	3,800		0.8								0.5	
5	X	24.0	4,500	***************************************	0.8								0.5	
7		24.0 24.0	3,467 3,467							***************************************				
8	X	24.0	3,467		0.7								0.4	
9	X	24.0	3,400		0.7								0.4	
10	X	24.0	3,000		0.7								0.5	
-11	X	24.0	5,700		0.7								0.4	
12	X	24.0	2,000		0.7								0.4	
13		24.0	4,267											
14		24.0	4,267											
15	X	24.0	4,267		0.7								0.4	
16 17	X	24.0 24.0	6,300 3,300		0.7						·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.4	
18	X	24.0	3,100		0.7								0.4	
19	X	24.0	11,000		0.7								0.5	
20		24.0	5,000										V.2	
- 21	X	24.0	5,000		0.7								0.4	
22	X	24.0	5,000		0.7								0.4	
23	X	24.0	4,700		0.7								0.5	
24	X	24.0	4,300		0.7								0.3	
25	X	24.0	3,100		0.5								0.5	
26 27		24 0	3,300											
28		24.0 24.0	3,000 4,000											
29		24.0	4,000		0.7	***************************************							0.0	
30		24.0	4,000		0.7								0.5	
31		24.0	2,100		0.7								0.4	
Total			128,466				I		L					

11,000

DEP Form 67 00(3)Alternate

Maximum

<sup>\*</sup> 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 Instr	ructions.							
I. General Information	for the Month/	Year of: April, 2010						
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Silver Lake Oaks		······································			PWS Identification Number:	2544258	
PWS Type:	✓ Community	Non-Transient Non-Communi	ityT	ransient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Month	h: 46				Population Served at End of M	ionth: 94	
PWS Owner:	Aqua Utilities Florid	la						
Contact Person:	Paul Thompson				Conta	ct Person's Title: F	ield Coordinator	
Contact Person's Mailing A	\ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: (3	352) 787-6333	
Contact Person's E-Mail Ac	ddress:	pdthompson@aquaamerica.	.com					
B. Water Treatment Pla	ant Information							
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-09	980
Plant Address:	7017 Silver Lake Dr	ive			City: Palatka	State: Florida	Zip Code:	32177
Type of Water Treatment by		Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day C				100,800				
Plant Category (per subsect	ion 62-699.310(4), F.				Plant C	lass (per subsection 62-699.31	0(4), F.A.C.): D	
Licensed Operators		Name		License Class	License Number	Day(s	s) / Shift(s) Worked	
Lead/Chief Operator:				A	7251	Days 1st Shift		
Other Operators:	David Haring			C	14091	Days 1st Shift		
	Ralph Marriott			С	7527	Days 1st Shift		
				~~~				
I. Certification by Lead	/Chief Operator							
		operator licensed in Florida, am	n the lead/chief	fonerator of the	Water treatment w	lantidantiCadia and Indi	Cali: Y aic	
information provided i	n this report is tre	and accurate to the best of my	. I a control of control	operator of the	water treatment p	iant identified in part I of	t this report. I certify	that the
International Standard	60 or other and	are and accurate to the best of my	knowledge ar	id belief. I certi	ty that all drinking	water treatment chemic	als used at this plant c	onform to NSF
were prepared each Ja-	ou or other applic	cable standards referenced in sul	osection 62-33	3.320(3), F.A.C	. I also certify tha	at the following additiona	al operations records f	or this plant
(2) if and inching	y that a licensed o	operator staffed or visited this pla	lant during the	month indicated	above: (1) record	ds of amounts of chemica	als used and chemical	feed rates; and
(2) it applicable, appro	priate treatment p	process performance records. Fu	urthermore, I a	gree to provide	these additional of	perations records to the F	PWS owner so the PW	S owner can
retain them, together w	of this	report, at a convenient location	for at least ten	years.				
1 L		-1-1						
			Paul Thompson	n			A7251	
Signature and Date			Printed or Type	ed Name			License Num	iber
								15

3

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

PWS I	lentification	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
			onth/Year	of:		April, 2010								
or annual contract	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN		Virus Inactiv		Name and the state of the state		Chlorine Di	oxide	☐ Ozone	□ Comb	oined Chlorii	ne (Chlorar	nines)	
	raviolet R			r (Describe):			Cinoraic Di	07000	,	Come	June Cinora	ic (Ciliona		
						₩ Free Chk	orine [	Combin	ed Chlorine	(Chloramine	rs) [	Chlorine I	Dioxide	
Type (	Disinie	ctant Kesic	iuai Maintai		ibution System:						A		) I I	
				C	T Calculations, or			rour-Log	Virus Inac	tivation, if				
						CT Calc	ulations				UV	Jose	· - 1	
	. 21.4						Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			En Skyll best Nasi	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	1	Before or at First	Point During	During Peak	_		Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work tha
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	Х	24.0	2,700		0.7								0.5	
2	Х	24.0	2,800		0.7								0.4	
3		24.0	4,000											
4		24.0	4,000								ļ			
5	Х	24.0	4,000		0.4								0.2	
6	X	24.0	2,600		0.5								0.2	
7	X	24.0	2,700		0.5								0.3	
8	X	24.0	3,300		0.5 0.6		<u> </u>						0.4	
9	X	24.0	3,600 28,200		0.5		<del> </del>	-					0.3	
11	X	24.0 24.0	5,000		0.3				***************************************				0.3	
12	X	24.0	5,000		2.0		<del> </del>						1.6	
13	X	24.0	3,400		1.6								1.4	
14	X	24.0	2,000		1.5		1		,				1.3	
15	X	24.0	4,000		1.5		1						1.3	
16	X	24.0	4,700		1.5					1			1.3	
17		24.0	3,000											
18		24.0	3,000											
19	X	24.0	3,000		0.8								0.6	
20	Х	24.0	3,800		1.2								1.0	
21	Х	24.0	5,400		0,6								0.2	
22	Х	24.0	4,400		1.2								0.8	
23	Х	24.0	3,400		1.0								0.7	
24		24.0	3,733											
25		24.0	3,733											
26	X	24.0	3,733		1.3								1.0	
27	X	24.0	4,200		1.0								0.8	
28	X	24.0	3,700		1.1							and the second s	0.8	
29	X	24.0	2,300		2.0								1.5	
30	X	24.0	3,200		1.2								1.0	
31		24.0												
otal	A 1 (2)		132,600											
vgerag		1.34.2 (1.32.1.33)	4,277											

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information

28,200

# hone: (772) 465-8584 Fax: (772) 467-1584

Date issued: March 16, 2009

To:

Will Fontaine

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

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks Triannual

[2134051]

Received:

2/25/09 12:19

Dear Will Fontaine;

Analytical results presented in this report have been reviewed for compliance with the HBEL. Inc. 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

Questions regarding this report should be directed to the Report Signatory at (772) 465-8584 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

**Eric Charest** 

**4BEL**, Inc. Laboratory Manager

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

5600 US 1 North rt Pierce, FL 34946 . DOH # E96080

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

Printed: 3/16/09



5600 U.S. I North, Fort Pierce. hone (772) 465-8584 Fax: (772) 467-I584

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks Triannual

Received:

2/25/09 12:19

[2134051]

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

**EPA 505** 

**PEST5294** 

2134051001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

5600 US 1 North vt Pierce, FL 34946 -DOH # E96080

Printed: 3/16/09



Phone: (772) 465-8584 Fax: (772) 467-1584

## **CERTIFICATE OF ANALYSIS** [2134051]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks Triannual

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2134051001 P.O.E. Grab				Sampled: 02/25/09 Matrix: Water			. 02/25/09		
Odor - Dechlorinaled		1.0 U	T.O.N.	1.0	EPA 140,1		reported on			
pH		7.77	SU	0.200	EPA 140.1	WCDE18677		02/25/09 14:27		E83509
Aluminum		0.0030 U		0.0030	EPA 200.7	WCGE30677 META9260		02/26/09 18:48		E96080
Barium		0.0030 0	mg/L	0.0030	EPA 200.7	META9260 META9260		03/7/09 13:47	DM	E96080
Beryllium		0.00010 U	mg/L mg/L	0.0010	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9260		03/7/09 13:47	DM DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Copper		0.0037	mg/L	0.0014	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META9260		03/7/09 13:47	DM	E96080 E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Sodium		88	mg/L	0.50	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META9254		03/5/09 12:52	DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	META9255		03/5/09 14:38	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META9253		03/5/09 10:54	DM	E96080
elenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9256		03/5/09 18:42	DM	E96080
fhallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9263		03/9/09 15:42	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9252	03/3/09 13:18	03/4/09 15:09	DM	E96080
Chloride		170	mg/L	5.0	EPA 300.0	IC7970		03/2/09 10:17	SP	E96080
Fluoride		0.16	mg/L	0.011	EPA 300.0	IC7965		02/26/09 14:22		E96080
Nitrate as N		0.10	mg/L	0.0030	EPA 300.0	IC7965		02/26/09 14:22		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	1C7965		02/26/09 14:22		E96080
Sulfate		47	mg/L	1.4	EPA 300.0	IC7970		03/2/09 10:17	SP	E96080
1,2-Dibromo-3- chloropropane		0.0035 U	ug/L	0.0035	EPA 504.1	PEST5295	03/5/09 14:00	03/6/09 1:01	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST5295	03/5/09 14:00	03/6/09 1:01	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL.	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL	E96080
gamma-BHC (Lindan	e)	0.020 U	ug/L	0.020	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL	E96080
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JŁ	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5294	02/27/09 11:00			E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST5294	02/27/09 11:00	02/27/09 13:20	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL.	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515,1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515,1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL	E96080

5600 US 1 North vrt Pierce, FL 34946 JOH # E96080

Printed: 3/16/09



5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-1584

# CERTIFICATE OF ANALYSIS [2134051]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks Triannual

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram	0.23 U	ug/L	0.23	EPA 515.1	PEST5296	03/4/09 8:00	03/5/09 18:52	JL	E96080
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Methylene chloride	0.23 ป	ug/L	0.23	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
ans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
richloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Alachlor	0.61 U	ug/L	0.61	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Atrazine	0.48 U	ug/L	0.48	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Benzo(a)pyrene	0.070 U	ug/L	0.070	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
bis(2-ethylhexyl)phthalate	0.85 U	ug/L	0.85	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Di(2-ethylhexyl)adipate	0.68 U	ug/L	0.68	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Hexachiorobenzene	0.31 U	ug/L	0.31	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Hexachlorocyclopentadie	ne 0.24 U	ug/L	0.24	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Simazine	0.63 U	ug/L	0.63	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Carbofuran	0.41 U	ug/L	0.41	EPA 531.1	HPLC2567		03/3/09 18:01	JJM	E96080
Oxamyl	0.13 U	ug/L	0.13	EPA 531.1	HPLC2567		03/3/09 18:01	JJM	E96080
Glyphosate	13 U	ug/L	13	EPA 547	HPLC2569		03/5/09 13:45	JJM	E96080
Endothall	2.8 U	ug/L	2.8	EPA 548.1	SVOC2742	02/27/09 14:00	03/5/09 13:27	CG	E96080
Diquat	1.9 U	ug/L	1.9	EPA 549.2	HPLC2568	02/27/09 12:00	03/3/09 15:18	JJM	E96080
Gross Alpha	2.6 +/- 2.0	pCi/L		EPA 900.0	SAL1108		03/10/09 8:09	SAL	
Radium 226	0.5 +/- 0.1	pCi/L		EPA 903.1	SAL1108		03/9/09 11:43	SAL	E84129
Radium 228	0.3 U +/- 0.2	pCi/L		EPA Alter.	SAL1108		03/11/09 11:3	7 SAL	E84129
Color	4.0	CU	1.8	SM2120 B	WCGE30673		02/26/09 14:3	0 TCL	E96080
Total Dissolved Solids	450	mg/L	16	SM2540 C	WCGE30689		03/1/09 15:30	SP	E96080
Cyanide	0.0083	mg/L	0.0047	SM4500CN E	WCGE30697	03/3/09 11:30	03/4/09 13:22	GG	E96080
Surfactants as LAS, Mol.wt.340	0.022 U	mg/L	0.022	SM5540 C	WCGE30687	02/26/09 13:10	02/27/09 15:0	6 GG	E96080

\_5600 US 1 North
ht Pierce, FL 34946
--DOH # E96080

Printed: 3/16/09



# HBEL. Inc.

5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-1584

# CERTIFICATE OF ANALYSIS [2134051]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Oaks Triannual

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	•	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2134051002 VOC TRIP BLANK			Sampled: Matrix: Water	Results	Received:			
1,1,1-Trichloroetha	one 0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,1,2-Trichloroeth	ane 0.44 U	ug/L	0.44	EPA 524.2	VOC3051	(	03/6/09 17:37	WR	E96080
1,1-Dichloroethen	0.23 U	ug/L	0.23	EPA 524.2	VOC3051	4	03/6/09 17:37	WR	E96080
1,2,4-Trichloroben	zene 0.41 U	ug/L	0.41	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2-Dichlorobenze	ne 0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2-Dichloroethan	0.29 U	ug/L	0.29	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
1,2-Dichloropropa	ne 0.40 U	ug/L	0.40	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
1,4-Dichlorobenze	ne <b>0.23 U</b>	ug/L	0.23	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
Carbon tetrachlori	de 0.24 U	ug/L	0.24	EPA 524.2	VOC3051	ŧ	03/6/09 17:37	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3051	(	03/6/09 17:37	WR	E96080
cis-1,2-Dichloroetl	nene 0.21 U	ug/L	0.21	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
Methylene chloride	e 0.23 U	ug/L	0.23	EPA 524.2	VOC3051	1	03/6/09 17:37	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3051	f	03/6/09 17:37	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3051	1	03/6/09 17:37	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3051	4	03/6/09 17:37	WR	E96080
otal Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3051	+	03/6/09 17:37	WR	E96080
trans-1,2-Dichloro	ethene 0.35 U	ug/L	0.35	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3051	į	03/6/09 17:37	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3051	•	03/6/09 17:37	WR	E96080

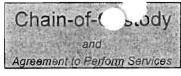
<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

5600 US 1 North vt Pierce, FL 34946 r:DOH # E96080

Printed: 3/16/09





Method(s) of \_\_Courier Shipment:

USE BALL POINT PEN PRESS HARD COMPLETELY FILL OUT ALL NON GREYED AREAS PRINT LEGIBLY Laboratory not responsible i

nitted information

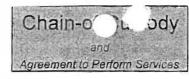
FDOH# E96080

5600 U S 1 North Fort Pierce, FL 34946



\_\_X\_FDOH # E83509 4155 St. Johns Pkwy,#1300

Compan	y: AQUA	P.O. BOX 490310					Shipment:			Šh	ala	ACK W				Pkwy,#1300	
Address		P.O. BO	X 490	310			<del></del>	SENSON	400000	ZN II A		loc O	die	Sanford	d. FL 3	2771	
Phone:	(352) 435			Fax		34749	e-mail: JDHaring@aquaamerica.com Standard Laboratory	Tempe	rature cked	Cu	r Lab ( stody Se Intact Y	als		pH Checked	i N	LAB # 2/7	34057
				-	(00)	2) 101 0000	X Turn Around Time		I VIII		RESER					图2414000	開門聯合
Client Co	ontact.	David F	1	,	i		Or	N	SH		J	U	Н	N		Preservat  H=Hydrochloric Acid	PaPhosphoric Acid
Project N	lame:	Silve	LAK	e 04	S:Tria	annual 1° & 2°	Rush in Business Days	A	В	YSES F	REQUE	STED	Q		N≈Nitric Acid S≃Sulfuric Acid	ST=Sodium Thiosulfate	
Sampled	Ву:	DAVI	d H	ANI	19		Requires Laboratory Approval		U				103 409	THE PERSON NAMED IN COLUMN	BEN ME	SH=Scalar Hydroxide	U=Unpreserved
LAB ID	DATE TIME So Not a series of the series of t						PLE DESCRIPTION fill Appear On Report	1° & 2º METALS	CYANIDE	NO3, NO2, CL,	Color, TDS. MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228		COMM	ENTS
001	2-8-09 0900 G DW 10 P.O.E.							1	1		1	1	3	3		C/2 0,9	pH 7,7
002		3 VOC TRIP					ANKS						3				/
i																	
		1															
														_			
	Sample Typ	e G=Grah	C=C	omnos	ita	hidran Inchessor	** Matrix: S=Solid SL=Studge DW=	Danking	Mater (	2\N=Gr	nund M/	ator SM	l=Surfs	e/M. enc	er: \AAA	/=Mastewater M=M	arine .
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o port	DATE/TIME		-09					1210	7		DATE/TI		/	2-	-	-09 1600	. 16
6 PB	RECEIVED BY					RECEIVED BY LIGHTLE RECEIVED FOR HBEL CUSTODY BY AND THE DATE/TIME 225 08 1015											
P. S. S. W.	8 DATE/TIME 2-25-09 100					DATE/TIME / 2-25-49	121	<i>c</i> 7		DATE	WE A		D/Hatsakt	CHAIN	N PAGE 1	of 2	



Method(s) of courier

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



\_\_X\_\_FDOH # E83509

CHAIN PAGE \_\_2\_\_ of \_\_2\_

Laboratory not responsit.

FDOH # E96080

5600 U.S. 1 North

Fort Pierce, FL 34946

Company	AQUA	UTILITIE	SFL	OKID	A, IN	C.	Shipment:			5	ela	E E		4155 S	t.Johns	Pkwy,#1300	
Address:		P.O. BOX	<b>K</b> 490	310						Š.	The l	Ŧ		Sanford	d, FL 3	2771	
	LEESBUR	2C EI			7in:	24740			940	外容等差别加	r Lab L		33 SUPERIOR				
	LEESBUI	KG, FL			_ZIP.	34749	e-mail: JDHaring@aquaamerica.com		cked		stody Se Intact		(	pH Checker		LAB# 213	34151
Phone:	(352) 435	-4020		Fax	(352	) 787-6333	Standard Laboratory	(Y)			Y	J	Y	(		M	( VVI
Client Co	ataat:	David L	10-in	_			X Turn Around Time			Р	RESER	VATIV	Έ			2. 经往往产品 经股份	能可以及知识
Jilent Co	midel.	David F	arın	<u>g</u>			Or	ST	ST	СТ	мсаав	СТ	ST	s	ST	Preservati	•
Project N	ame S	ilverLA	211	zks	·Trian	nnual 1º & 2º	Or I	51			IMCAABI YSES F			3	31	H≃Hydrochlonc Acid N≃Nitne Acid	P=Phosphoric Acii
TOJECT 14	ייג מוווט.					moar i & Z	Rush in Business Days	G	Н	J	K	1	M	N	P	S≃Sulfuric Acid	ST=Sodium Thiosulfate
Sampled	Ву:	DAVIC	1 4.	Aling	P.:		Requires Laboratory Approval					ATE)	CONTRACTOR OF THE PARTY OF THE			SH=Sodium Hydroxide	U=Ui.preserved
	COLLE	CTION	Туре	ž	ners	SAMP	LE DESCRIPTION	B/DB			RBAMA	PHOS	DOTH	QUA			
LABID	DATE	TIME	Sample	MATRIX**	Containers	As Wi	ll Appear On Report	504(EDB/DBPC	515.1	525.2	531.1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	COMM	ENTS
Carrier S		160	· Ω	2	32	i		ν.	r.	1 10	53	ا بن	10.1	5	2	* 1 00	11
001	25.04	09100	G	DW	14	P.O.E.		3	1	1	1	1	3	1	3	Ch 0.9	p# 7.1
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- MANAGE	Sample Typ	e: G=Grab	C=C	ompos	ite		** Matrix: S=Solid SL=Sludge DW=D	orinking 1	Water	GW=Gr	ound Wa	ter SV	V=Surfa	ce Wat	er ww	/=Wastewater M=Ma	enin
0 20	RELINQUISH	ED BY	wi	l has	in		ELINQUISHED BY				RELINQU			79	nd f		77
por	DATE/TIME	35-5	209		War.			219			DATE/TII		1			29 1600	
72	RECEIVED BY ARECEIVED BY				ECEIVED BY Fronte						HBEL C	USTOD	Y BY	1 west			
ge	DATE/TIME 2 25 09 10CC					D.	ATE/TIME 2-25-09	1	219								

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

Safe Drinkin	g Water Program	Laboratory Repo	rting Format
PUBLIC WATER SYSTEM INFO	RMATION (to be completed	by sampler - Please type or prin	it legibly)
System Name: Silver	'lake co	V PWS I.D. #:	2544258
System Type (check one)	Community Nont	ransient Noncommunity	Transient Noncommunity
Address: DID SIU	irlare	06	
City: Palatka			ZIP Code: 82177
Phone #: 352-787	1-0980	Fax#: 352-7	87.6333
E-Mail Address:	Ma		
SAMPLE INFORMATION (to be o	ompleted by sampler)		
Sample Number:		Location Code (if known):	
Sample Date:	02/25/09	Sample Time:	9:00 AM
Sample Location (be specific): If	P.O.E. Grab		
Disinfectant Residual (Required wh	en reporting results for trihalon	nethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)		Reason(s) for Sample (Ch	neck all that apply)
Distribution	X Routine Co	ompliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation	on of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance wi	th 62-550) Composite	of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance	(permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:		
Ave Residence Time	Sampling Pro	cedure Used or Other Com	iments:
, ,	quirements and restrictions. for additional requirements MCL exceedences.		0(4) for requirements and Its page for each site.
Sampler's Name:	a Hann	9	
Sampler's Phone #: 352-	787-0980	Sampler's Fax #: 35	52-787-6333
Sampler's E-Mail Address:	rya	}	
CERTIFICATION (to be completed in	ny complost		
Paul Thompso		. Divide	7001 10-01 +10c
Print Name	in for Hearing	5 Tueno Ci	SORUM CUTOV Print Title
do HEREBY CERTIFY that the a	bove public water system	and sample collection info	rmation is

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

completed and correct/

nature:

03/26/09

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

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

ATTACH A CURR	ENT DOH ANALYTE SHEET			
Lab Name:	HBEL, Inc.		Florida Certifica	tion #: E96080
Address:	5600 US 1 North		Certification Expiration	Date: 06/30/2009
	Fort Pierce, FL 34946	F	Phone #: (	772) 465-8584
ANALYSIS IN	FORMATION (to be completed	by lab) Date Sa	ample(s) Received::	2/25/09
PWS ID (From	Page 1):	Sample	Number (From Page 1	<b>)</b> :
Lab Assigned I	Report Number or Job ID:	21	34051001	
Group(s) Analy	zed and Results attached fo	r compliance with Ch	apter 62-550, F.A.C.	(Check all that apply):
Inorga	nics Synthetic Org	anics	Volatile Organics	Disinfection Byproducts
All	17 All 30		✓All 21	Trihalomethanes
Y-Par	tial ZAII Except	Dioxin	Partial	Haloacetic Acids
Nitr	•			Bromate
Nitr	ite Dioxin On	ly	Radionuclides	Chlorite
Asb	estos Only		X Single Sample  Qtrly Composite	Secondaries ∠All 14
Were any anal	yses subcontracted? X	Yes No		Partial
	provide DOH certification nur NALYTE SHEET FOR EACH SUBO	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	E84129	
		CERTIFICATIO	N	
	Eric Charest (Print Name) ERTIFY that all attached and promental Laboratory Accredi	•	Piect and unless noted r	ory Manager int Title) neet all requirements of the
Signature	Tue Ma	in V	Date: 16-	Mar-09
in rejection of the Bureau of Labora ** Please provide	report, possible enforcement again	nst the public water systens for each quarter.	m for failure to sample, an	et for the attached analysis results will result d may result in notification of the DOH
		es No	Sample Analysis Ir	nfo Satisfactory: Yes No
·	ent Sample(s) Requested (circ			Requested (circle or highlight group(s) above)
• • • •	Monitoring Required (circle or h		ej Neviseu Nepoli	requested (dide or nightight group(s) above)
Reason(s):	MCL(s) Exceeded	,	tection(s)	Incomplete Report
ricason(s).	Missing Analyte Sheet(s) Other:		cation Unsatisfactory	Analysis Unsatisfactory
Person Notifie	d:		Date No	tified:
comments:				
∟ate Reviewe	d:	DEP/DOH Rev	viewing Official:	

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

5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-1584

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

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lake Oaks Triannual

Sample Location:

P.O.E. Grab

Sample Number:

2134051001

Sampling Date:

2/25/09 9:00

PWS ID (From Page 1):

Date Received:

2/25/09 12:19

Contar	m			Analysis	_	Analytical	Lab		Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	3/06/09 17:04	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:04	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	3/06/09 17:04	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:04	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:04	E96080
ൗ69	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:04	E96080
."6	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	3/06/09 17:04	E96080
777	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:04	E96080
2019	trans-1,2-Dichloroethene	[100]	ug/L	0.35	บ	EPA 524.2	0.35	0.5	3/06/09 17:04	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	3/06/09 17:04	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:04	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/06/09 17:04	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	3/06/09 17:04	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	3/06/09 17:04	E96080
2985	1,1,2-Trichtoroethane	<b>[5]</b>	ug/L	0.44	U	EPA 524.2	0.44	0.5	3/06/09 17:04	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/06/09 17:04	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	υ	EPA 524.2	0.30	0.5	3/06/09 17:04	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	3/06/09 17:04	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	3/06/09 17:04	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:04	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:04	E96080

Reporting Format 62-550,730

Effective January 1995, Revised January 2007

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

5600 US 1 North For Pierce, FL 34946

FL # E96080

Printed: 3/16/09



5600 U.S. 1 North, Fort Pierce, FL 34946 One: (772) 465-8584 Fax: (772) 467-1584

## INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lake Oaks Triannual

Sample Location:

P.O.E. Grab

Sample Number:

2134051001

Sampling Date:

2/25/09 9:00

Date Received:

2/25/09 12:19

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.10		EPA 300.0	0.0030	2/26/09 14:22	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	2/26/09 14:22	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	EPA 200.9	0.0010	3/05/09 14:38	E84129
1010	Barium	[2]	mg/L	0.010		EPA 200.7	0.0018	3/07/09 13:47	E96080
⁴∩15	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	3/07/09 13:47	E96080
20 ي_	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	3/07/09 13:47	E96080
4	Cyanide	[0.2]	mg/L	0.0083	1	SM4500CN E	0.0047	3/04/09 13:22	E96080
1025	Fluoride	[4]	mg/L	0.16		EPA 300.0	0.011	2/26/09 14:22	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	3/05/09 10:54	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	3/04/09 15:09	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	3/07/09 13:47	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	3/05/09 18:42	E96080
1052	Sodium	[160]	mg/L	88		EPA 200.7	0.50	3/07/09 13:47	E96080
1074	Antimony	[0.006]	mg/L	0.00082	U	EPA 200.9	0.00082	3/05/09 12:52	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	3/07/09 13:47	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	3/09/09 15:42	E96080

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

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

5600 US 1 North E. Vierce, FL 34946 FLUH # E96080

2rinted: 3/16/09



0 U.S. I North, Fort Pierce, FL 34946 one: (772) 465-8584 Fax: (772) 467-1584

## SECONDARY CONTAMINANTS 62 - 550,320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lake Oaks Triannual

Sample Location:

P.O.E. Grab

Sample Number:

2134051001

Sampling Date:

2/25/09 9:00

Date Received:

2/25/09 12:19

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	U	EPA 200.7	0.0030	3/07/09 13:47	E96080
1017	Chloride	[250]	mg/L	170		EPA 300.0	5.0	3/02/09 10:17	E96080
1022	Copper	[1]	mg/L	0.0037	Į	EPA 200.7	0.0014	3/07/09 13:47	E96080
1025	Fluoride	[2]	mg/L	0.16		EPA 300.0	0.011	2/26/092/26/09	E96080
28	Iron	[0.3]	mg/L	0.025	U	EPA 200.7	0.025	3/07/09 13:47	E96080
<del>293</del> 2	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	3/07/09 13:47	E96080
0ر ُ	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	3/07/09 13:47	E96080
1055	Sulfate	[250]	mg/L	47		EPA 300.0	1.4	3/02/09 10:17	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	3/07/09 13:47	E96080
1905	Color	[15]	CU	4.0	1	SM2120 B	1.8	2/26/09 14:30	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	EPA 140.1	1.0	2/25/09 14:27	E83509
1925	рH	[6.5-8.5]	SU	7.77	Q	EPA 150.1	0.200	2/26/09 18:48	E96080
1930	Total Dissolved Solids	[500]	mg/L	450		SM2540 C	16	3/01/09 15:30	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	2/27/09 15:06	E96080

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

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

5600 US 1 North Ferce, FL 34946 FDUH # E96080

Printed: 3/16/09



5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-IS84

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

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lake Oaks Triannual

Sample Location:

P.O.E. Grab

Sample Number:

2134051001

DOL

Sampling Date:

2/25/09 9:00

PWS ID (From Page 1):

Date Received:

2/25/09 12:19

Contan ID	n Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert#
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	2/27/09	2/27/09 13:20	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	2/27/09	2/27/09 13:20	E96080
2015	Methoxychlor	[40]	ug/L	0.044	U	EPA 505	0.044	0.1	2/27/09	2/27/09 13:20	E96080
2020	Toxaphene	[3]	ug/L	0.61	U	EPA 505	0.61	1	2/27/09	2/27/09 13:20	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	3/04/09	3/05/09 18:52	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	2/27/09	3/03/09 15:18	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	9	2/27/09	3/05/09 13:27	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		3/05/09 13:45	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	0.6	3/02/09	3/05/09 4:49	E96080
2036	Oxamyl	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		3/03/09 18:01	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	0.07	3/02/09	3/05/09 4:49	E96080
,9	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.85	U	EPA 525.2	0.85	0.6	3/02/09	3/05/09 4:49	E96080
3_1	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	3/04/09	3/05/09 18:52	E96080
20-1	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	3/04/09	3/05/09 18:52	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.1	3/02/09	3/05/09 4:49	E96080
2046	Carbofuran	[40]	ug/L	0.41	U	EPA 531.1	0.41	0.9		3/03/09 18:01	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	3/02/09	3/05/09 4:49	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	0.2	3/02/09	3/05/09 4:49	E96080
2065	Heptachlor	[0.4]	ug/L	0.037	U	EPA 505	0.037	0.04	2/27/09	2/27/09 13:20	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.028	U	EPA 505	0.028	0.02	2/27/09	2/27/09 13:20	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	3/04/09	3/05/09 18:52	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	3/04/09	3/05/09 18:52	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.31	U	EPA 525.2	0.31	0.1	3/02/09	3/05/09 4:49	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.02	3/02/09	3/05/09 4:49	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	3/04/09	3/05/09 18:52	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.1	2/27/09	2/27/09 13:20	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0035	U	EPA 504.1	0.0035	0.02	3/05/09	3/06/09 1:01	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	U	EPA 504.1	0.0047	0.01	3/05/09	3/06/09 1:01	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 5/15	0.13	0.2	2/27/09	2/27/09 13:20	E96080

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

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550,310(4)(b).

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

Printed: 3/16/09



5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584 Fax: (772) 467-1584

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

Client:

Aqua Utilities Florida, Inc.

Workorder:

Silver Lake Oaks Triannual

Sample Location:

VOC TRIP BLANK

Sample Number:

2134051002

Sampling Date:

PWS ID (From Page 1):

Date Received:

2/25/09 12:19

DOH

Contam

**Analysis** 

Analytical Lab

Extraction Analysis

Lab

ID

Contam Name

MCL Units Result Qual. Method

MDL **RDL** 

Date Date/Time Cert#

Reporting Format 62-550,730 Exactive January 1995, Revised January 2007 NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

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

560 S 1 North Eor. arce, FL 34946 ≈DOH # E96080

Printed: 3/16/09



## SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



**Harbor Branch Environmental Laboratory** Don Hash 5600 US 1 North Fort Pierce, FL 34946-

March 12, 2009 Project No: 90034

## **Laboratory Report**

FDEP Report form attached for the following samples:

Client Project Description:

90034.01

2134051

Sample Number

Sample Description

2134051 001Q

**Date & Time Collected** 

09:00

02/25/09

**Date & Time Received** 02/27/09

08:55

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129 **NELAP Accredited** 

Approved By: Francis I. Daniels, Laboratory Director Leslie C. Boardman, Q.A. Manager

Page 1 of 3

## SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 (ax 813-855-2218

nelac

Harbor Branch Environmental Laboratory

2134051

Sample ID: 2134051 001Q

March 12, 2009

Sample No.: 90034.01

PWS ID:

## Radionuclides 62-550.310(6)

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second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		DOH Lab
Contaminant	Contaminant			Analysis		Analytical		RDL.	Analysis		Analysis	Certification
ID	Name	MCL	Units	Result	Qualifie	r Method	Lab MDL		Error	Analysis Date	Time	#
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.6		EPA 900.0	20	3	1.7	03/10/09	08:09	E84129
4020	Radium 226	5*	pCi/L	0.5		EPA 903.1	0.05	1	0.1	03/09/09	11:43	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA 05	0.3	1	0.2	03/11/09	11:37	E84129

<sup>\*</sup> Combined Limit

· Qualiflers:

Adalyte was not detected indicated concentration is method detection limit. Radiochemistry MOL is sample specific and matrix dependent

Page 2 of 3

<sup>\*\*\*</sup> If the results exceed 5 pCi/L, a measurement for radium-226 is required.

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

Harbor Branch Environmental Laboratory

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

90034

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

Receiving Laboratory: 5A2		
The samples are to be shipped by FEDFX	to arrive on <u>2/37/09</u> .	TAT: STP

HARBOR B	RANCH E	NVIRO	NMEN	TAL L	ABORATO	RY			ļ	AN	ALYSIS	REQUIE	ED	İ	COLLECTION REMARKS		
PROJECT NAME	213	4051	<u> </u>								PRESER	VATIVE					
				<del></del>					Ŋ	N	N						
SAMPLE TYPE: (	Composite = C	Grab = G	,			HNO <sub>3</sub> = N, Na <sub>2</sub> SH, Unpreserved		,	AM	326	328						
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O									CSR	SAN	W.						
Client Code. MATRIX COLLECTION DATE TIME			TYPE HBEL SAMPLE ID					3	A	A				S.A	MPLE CON	MENTS	
90034.01	DW.	2:25-05	0900	G	213405/00		13	3		V							
					3-12P w	14003											
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RELINQUISHED BY DATE TIME  Acothe to Fedre 2-26-09 1607							1	RECEIVED BY FY D GY					- 1	17-067	3280		

66

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

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

Syst	tem Name:						PWS I.D. #:					
Syst	tem Type (check one)	. Co	mmun	ity	Nontr	ansient No	ncommunity		Transient	Noncommunity		
•	ress:											
City	,			•		Chata		מול	Code:			
City	•					State:		ZIP	Code.			
Pho	ne #:					Fax #:						
E-M	lail Address:											
SAI	WPLE INFORMATION	(to be con	npleted t	y sampler	)							
San	nple Number:					Location (	Code (if know	n):				
San	nple Date:					Sample T	ime:					
	nple Location (be speci	fic\- \/C	OC TRU	ΡΕΙΔΝΙ	•	·						
	, , ,	•							a	Ciold alle		
Disi	infectant Residual (Requ	uired wher	reportir	ig results f					mg/L	Field pH:		
Sar	nple Type (Check Only C	ne)				Reason(s)	for Sample	(Check	all that apply)			
	Distribution			Ro	utine Co	mpliance (	with 62-550)		Quarterly (v	Vhich Qtr?		
	Entry Point (to Distribut	ion)		· Co	nfirmatio	on of MCL I	Exceedence*		Special (not	for compliance with	62-550)	
	Plant Tap not for compli	iance with	62-550)	Co	mposite	of Multiple	Sites**		Violation R	esolution		
	Raw (at well or intake)					(permitting)			Replaceme	ent (of Invalidated S	Sample)	
	Max Residence Time		her:									
Ave Residence Time					oling Pro	cedure Use	ed or Other C	Comme	ints:	4		
	Near First Customer *See 62-550.500( Note: See 62-55 for Nitrate of	0.512(3) f	or additio	mat requir					for requireme page for each s			
Sa	mpler's Name:											
Sa	mpler's Phone #:					Samp	ler's Fax #:					
Sa	mpler's E-Mail Address	:										
CE	RTIFICATION (to be cor	malated by	. compla	r\								
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١, .	Print Na	me			Print Title							
	HEREBY CERTIFY the mpleted and correct.	at the ab	ove pu	blic wate	er system	and samp	le collection	inform	ation is			
Sig	gnature:						Date:					
		Reporting	Format 62	-550.730 E	ffective Janu	ary 1995, Revisi	ed January 2004					
			11626	43.444								
76	Vinyl chloride	[1]	ug/L ug/L	0.23 0.32	U	EPA 52 EPA 52		0.23	0.5 0.5	3/06/09 17:37 3/06/09 17:37		
2977	1.1-Dichloroethene	[7]	ug/L	0.23	Ü	EPA 52		0.32	0.5	3/06/09 17:37		
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 52		0.35	0.5	3/06/09 17:37		
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 52	4.2	0.29	0.5	3/06/09 17:37	7 E96080	
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 52		0.21	0.5	3/06/09 17:37	7 E96080	
2982 2983	Carbon tetrachloride  1.2-Dichloropropane	[3] [5]	ug/L	0.24	U	EPA 52		0.24	0.5	3/06/09 17:37		
2984	Trichloroethene	[5] [3]	ug/L ug/L	0.40 0.36	U	EPA 52		0.40	0.5	3/06/09 17:37		
2985	1,1.2-Trichloroethane	[5] [5]	ug/L	0.44	U	EPA 52 EPA 52		0.36	0.5	3/06/09 17:37		
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 52		0.24	0.5 0.5	3/06/09 17:37 3/06/09 17:37		
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 52		0.30	0.5	3/06/09 17:37		
2990	Benzene	[1]	ug/L	0.20	U	EPA 52	4.2	0.20	0.5	3/06/09 17:37		
2991	Toluene	[1000]	ug/L	0.22	υ	EBA 52	4.2	0.22	0.5	3/06/09 17:37	E96080	

EPA 524.2

0.21

0.5

3/06/09 17:37 F96080

2992

Ethylbenzene

[700] ug/L **0.21** 

LABID#

PLANT TECHNICIANS LABORATORY
101 Satellite Ct.
LEESBURG, FL 34748
(904) 787-2944

# CHAIN OF CUSTODY RECORD

t .	(904) 787-2944 Fax 1-904-787-3198	•					-,							
Client Name	Aqua Utilities Florio	la, Inc.			Project/	Job#/SDG	# A	UFI	Sumi	za Co	P.O. #			
Client Contact	1100 Thomas Avenu Leesburg, FL 34748	le ·			Project Name 6975 Jumper CREEK WWTA									
Address					Project Location CR 48 And SEZLIADR BUSHUTU									
City		Preservative												
Phone 35 Sampled By	2-266-0741 - SONN WORRA	Fax 787-0	6333			gurad (				//				
Semple ID	Sample Decriptio	CASSAGRACIA .	Sampling Date Time	No. of Contain.	R	030	5	JOAN)	103	//	//	Lab ID		
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tame (Print)	WK Werren	AUF	Name (Print)			Corr	pany				aund time required OR Results Due by (date/time)			
1) Received By	(2) Received By (sig	ed By (signature) D						Rush	Verbal   Verbal   Fax					
lame (Print)	Corr	pany	Name (Print)			Com	pany			Other		Hard Copy		
TZE	arived for laboratory by (Signal oratory Remarks	ture)	Date/Time		2 Total	Yes	b broact U	lpon	Anal Plan	Tech	not;perf nicians	formed by s, Inc. will ontract Lab		
1						6 8 33			1		,			

DRINKI	NG WATER BACTERIOLOGICAL AND LABORATORY REPORTIN		35511												
		3) ((	जन्म				Lab Rece	on Date	e & Time	4-14	- ID IG	X:45			
	<b>/</b>						Analysis Date & Time: 4/14/11) 142C1								
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	8 East Tower Circle . Ormand Beach, F	Sample Preservation On Ice Not On Ice													
	(386) 672-5668 DHRS Certification E8307	Disinfectan	nt Check	70 ≀	iot Detected		mg/L								
	0.000		This sampl	le does n	ot meet ti	ne tollowing N	IELAC requirer	nents:							
Report Nu	mber: 35/0/31 Sub-Control Requested: (please check all that apply)														
☐ Standa	ind Coliform Test	1													
HPC					·····										
Other:															
	Name: Silve Lake		PW:	S I.D.	کا	5 4	42	58							
System Ad	oddress: 70/7 Silv Owner's Phone #: 386-937-/ r: DAVID HAVING	12 X	nke	1	? 		City:		Pol	g the	<u> </u>				
System or	Owner's Phone #: 586 - 757-/	091			Fa	x #:	386	<u> </u>	29-	9977					
Collector	r: Ward Haring				Co	llect	lor's Phone	e#	Sym	10					
	Supply: (check only one)														
	unity Water System Non- Use System Bottled Water Privation	Fransient No te Well	on-comi T	nunity W ] Swimr	aler S	iyste Pool	9 <i>m</i>		Transier Other	t Non-com	munity Water	System			
	for Sampling: (check only one)								Main Cle			Гъ			
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Campie C							***************************************								
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		1.		Dicinfont			Total Colik		<u> </u>						
Sample Number	Sample Point (Location or Specific Address)	Collection	Sample Type <sup>1</sup>	Disinfect Res'd	ρН		Fecal or E.	. CON AN	llysis Met	10d: SM92	23B T				
	(Locality of Opcomo Floridada)	THIC	1300	(mg/L)		i	Non Coliform C		Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Samp	le Number			
1	Well	09:35	R	/				A	***************************************		391110	AUU			
2	LOT 6	09:15	0	1,3				#	***************************************			3			
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community	of disinfectant residuals for routine and rep y and non-transient non-community systems servin not include raw or plant samples in the average.)	peat sample g populations	s. (Comp up to an	xlete for d including	,	/	Y All les				/e Code Fluie 62 a with NELAC :				
Disinfect	ant Residual Analysis Method: 2000 Colo	ometric 🗀	Othor	***************************************			<u></u>								
Person p	erforming analysis is (Please see instruction	Dat	e PWS notif	ied by la	b of positi	ve results:									
	Supervised by a cert operator (#			a certified DEP or DO		Dat	e State notifi	ied by la	b of positi	ve results:					
		, <u>Jan</u> q			1	Sim	nature: 📶	()	9	.02	partition of the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last the last	M-			
Nam	ne and Mailing Address of Person to	Receive	Repo	rt				7	Nan	agen					
	MOVA Utilities					Sat	listactory			<del></del>	DEP/DOH U	SE ONLY			
1	100 Thomas Au	P					omplete (		on Info	mation					
''		1119				Rep	peat Sam	ples R	equired						
Lee	AQUA Utilities 100 Thomas Av	48			1				Repeat Samples Required Replacement Samples Required Reviewed by DEP/DOH:						

Page 1 of 1

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

JEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; Fi = Rew; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & ECMUG; MMC/MUG = SM9223B; HPC = SM9215B

Results: A = colliforms are absent; P = colliforms are present; C = confluent growth; TNTC = too suggestions to count

[82-550.730 Reporting Formal - Effective 01/35, Revised]



## Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

March 2, 2010

SENT VIA EMAIL: jdharing@aquaamerica.com

Mr. David Haring Silver Lake Oaks WTP 7017 Silver Lake Drive Palatka, FL 32177

Putnam County - Potable Water Sanitary Survey 2010 Silver Lake Oaks WTP// PWS ID: 2544258

Dear Mr. Haring:

On February 24, 2010, a Sanitary Survey of the above referenced Community water system was conducted. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code (F.A.C.):

- 1) Both ground storage tanks exhibited signs of small cracks. Please paint the tanks and make the necessary corrections to address this deficiency as soon as possible, as it can significantly compromise the integrity of the tank. [Rule 62-555.350, F.A.C.]
- 2) The first high-service pump downstream of the aerator was rusty and corroded. Please sand and paint the pump to prevent possible equipment malfunction. [Rule 62-55.350(1), F.A.C.]

As a reminder, this system is required to monitor for the following in 2010:

- Nitrite and Nitrate Annually
- Disinfection Byproducts (TTHMs/HAA5s) between July & September
- Bacteriologicals (Total Coliform Bacteria) Monthly
- Residual Disinfectant Levels (MRDLs) Monthly with Bacti's
- · MORs Due within 10 days following the month of operation

Please provide a written response within 15 days of receipt of this letter detailing how all deficiencies will be addressed within the next 30 days. Please contact me at (904) 807-3321 or Ginny.Montoya@dep.state.fl.us if you have any questions.

Sincerely,

Ginny Montoya

Himy Kat

Environmental Specialist I

BRR:GM:gm

cc: Mr. Paul Thompson, operator, pdthompson@aquaamerica.com

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

医三种 医乳头 医动物弹脑囊结合 经销售债务 化氯

# State of Florida Department of Environmental Protection Northeast District

## SANITARY SURVEY REPORT

Plant Name Silver Lake Oaks WTP	County Putnam PWS ID #2544258
Plant Location	2177 Phone 386-937-1091
Owner Name Aqua Utilities Inc., Paul Thompson	Phone 386-937-1143
Owner Address P.O Box 490310, Leesburg, FL 3474	19
Designated Rep. Paul Thompson	Title Operator Phone 386-937-1143
Facility Contact David Haring	Title Operator Phone 386-937-1091
Facility Contact <u>David Haring</u> This Survey Date <u>2/24/10</u> Last Survey Date	8/9/07   ast C   Date   10/30/08
PWS TYPE & CLASS: Community - (5D)	RAW WATER SOURCE
	GROUND; Number of Wells 1
SERVICE AREA CHARACTERISTICS	I SURFACE/UDI: Source
Mobile Home Park	PURCHASED from PWS ID #
	Emergency Water Source
Food Service: ☐ Yes ☐ No ☒ N/A	Emergency Water Capacity
OTHERAL INCOME ATION	
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections 50*	☐ Yes ☐ None ☒ Not Required
Population Served 12* Basis Mr. Haring	Source
Plant Design Capacity 188,893 gpd	Capacity of Standby (kW)
Basis <u>Capacity Worksheet V.2.421</u> Average Day (from MORs) <u>3.413</u> gpd	Switchover: Automatic Manual
Average Day (from MORs) 3,413 gpd	Standby Plan: Yes No
Max. Day (from MORs) 6,833 gpd	Hrs Operated Under Load
Total Storage Capacity 625 gallons	What equipment does it operate?
Comments * Average of 12 connection being used, but 50	☐ Well pumps
possible connections exist	I I HULL OCIVICE I ULIUM
LOCATION	☐ Treatment Equipment
	☐ Treatment Equipment
Latitude 29° 37' 23.46" North	Comments
Longitude 81° 42' 53.15" West	
GPS: Yes Date: 9/07	
Directions Head North on Hwy 17 from SR 207. Cross the	TREATMENT PROCESSES IN USE
bridge and make a left on 9 <sup>th</sup> St (Crill Aye/CR 20). Make a left on Hwy 19. Make a right on Silver Lake Drive. System is 1	Hypochlorination and aeration
mile on the left.	
	What additional treatment is needed?
OPERATION & MAINTENANCE	None
Certified Operator: X Yes No No trequired	For control of what deficiencies?
Operator(s) & Certification Class-Number	_ N/A
David Haring	
B-14091	DISTRIBUTION SYSTEM
O&M Log: ∑Yes ☐No O&M Manual: ☐Yes ☐No	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 2" Master Meter
Hrs/day: RequiredActual	Backflow Prevention Devices: X Yes No
Hrs/wk: RequiredActual	Cross-connections N/A
Days/wk: Required 4 Actual 5	Cross-connection Control Program:   Yes ☐ No
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Coliform Sampling Plan: X Yes No
MORs submitted regularly? ⊠ Yes ☐ No ☐ N/A	Disinfection By-Product Plan:   ✓ Yes ☐ No
Data missing from MORs? ☒ No ☐ Yes ☐ N/A	Lead & Copper Tap Sampling Plan; 🖾 Yes 🔲 No
	Comments L/C Plan needs to be revised
	Flavor 40C102/75)
	Flow - 196132(75) gal

# **GROUND WATER SOURCE**

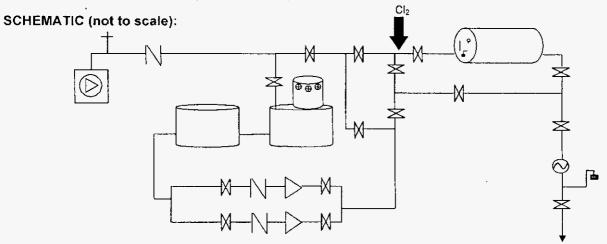
GROUND	WATER SOURCE		
Well Number (PWS Identification)		2544258	
Well Name (System Identification)		1	
Year Drille	d	Unk	
Depth Drill	ed	260'	
Latitude		29° 37′ 23.4636" N	
Longitude		81° 42' 53.1502" W	
GPS (Y or N	ı) / Date (if applicable)	Y/ 9/07	
Florida We	ell ID	AAC1924	_
Static Wat	er Level	Unk	
Actual Yie	ld (if different than rated capacity)	Unk	
Strainer		Unk	
Length (ou	itside casing)	197'	
Diameter (	(outside casing)	4"	
Material (outside casing)		Steel	
Well Contamination History		TC + 10/07	
Is inundation of well possible?		No	
6' X 6' X 4	" Concrete Pad	Ok	
	Septic Tank	Ok	
SET	Reuse Water	Ok	
BACKS	WW Plumbing	Ok	
	Other Sanitary Hazard	Ok	
	Туре	Submersible	
	Manufacturer Name	Unk	
PUMP	Model Number	Unk	
	Rated Capacity (gpm)	~86	
Motor Horsepower		5	
Well casing 12" above grade?		Yes	
Well Casing Sanitary Seal		Ok	
Raw Wate	er Sampling Tap	Ok	
Above Gro	ound Check Valve	Ok '	
Fence/Ho	using	Ok	
Well Vent	Protection	Ok	

COMMENTS	Tag painted over				·		 	
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Chlorine Feed Rate _			10 gpd	Tank Type/Nun	nber	Α	G	Н
Avg. Amount of Cl <sub>2</sub> ga	s used	75 5	N/A	Capacity (gal)		6,000	6,000	1,250
Chlorine Residuals: F Remote tap location _				Material		Concrete	Concrete	Steel
DPD Test Kit: 🔲 Or	ı-site	WitI	n operator	Gravity Drain		Yes	Yes	Yes
	ne Malaude		Used Daily	By-pass Piping		Yes	Yes	Yes
Injection Points <u>Prior</u> Booster Pump Info <u>N</u>				Pressure Gauge	-	N/A	N/A	Yes
Comments				Sight Glass or Level Indicator		L.I.	No	S.G.
Chlorine Gas Use Requirements	YES	NO	Comments	Fittings for Sight Glass		N/A	N/A	Yes
Dual System				Protected Open	ings	Yes	Yes	Yes
Auto-switchover				PRV/ARV		None	None	PRV
Alarms:				On/Off Pressure	;	N/A	N/A	45/55
Loss of Cl <sub>2</sub>				Access Padlock	ed	Yes	Yes	Yes
capability Loss of Cl <sub>2</sub> residual				Height to Botton Elevated Tank	n oi	N/A	Unk	N/A
Cl₂ leak detection Scale				Height to Max. Water Level		N/A	Unk	N/A
Chained Cylinders				Last Inspection				
Reserve Supply				Date (for tanks with access manholes)		N/A	Unk	Unk
Adequate Air-pak				Comments Hy		to be rep	l Jaced per op	erator
Sign of Leaks				<del></del>				-
Fresh Ammonia								
Ventilation								
Room Lighting								
Warning Signs				HIGH SERVICE	DUME	100		
Repair Kits				Pump Number	1		2	
Fitted Wrench				Туре	Centri		entrifugal	
Housing/Protection				Make	Peert	<del></del>	Goulds	
	<u> </u>	<del> </del>		Model	C61		3656	
AERATION (Gases,	Fe, & M	ln Rem	oval)	Capacity (gpm)	~12		~129	
Type Cascade			y <u>6,000</u>	Motor HP	5		5	
Aerator Condition Good Bloodworm Presence No			Date Installed	Un		Unk		
Visible Algae Growth	No							
Protective Screen Condition Good  Comments Aerator cleaned annually; Cleaned in				Maintenance Minor rust Good Comments				
August 2009	ileaned a	Allenna	, Cleaned in	Pumps are co	vered v	with box.		

COMPLIANCE MONITORING										
COMMUNITY PUBLIC WATER SYSTEMS										
CONTAMINANT	Last Sampled	Due Date	COMMENTS							
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)							
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.							
Disinfection Byproducts (DBPs)	2009	2010	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.							
Nitrate & Nitrite (as N)	2009	2010	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)							
Inorganic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)							
Volatile Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)							
Synthetic Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent).  2 quarterly samples required if >3,300 people served.							
Radionuclides	2009	2018	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)							
Secondary Standards	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)							
Lead and Copper	2009	2012	Samples taken from pre-approved sample plan sites.							
Asbestos	Waiver	Waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.							

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



	Schematic Legend	Cl <sub>2</sub>
Check valve	Well with submersible pump	Cl <sub>2</sub> inj. point
Gate vavle (open)	Gate valve (closed)	Flow meter 🚫
Hydro tank	Ground storage tank	Raw tap
High service pump	Aerator Feet	Tap with HBVB

PWS ID # 2544258 Survey Date 2/24/10

MONITORING VIOLATIONS	MCL VIOLATIONS
Missed 2008 DBPs sampling	None
, <u>, , , , = , , , , , , , , , , , , , ,</u>	

DEFICIENCIES:			
1) Minor rust on HSP #1			
2) Minor cracks in both ground storage tanks			
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Inspector Ginny Montoya	Title Environmental Specialist I	Date _	3/2/10
Ginny Montoya			
Approved by Blanca R. Ridriguez	Title Engineer Specialist IV	Date _	3/2/10



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

March 10, 2010

Ginny Montoya FDEP NED 7825 Baymeadows Way, Suite B200 Jacksonville, FL 32256-7590

RE: Reply to Compliance Evaluation Inspection Silver Lake Oaks WTP PWS ID No. 2544258 Putnam County

Dear Ms. Montoya:

This letter is in response to your inspection of the facility referenced above on February 24, 2010.

- 1. The small cracks will be repaired and the tanks will be painted within 30 days.
- 2. The high service pump is pitted and will be replaced during the upcoming hydro tank replacement.

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

Sincerely,

Patrick A. Farris

**Environmental Compliance Specialist** 

Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail

Harry Householder, via e-mail Michael Pickel, via e-mail



# Department of **Environmental Protection**

Jeb Bush Governor Northeast District 7825 Baymeadows Way, Suite B-200 Jacksonville Florida 32256-7590

Colleen Castille Secretary

FLA011715

January 6, 2006 January 5, 2011

FLA011715-004-DW3P

# STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER: ISSUANCE DATE:

**EXPIRATION DATE:** 

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

Mr. Glenn P. LeBrecque Vice President and Chief Operating Officer 6960 Professional Parkway East Suite 40 Sarasota, Florida 34240 (386) 329-1122

**FACILITY:** 

Silver Lake Oaks Mobile Home Park WWTF Lake Shore Drive Palatka, Florida 32177 Putnam County

Latitude: 29° 37' 27" N Longitude: 81° 42' 47" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

### TREATMENT FACILITIES:

To operate an existing 0.012 million gallons per day (MGD) annual average daily flow (AADF) permitted capacity extended aeration wastewater treatment facility (WWTF) consisting of one influent lift station, two aeration tanks (6,000 gallons each), one aerobic digester (1,800 gallons), one clarifier (3,300 gallons), one chlorine contact chamber (700 gallons), one sand filter (12 square feet), and one effluent pump station. The residuals are transported to American Pipe & Tank RMFs, or a DEP-permitted residuals management facility (RMF) or a DEP-permitted WWTF for further treatment and final disposal.

#### REUSE:

**Land Application:** An existing 0.012 MGD AADF permitted capacity absorption field system (R-001). R-001 consists of an absorption field system located approximately at latitude 29° 37' 27" N, longitude 81° 42' 47" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

)ACILITY:

Silver Lake Oaks MHP WWTF

PERMITTEE: Mr. Glenn P. LeBrecque

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

# I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

### A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			R	Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/ Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes	
Total Residual Chlorine (For Disinfection)	mg/L	Min	-	-		0.5	5 Days/Week	Grab	EFA-I	See Cond.I.A.4	
рН	s.u.	Range	-	<u>-</u>	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1		
Coliform, Fecal	#/100mL	Max		See Permit Co	ndition I.A.3.	·	Monthly	Grab	EFA-1		
Solids, Total Suspended	mg/L	Max	-	<del>-</del>	•	10.0	Monthly	Grab	EFA-I		
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	30.0		60.0	Monthly	Grab	EFA-1		
Nitrogen, Nitrate, Total (as N)	mg/L	Max	-	•	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.5, 6	

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Effluent, after chlorination prior to discharge
	to absorption field

- 3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- 4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
- 5. During the annual monitoring, if nitrate exceeds the limit, then monthly monitoring shall begin immediately for a period of 6 months. If nitrate does not exceed the limit during the 6-month monitoring period, then the facility may request in writing a return to annual monitoring. If nitrate does exceed the limit during monthly monitoring, then the permittee must begin the requirements set forth in specific condition I.A.6. Nitrate plus nitrite nitrogen (NO3+NO2-N) analysis may be used as the sample parameter. [62-4.070(3) and 62-522.(9)(a), FAC]
- 6. If effluent nitrate exceeds the limit criteria set forth in specific condition I.A.1 and I.A.5 above, the permittee shall submit a groundwater monitoring proposal prepared by a professional geologist or professional engineer (registered in the State of Florida). The proposal shall be submitted within 90 days of the date of the reported monthly nitrate violation. The groundwater monitoring proposal shall provide proper location of a single groundwater monitoring well downgradient from the percolation ponds. At the same time, an application to revise the permit must be submitted in order to set forth conditions necessary to ensure adequate groundwater monitoring. [62-522.600.(3), FAC]

)<sub>ACILITY:</sub>

Silver Lake Oaks MHP WWTF

PERMITTEE: Mr. Glenn P. LeBrecque

PERMIT NUMBER.

FLA011715 EXPIRATION DATE: January 5, 2011

### B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

				Limita	ations		Moi			
Parameter	Units	Max/ Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Max	0.012	-	-	-	5 Days/ Week	Elapsed time meters	INF-1	See Cond.I.B.3, 4
BOD, Carbonaceous 5 day, 20C	mg/L	Max	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3
Solids, Total Suspended	mg/L	Max	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3
Percent Capacity	%	Max		Report			Monthly	Calculated	CAL-1	

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent, prior to biological treatment
CAL-1	Calculated value

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. Elapsed time meters on pumps shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Northeast District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly	first day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31	April 28
<u> </u>	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Northeast District Office at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

8. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Northeast District Office at the address specified below:

Northeast District Office 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

Phone Number - 904-807-3300 FAX Number - 904-448-4366

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

#### II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is transport to American Pipe & Tank RMFs (412 Biosolids Processing and Central Process), or a DEP-permitted residuals management facility (RMF) or DEP-permitted WWTF or disposal in a Class I or II solid waste landfill. If the residual treatment facility is changed, a written agreement between the facility and the new residual treatment facility shall be submitted to the Department at least 30 days prior to the transfer of residuals. [62-640.880(3)(c)]
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)] & 4]
- 5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

### Source Facility

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals
  Management Facility or Treatment
  Facility
- 5. Signature of Responsible Party at Source Facility
- 6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

### III. GROUND WATER REQUIREMENTS

In accordance with Rules 62-601 and 62-522, F.A.C., groundwater monitoring is not required at this time. The Department reserves the right to require groundwater monitoring.

#### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

#### Part IV Absorption Field System(s) (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The permittee may allow public access to the absorption field sites. [62-610.518]
- 3. The absorption field system shall be operated to preclude saturated conditions from developing at the ground surface. [62-610.500(2)]
- 4. The annual average hydraulic loading rate to the Absorption field system shall be limited to a maximum of 2.65 inches per day (as applied to the entire bottom area of the absorption field trenches or spreading areas). [62-610.523(3)]
- 5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 and 62-610.514]
- Overflows from absorption fields or from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Northeast District Office within

24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

#### V. OPERATION AND MAINTENANCE REQUIREMENTS

During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 nonconsecutive visits/week for 1 1/2 hours/week. The lead operator must be a Class D operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

- 2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, Total Residual Chlorine (For Disinfection), pH are monitored in accordance with Part I of this permit. [62-699.311(1)]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;

- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Verify pump outputs by an independent flow calibration service.	February 28, 2006
2	Establish process parameters, monitor, proactively trend, and adjust based on conventional food to microorganism (F:M) ratio, sludge volume index, and mean cell residence time. Begin monitoring sludge digestion and supernatant quality to ensure proper sludge age and to minimize recycled solids to the upstream biomass. Begin quantifying RAS flow to ensure proper clarifier sludge detention and aeration detention.	February 28, 2006
3	Label all equipment, piping, and chemicals storage for operational and safety purposes.	February 28, 2006
4	Provide secondary containment for the sodium hypochlorite containers to avoid environmental exposure, should a chemical spill occur.	February 28, 2006

[62-600.735(1)]

2. No later than 14 calendar days following a date identified in the above schedule(s) of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by an identified date, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

#### VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]

- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]

- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

#### IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]

- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

FACILITY: Silver Lake Oaks MHP WWTF
PERMITTEE: Mr. Glenn P. LeBrecque

PERMIT NUMBER: FLA011715
EXPIRATION DATE: January 5, 2011

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

FACILITY: Silver Lake Oaks MHP WWTF
PERMITTEE: Mr. Glenn P. LeBrecque PERMIT NUMBER: FLA011715
EXPIRATION DATE: January 5, 2011

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
  - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
  - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

a. The following shall be included as information which must be reported within 24 hours under this condition:

- 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
- 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
  - 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
    - a) Name, address, and telephone number of person reporting;
    - b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - e) Estimated amount of the discharge;

1

- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

### 22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
  - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
  - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
  - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

FACILITY: PERMITTEE: Silver Lake Oaks MHP WWTF

Mr. Glenn P. LeBrecque

PERMIT NUMBER:

FLA011715 EXPIRATION DATE: January 5, 2011

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

- 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
- 2. The permitted facility was at the time being properly operated;
- 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
- 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF **ENVIRONMENTAL PROTECTION** 

Vincent A. Seibold, P.E.

Water Facilities Administrator

Vincent A. Subold

DATE: January 6, 2006

FILING AND ACKNOWLEDGEMENT FRED on this date, pursuant to \$120.52 Florida Statutes, with the designated Department Clerk

93

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Lake Shore Drive

PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2008

To: 05/31/2008

Parameter		Quantity of Loadi	ng Units	Quality or Concentr	ation	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			270	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			100	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

Leartify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator	. (2	386-937-1143 <i>U</i>	8/06/19
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all	attachments here):	interessional and a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o	-//

# DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 05/01/2008

To: 05/31/2008

Parameter		Quantity of Loading	Units	12000000	Quality or Con	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			,	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	1676.6		#/100mL	8	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement			,	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.1		7.2	s.u	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No EFA-1	Permit Requirement			6.0 Min		8.5 Max	s.u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 <b>M</b> ìn			mg/L	10000	5 Days/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011715

	h / Year	May		97-1636 Lapace 1 1 9 00 - 000 200					Daily Flow: ( pacity)x100:	0.005 42%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For	Nitrogen, Nitrate, Total (as N) (mg\L)	4276
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.004					7.1		3.4		
2	0.007					7.1		3.5		
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LANT STA	FFING:									
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	ft Operator	=	Class	С	Certific	cation No.:	9320	Name:	Ralph Marriott	
ight Shift (	Operator		Class:		Certific	cation No.:		Name:	-	
ead Opera	tor	9	Class:	A	Certific	cation No.:	4894	Name:	Paul Thompson	

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators.

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310 Leesburg, FL 34749 PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

06/01/2008

To: 06/30/2008

Parameter		Quantity of Loa	ding Units	Quality or Concen	tration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd		**************************************		Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		-	200	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			100	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

		1					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	RE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO		DATE	(YY/MM/DD)
Paul Thompson, Lead Operator		0		386-937-1143	08	071	124
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachme	ats/ha	ra):		- 4	- 1	

# DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 06/01/2008

To: 06/30/2008

Parameter		Quantity of Loading	Units		Quality or Con	centratio	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			3.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			i ( communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communication and communic	<2	<2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			***************************************	1676.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement			Control (control (con	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No.EFA-1	Permit Requirement				Report (Mo,Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7,3	s.u	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	s.u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement	4	ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL	<b>V. A. C. C. C. C. C. C. C. C. C. C. C. C. C.</b>	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	10 (Max)	mg/L	* * * * * * * * * * * * * * * * * * *	Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	1.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011715

	Flow	CBOD5	TSS	CBOD5	Fecal	рН	TSS	ermitted Co. TRC (For	apacity)x100: Nitrogen	39%
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform Bacteria (#/100ml)	(s.u.)	(mg/L)		) Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.003									
2	0.004					7.2		3.	.4	
3	0.004					7.2		4	.0	
4	0.004	200	100	2U	1U	7.2	1.8	5	.0	
5	0.005					7.2		5.	.0	
6	0.006					7.2		4	.0	
7	0.003									
8	0.004									A Lineage of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont
9	0.004					7.2		4	.0	
10	0.005					7.2	**************************************	3	.8	
11	0.004				**************************************	7.2	ON ACTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	3	.5	
12	0.004					7.2		4	.0	
13	0.005					7.2		4	.0	
14	0.003									
15	0.004									
16	0.004					7.2		3	.8	
17	0.004					7.2		2	.9	
18	0.004					7.2		2	.0	
19	0.004					7.2			.2	
20	0.004					7.2			.0	
21	0.003									
22	0.004									
23	0.004					7.2		1	.6	
24	0.004				nger in the Medical Control	7.2			.0	
25	0.005					7,3			.0	
26	0.004				(m. 1)	7.3			.8	
27	0.004				X	7.3			.0	
28	0.003				<del>}</del>		······································	= = = = = = = = = = = = = = = = = = =		
29	0.003				1					
30	0.004					7.3		2	.2	
31		ango Orra, A a antika antika a	and the second					<del>                                      </del>	######################################	
LANT STA	FFING:									
ay Shift Or			Class:	В	Certifi	cation No.:	12476	Name:	David Haring	
	ft Operator		Class:		•	cation No.:	9320	- Name:	Raiph Marriott	
light Shift C			Class:		•	cation No.:		Name:		
ead Opera			Class:	Α	•	cation No.:	4894	Name:	Paul Thompso	on

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators.

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

REPORT: GROUP:

Monthly Domestic

Leesburg, FL 34749

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

[]

R-001

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2008

To: 07/31/2008

Parameter		Quantity of I	oading	Units	(	Quality or Conce	entration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	COLOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTR	mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	***************************************	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					169	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				***************************************	110	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L	**************************************	Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

IAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	, DATEJ(YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/18/26

# **DISCHARGE MONTORING REPORT - PART A (Coninued)**

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 07/01/2008

To: 07/31/2008

Parameter		Quantity	of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		er egen carantamanan yan <sup>1988</sup> <sup>an an</sup> <sup>198</sup> an an an an an an an an an an an an an		and a second section of the second section of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	3.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1	2.1	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1676.4		#/100mL	1	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				24.0	1.0	1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement	1		100		Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		1	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	7.3		7.6	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement		**************************************		6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement	2.2			and a second and during the second and an experience of profession for the second		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement				0.5 Min			mg/L		5 Days/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA011715

\* Attach additional sheets if necessary to list all certified operators.

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	(PEC NOTION 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	1
1	0.005					7.3		2.2		
2	0.005					7.3	***************************************	2.2		
3	0.006					7.3		2.5		
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# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

Aqua Otilities I ic

PERMIT NUMBER:

FLA011715

REPORT:

Monthly

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749

Palatka, Florida

LIMIT: CLASS SIZE: Final

GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

MONITORING GROUP NUMBER:

R-001

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

08/01/2008

To: 08/31/2008

Parameter		Quantity of Load	ding Units		Quality or Conce	entration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				230	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			······································	82	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

Learlify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	, DATE, (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/09/25
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachments here)		

# DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 08/01/2008

To: 08/31/2008

Parameter		Quantity of Loading	Units		Quality or Con	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			***************************************	<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Mark (1888) 444 (1888) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (19	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			······	9.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement	24-			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement			***************************************	Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.1		7.3	S.U	a	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumb	er
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FLA011715

***	Flow	CBOD5	TSS	CBOD5	Fecal	pН	TSS	TRC (For	pacity)x100: Nitrogen,	39%
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform Bacteria (#/100ml)	(s.u.)	(mg/L)	Disinfect.) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	. TOTAL CONTRACTOR OF THE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRAC
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	***************************************
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ight Shift O	perator	(	Class:			ation No.:		Name:		
ead Operate	or	(	Class:	A		ation No.:	4894	Name:	Paul Thompson	
voe of Efflue	nt Disposal	or Reclaime	d Water Re	use:		***				***************************************

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators.

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2008

To: 09/30/2008

Parameter		Quantity of Loading		Units		Quality or Conce	No. Ex.	Frequency	Sample Type	
Flow	Sample Measurement	0.005		mgd		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		0	5 Day/Week	Elapse time meter
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Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	-	mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		***************************************			270	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				**************************************	150	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab

Lecrtify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

ME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
ul Thompson, Lead Operator		386-937-1143	08/10/23

# DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 09/01/2008

To: 09/30/2008

Parameter		Quantity	of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				ON AND THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CON	2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		namena de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya			<2.0	<1.0	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement		*			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					9.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement		y			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement	***************************************			7.3		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement		*		6.0 Min		8.5 Max	s.u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			-		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement				0.5 Min			mg/L		5 Days/Week	Grab

PermitNumber:

-FLA011715

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	pacity)x100: Nitrogen, Nitrate, Total (as N)	42%
					(#/100ml)				(mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
non Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	72.7
1	0.006			echon Panis aga	No. and the second of the second	7.3		2.8		
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7	ift Operator		Class:	C	-	ication No.:	9320	Name:	Ralph Marriott	
light Shift			Class:		-	ication No.:	5520	Name:	, taipii ividii iott	
ead Oper			Class:	Α	•	ication No.:	4894	Name:	Paul Thompso	on .
*	ator uent Disposa	12 L			- Certii	cation No.,	7034	- Haine.	1 dui illollipse	***

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749 LIMIT:

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

LOCATION:

Lake Shore Drive

PLANT SIZE/TREATMENT TYPE:

Palatka, Florida

NO DISCHARGE FROM SITE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2008

To: 10/31/2008

Parameter		Quantity o	of Loading	Units	Q	uality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	- 6 - 4 5	mgd		<u> </u>			Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004		mgd		,		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	***	mgd					Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		* \$0			290	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					110	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

					Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Consti
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	PATE (	YYMM/DD)
Paul Thompson, Lead Operator			386-937-1143	08/11	w

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

# DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 10/01/2008

To: 10/31/2008

Parameter		Quantity	of Loading	Units		Quality or Con	centratio	n	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			42.0		2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			45.000	<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		g. 44			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and t	***************************************	-	9.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				13.00	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			***************************************		<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
Н	Sample Measurement				7.2		7.8	s.u	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement				6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			-	***************************************		2.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement				-		10 (Max)	mg/L		Monthly	Grab
chlorine, Total Res. (for isinfection)	Sample Measurement				1.2			mg/L	0	5 Days/Week	Grab
ARM Code 50060 A Ion.Site No.EFA-1	Permit Requirement				0.5 Min			mg/L		5 Days/Week	Grab

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FLA011715

	-						(TMSDF/P	ermitted Ca	apacity)x100:	0.005 39%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
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PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

Monthly

REPORT: GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

11/01/2008

To: 11/30/2008

Parameter		Quantity of Loading		Units	Quality or Cond	centration	No.	Frequency	Sample Type
Flow	Sample Measurement	0.005		mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	4. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.003	***************************************	mgd	-		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	***************************************	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				260	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				180	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

IAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TELEPHONE NO.		DATE	(YIMMIDD)
Paul Thompson, Lead Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference		386-937-1143	08	1/2/	UL.

## 113

## DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 11/01/2008

To: 11/30/2008

Parameter		Quantity of Loading	Units		Quality or Cor	centratio	n	No.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.0	2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			-	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			2011	9.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement		- 1		200 (An. Avg.)		#/100mL	1	Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
Н	Sample Measurement			7.2		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min	TO THE MALE TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CO	8.5 Max	ร.บ		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			27.03.000		<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
chlorine, Total Res. (for isinfection)	Sample Measurement			2.0			mg/L	0	5 Days/Week	Grab
ARM Code 50060 A Ion Site No.EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab

PermitNumber:

FLA011715

Tr.	Flow	CBOD5	TSS	CBOD5	Fecal	рН	TSS	TRC (For	apacity)x100: Nitrogen,	33%
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform Bacteria (#/100ml)	(s.u.)	(mg/L)		Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
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ay Shift Op	perator	C	Class:	В	Certific	ation No.:_	12476	Name:	David Haring	
vening Shi	ft Operator	C	Class:	С	Certific	cation No.:	9320	Name:	Ralph Marriott	
ight Shift C	Operator	C	Class:		Certific	cation No.:	***************************************	Name:		
ead Opera	tor	C	Class:	Α	Certific	ation No.:	4894	Name:	Paul Thompson	1

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators.

## 115

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: P

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

REPORT:

Monthly

Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION: Lake

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

Final

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2008

To: 12/31/2008

GROUP:

Parameter		Quantity of Load	ing Units		Quality or Concer	tration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd			114		Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.003	mgd	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	f.		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd	* - !	Fix			Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				230	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		***		140	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

## DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From 12/01/2008

To: 12/31/2008

Parameter		Quantity	of Loading	Units		Quality or Co	ncentratio	n	No.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		***************************************	2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		***************************************			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					9.1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement	# · 2	1.	, M		200 (An. Avg.)	4	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement	*	4.			1.0	1.0	#/100mL	-   ·, · · ·	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement		· .	2 %		Report (Mo.Geo.Mean)	800 Max	#/100mL	54.5	Monthly	Grab
ρH	Sample Measurement				7.3		7.3	u,s	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement		The second		6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				1.0000000000000000000000000000000000000		<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement						10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement				0.5 Min			mg/L		5 Days/Week	Grab

116

PermitNumber:

FLA011715

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (Fo Disinfect (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.004					7.3			.0	
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3	0.003					7.3			.5	(Married ) = 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 - 1/4 -
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vening Shi	ft Operator	(	Class:	С	Certific	ation No.:	9320	Name:	Ralph Marriott	
ight Shift C	perator	(	Class:		Certific	ation No.:		Name:		
ead Operat	or	(	Class:	A	Certific	cation No.:	4894	Name:	Paul Thompso	n
pe of Efflue	ent Disposal	or Reclaime	d Water Re	use:						

## 118

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

REPORT:

Monthly

GROUP:

Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION: Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2009

To: 01/31/2009

Parameter		Quantity o	f Loading	Units	Quality or Concent	ration	No.	Frequency	Sample Type
Flow	Sample Measurement	0.004		mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	COST COST COST	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004	The second second second second second second second second second second second second second second second se	mgd			0	5 Day/Week	Elapse time
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		***************************************		200	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		***************************************		73	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penaltles for submitting false information including the possibility of fine and imprisonment

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y	Y/MM/DD)
Paul Thompson, Lead Operator			386-937-1143	09/02	120

## DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 01/01/2009

To: 01/31/2009

Parameter		Quantity of Loading	Units	***************************************	Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			ammana and an ammana and an ammana and an ammana and an ammana and an ammana and an ammana and an ammana and a	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	<b>Market State</b> (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (		**************************************	2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo, Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min	4 (1970)	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			NO		1.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min			mg/L	A Company of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Security of Secur	5 Days/Week	Grab

PERMITTEE NAME:

Aqua Utilities Florida 1343 NE 17th Road

PERMIT NUMBER:

FLA011715

REPORT: GROUP:

Annual

MAILING ADDRESS:

Ocala, FL 34470

CLASS SIZE:

LIMIT.

Domestic

FACILITY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Final

LOCATION: Lake Shore Drive PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2009

To: 01/31/2009

Parameter		Quantity of Loading	Units	Quality or Concentration			Frequency	Sample Type
Nitrates, as N	Sample Measurement			1.7	mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement			12.0 Max	mg/L		Annual	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	PATE (YYMM/DD)
Paul Thompson, Lead operator			386-937-1143	09/02/26

P	man ta	41	and the	20020
re	rmit	NU	mo	er

FLA011715

Mont	h / Year	Janua	ary-09						e Daily Flow: apacity)x100:	0.003 28%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen,	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-J	EFA-I	EFA-I	EFA-I	EFA-I	
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PLANT STA	FFING:									
Day Shift Op	perator		Class:	В	Certific	cation No.:	12476	Name:	David Haring	
Evening Shi	ft Operator		Class:	С	Certific	cation No.:	9320	Name:	Ralph Marriott	
Night Shift C	perator		Class:	P1011111111111111111111111111111111111	Certific	cation No.:		Name:		
Lead Opera	tor		Class:	А	Certific	cation No.:	4894	Name:	Paul Thompson	1
Type of Efflu	ent Disposal	or Reclaime	ed Water Re	use:						
Limited Wet	Weather Dis	charge Activ	rated: Yes	No.	Not .	Applicable:		If yes, cumula	ative days of wet	weather discharge
* Attach addi	tional sheets	s if necessar	y to list all c	ertified oper	rators.					

## 122

### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011715

REPORT: Monthly

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749 LIMIT: CLASS SIZE:

GROUP:

Domestic

FACILITY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

Final

LOCATION:

Lake Shore Drive

PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2009 To: 0

To: 02/28/2009

Parameter		Quantity of Load	ding Units	Quality or Concent	ration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			660	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1100	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

Lentify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

IAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ZED AGENT TELEPHONE NO.		DATE (Y	(DOWN/IY
Paul Thompson, Lead Operator		386-937-1143	09	103	126

## **DISCHARGE MONTORING REPORT - PART A (Coninued)**

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 02/01/2009

To: 02/28/2009

Parameter		Quantity of Loading	Units	C	Quality or Cor	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			***************************************	<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				<sub>Base</sub> nderformensen er er en en en en en en en en en en en en en	1.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab

1.0							
P	er	mi	th	111	m	be	r.

FLA011715

MON	th / Year	Febru	ary-09	***					e Daily Flow:	0.004
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.)		33%
Code	50050	80082	00530	80082	74055	00400	00520	50000		***************************************
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	00400 EFA-I	00530 EFA-I	50060	00620	
1	0.005			C171	LIA	LI A-I		EFA-I	EFA-I	
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3	0.006	****				7.3		3.4		
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vening Shif	ft Operator		Class:	С		ation No.:	9320	Name:	Ralph Marriott	
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ead Operat	or	(	Class:	Α	Certific	ation No.:	4894	Name:	Paul Thompson	1
vne of Efflue	ent Disposal	or Reclaime	d Water Re	use.						trate and a second

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER

CLASS SIZE:

FLA011715

REPORT: Monthly

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

GROUP:

Domestic

FACILITY:

COUNTY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001

LOCATION: Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

Putnam

MONITORING PERIOD

From:

03/01/2009

To: 03/31/2009

Parameter		Quantity of Loading	Units	Quality or Concentrati	on	No.	Frequency	Sample Type
Flow	Sample Measurement	0.004	mgd			0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	mgd				Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004	mgd	The state of the control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	mgd			A CONTRACTOR	Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			250	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement	All of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon		Report Mo. Avg.	mg/L		Monthly	Grab
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PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement			Report Mo. Avg.	mg/L		Monthly	Grab

Leafulfy under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

Paul Thompson, Lead Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmens here):

386-937-1143

## DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From 03/01/2009

To: 03/31/2009

Parameter		Quantity of Loading	Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	***************************************	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	***************************************		and control for confidence or control for	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.4	6.4	mg/L	0	Monthly	Grab
PARM Code 80082   Mon.Site No. EFA-1	Permit Requirement	**************************************		TOTAL TO SERVICE SERVICES	30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement	and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th			<1.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			Pr. 2	<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement	NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY			Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement			7.2		7,4	s.u	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement	to the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the		**************************************		3.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement			12.5 M.W.W		10 (Max)	mg/L	1	Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement			0.5 Min		(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	mg/L		5 Days/Week	Grab

PermitNumber:

FLA011715

	Mont	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)		ermitted C	ge Daily Flow: apacity)x100: Nitrogen, Nitrate, Total (as N) (mg\L)	0.004 36%
	Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
	Mon Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
	1	0.005									
	2	0.005					7.2		3.	0	
	3	0.005					7.2		3.	4	
	4	0.004					7.3		3.	0	
	5	0.005					7.3		3.	2	
	6	0.005					7.2		2.	5	
	7	0.004									
	8	0.004									
	9	0.005					7.2		3.	4	
	10	0.006					7.2		2.	5	
	11	0.004	250	160	6.4	<1.0	7.4	3.2	4.	.0	
	12	0.005					7.4		4.	.0	
	13	0.005					7.4		3	.2	
	14	0.003									
	15	0.004									
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	17	0.004					7.4		2	.4	
	18	0.004					7.4		3	.2	
`	19	0.004					7.4		2	.2	
	20	0.004					7.3		3	.0	
	21	0.004									
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	23	0.004					7.3		3	.4	
	24	0.004					7.4		3	.8	
	25	0.004					7.3		4		
	26	0.005					7.3			.2	
	27	0.004					7.3			.5	
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	29	0.005					7.3		3	.5	
	30	0.005					7.3			.5	
	31	0.003									
1	PLANT STA										
	Day Shift O			Class:	В	Certifi	cation No.:	12476	Name:	David Haring	
	Evening Shi			Class.	С	-	cation No.:	9320	Name:	Ralph Marriott	***
	Night Shift (			Class:		-	cation No.:		Name:		
1	ead Opera	tor		Class:	А	-	cation No.:	4894	Name:	Paul Thompso	on
		ent Disposa									17 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Table 1 Tab

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011715

From: 4/1/09

REPORT: GROUP:

Monthly Domestic

MAILING ADDRESS:

6960 Professional Parkway East, Suite 40

LIMIT:

Final CLASS SIZE: N/A

Sarasota, FL 34240

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

FACILITY: LOCATION:

Lake Shore Drive

NO DISCHARGE FROM SITE:

Palatka, FL 32177

MONITORING PERIOD

4/30/09

COUNTY: Putnam

Parameter		Quantity	or Loading	Units	Qua	ality or Concentra	Units	No. Ex.	Frequency of Analysis	Sample Type	
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
рН	Sample Measurement				7.2		7.4	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement	â- ii			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement	And A				200 (An.Avg.)		#/100mL	100,000	Monthly	Grab
Coliform, Fecal	Sample Measurement						<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					3,47	800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement						2.2	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement						10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	- 2 2 4 1				20 (Ап.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE O	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/M	M/DD)
Paul Thompson, Lead Operator			352-787-0980	09/05	121

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

### PERMIT NUMBER: FLA011715

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 4/1/09

DISCHARGE MONITORING REPORT - PART A (Continued)

To 4/30/09

Sample Type Frequency of Units No. Quality or Concentration Quantity or Loading Units Parameter Analysis Ex. Grab mg/L Monthly BOD, Carbonaceous 5 day, 20C Sample 0 2.2 2.2 Measurement Grab mg/L Monthly 60 30 Permit PARM Code 80082 A (Mo.Avg.) (Max.) Requirement Mon.Site No. EFA-1 % Monthly Calculated Sample Percent Capacity, (TMADF/Permitted Capacity) x Measurement 0 33% Calculated % Monthly Report Permit PARM Code 00180 P Mon.Site No. CAL-1 Requirement Pump logs 5 Days/Week MGD Flow Sample 0 Measurement 0.004 5 Days/Week Pump logs 0.012 MGD Permit PARM Code 50050 Requirement (An.Avg.) Mon Site No. INF-1 5 Days/Week Pump logs MGD Flow Sample 0 0.004 Measurement 0.004 5 Days/Week Pump logs Report Report MGD PARM Code 50050 Permit (3-Mo.Avg.) (Mo.Avg.) Mon.Site No. INF-1 Requirement Monthly Grab mg/L BOD, Carbonaceous 5 day, 20C Sample 0 380 Measurement Grab mg/L Monthly Report Permit PARM Code 80082 G (Mo.Avg.) Requirement Mon.Site No. INF-1 Grab mg/L Monthly Solids, Total Suspended Sample 0 270 Measurement Monthly Grab mg/L Report PARM Code 00530 G Permit (Mo.Avg.) Mon.Site No. INF-1 Requirement

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Annually MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final GROUP: Domestic Sarasota, FL 34240 CLASS SIZE: N/A FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001

Palatka, FL 32177 MONITORING PERIOD From: 4/1/09 COUNTY: Putnam

4/30/09

LOCATION:

Parameter		Quantity or Loading	Units	Quality or Cor	Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12 (Max.)	mg/L		Annually	Grab

NO DISCHARGE FROM SITE:

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/05/21

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

Lake Shore Drive

Permit Number: Monitoring Period FLA011715

From: 4/1/09 To: 4/30/09

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code Mon. Site	50050 INF-1	00180 CAL-1	50060	00400	80082	74055	00530	80082	00530
1	.005		EFA-1 2.8	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	.005		3.2	7.3					
3	.004		2.5	7.3				-	
4	.004							-	
5	.004								
6	.005	<u> </u>	2.0	7.3	1				<del></del>
7	.003		2.6	7.3					
8	.003								
9	.003		3.0	7.3					***************************************
10	.005		3.4	7.3					
11	.004		2.2	7.4					***************************************
12	.003								
13	.002		2.2	7.4		·			
14	.005		2.2	7.2		***************************************			
15	.005		3.5	7.3	2.2	<1.0	2.2	380	270
16	.003		3.5	7.4		***************************************			
17	.003		2.8	7.3		***************************************			
18	.004								
19	.004								
20	.005		3.0	7.3					
21	.005		2.8	7.3					
22	.005		3.2	7.3		***************************************			
23	.002		3.5	7.3		***************************************			
24	.005		2.2	7.2					
25	.005								***************************************
26	.04								
27	.004		3.8	7.3					
28	.004		3.2	7.3					
29	.002		2.6	7.3					
30	.005		3.5	7.3					
31									
Total									
Mo. Avg.						4		1	

Day Shift Operator	Class;	В	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	_C	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:	***************************************	Name:	
Lea erator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

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

PERMITTEE NAME:

Agua Utilities Florida, Inc.

PERMIT NUMBER

FLA011715

Final

N/A

REPORT:

Monthly

MAILING ADDRESS:

6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

LIMIT: CLASS SIZE: GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

Lake Shore Drive

NO DISCHARGE FROM SITE:

COUNTY:

Palatka, FL 32177 Putnam

MONITORING PERIOD From: May 1, 2009

To: May 31, 2009

Parameter		Quantity of	r Loading	Units	Jnits Quality or Concentration			Units	Nơ. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
pH	Sample Measurement				7.0		7.4	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No, EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	5.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					0.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)	To district the state of the	#/100mL	y y	Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				- 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 En - 10 E		800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement						1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement						10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	-				2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	REO	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		X		352-787-0980	09/06/24

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: May 1, 2009 To

PERMIT NUMBER: FLA011715

May 31, 2009

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon,Site No. EFA-1	Permit Requirement					30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33%		%	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					0	5 Days/Week	Pump logs
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD						5 Days/Week	Pump logs
Flow	Sample Measurement	0.004	0.004	MGD					0	5 Days/Week	Pump logs
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement					280		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					96		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	X 2				Report (Mo.Avg.)		mg/L		Monthly	Grab

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011715

REPORT:

Annually

MAILING ADDRESS:

6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

May 31, 2009

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

GROUP:

Domestic

LOCATION:

Lake Shore Drive Palatka, FL 32177

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: May 1, 2009

COUNTY:

Putnam

Parameter	ameter Quantity or L		r Loading	Units	ts Quality or Concentr		ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNR	mg/L	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12 (Max.)	mg/L		Annually	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	

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

Permit Number:

FLA011715

Facility:

Silver Lake Oaks Mobile Home Park WWTF

Monitoring Period	From: May 1, 2009	To: May 31, 2009	

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	0.000	-							
	0.000								
3	0.000			-				-	
4	0.012	1	1.1	7.0					
5	0.004		1.4	7.3					
6	0.005		2.2	7.1					
7	0.003		2.2	7.2					
8	0.005		2.2	7.4					
9									
10									
11	0.009		3.8	7.3					
12	0.005		3.4	7.3					
13	0.003		4.0	7.3					
14	0.003		3.5	7.3					
15	0.003		1.0	7.3	2.5	3.0	1.0	280	96
16									
17									
18	0.012		2.2	7.3					
19	0.003		2.8	7.3					
20	0.005		2.8	7.3					
21	0.008		3.4	7.3					
22	0.005		2.8	7.3					
23									
24									
25	0.014		3.2	7.3					
26	0.005		2.8	7.3			1		
27	0.005		3.5	7.3					
28	0.006		3.0	7.3					
29	0.005		3.4	7.3					<u> </u>
30	0.003		J.7	1.3					
31									
Total				1			1		<del>                                     </del>
Mo. Avg.	1			+		<del>                                     </del>	†	+	

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring	
Evening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott	
Night Shift Operator	Class:	***************************************	Certificate No:		Name:		
Operator	Class:	A	Certificate No:	4894	Name:	Paul Thompson	

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

PERMIT NUMBER LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: 6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

Silver Lake Oaks Mobile Home Park WWTF

CLASS SIZE:

N/A MONITORING GROUP NUMBER: R-001

NO DISCHARGE FROM SITE:

Lake Shore Drive

MONITORING PERIOD From: June 1, 2009

To: June 30, 2009

Palatka, FL 32177 COUNTY: Putnam

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
I. I	Sample Measurement			7,3		7.4	s.u.	0	5 Days/Week	Grab
ARM Code 00400 A fon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
oliform, Fecal	Sample Measurement				0.7		#/100mL	0	Monthly	Grab
ARM Code 74055 Y Ion.Site No. EFA-1	Permit Requirement				200 (An.Avg.)	Himotopoo	#/100mL		Monthly	Grab
oliform, Fecal	Sample Measurement					1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 A on.Site No. EFA-I	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
olids, Total Suspended	Sample Measurement					1.8	mg/L	0	Monthly	Grab
ARM Code 00530 A on.Site No. EFA-1	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
DD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		mg/L	0	Monthly	Grab
ARM Code 80082 Y on.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	Y/MM	/DD)
Paul Thompson, Lead Operator		1		352-787-0980	09/	ן דט	22

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

### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1, 2009

To

PERMIT NUMBER: FLA011715

June 30, 2009

Parameter		Quantity o	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, TMADF/Permitted Capacity) x 100	Sample Measurement				42%		%	0	Monthly	Calculated
ARM Code 00180 P Mon.Site No. CAL-I	Permit Requirement	-			Report		%		Monthly	Calculated
low	Sample Measurement	0.004		MGD				0	5 Days/Week	Pump logs
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
low	Sample Measurement	0.005	0.0043	MGD				0	5 Days/Week	Pump logs
ARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
OD, Carbonaceous 5 day, 20C	Sample Measurement				86		mg/L	0	Monthly	Grab
ARM Code 80082 G fon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				59		mg/L	0	Monthly	Grab
ARM Code 00530 G fon, Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40

PERMIT NUMBER LIMIT:

FLA011715 Final

REPORT: GROUP:

Annually Domestic

FACILITY:

Sarasota, FL 34240 Silver Lake Oaks Mobile Home Park WWTF

CLASS SIZE: N/A MONITORING GROUP NUMBER: R-001

LOCATION:

Lake Shore Drive Palatka, FL 32177

NO DISCHARGE FROM SITE: MONITORING PERIOD From: June 1, 2009

To: June 30, 2009

COUNTY:

Putnam

Parameter Quantity or Load		g Units	Quality or Conce	entration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-I	Permit Requirement				12 (Max.)	mg/L		Annually	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	

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

Pennit Number:

FLA011715

Monitoring Period From:June 1, 2009 to June 30, 2009

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-I	CAL-I	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	INF-I	INF-I
2	0.022	1	3.2	7.3				1	
3	0.005		2.5	7.3					
4				7.4			<u> </u>		
5	0.005	1	2.0	7.4	<u> </u>		<u> </u>	1	
6	0.004	1	2.5	7.4					
7	0.000								
8	0.000	1	3.4	7.4			<u> </u>	<del> </del>	
9	0.005	1	2.2	7.4	3.0	<1.0	1.8	86	59
10	0.006	1	1.6	7.4	<b>l</b>		<u> </u>		
11	0.004	<del></del>	2.0	7.4					
12	0.002	1	2.8	7.4					
13	0.000	1					<b></b>		
14	0.000				<u> </u>		<del>                                     </del>		
15	0.018	1	0.8	7.4					
16	0.005		2.2	7.4	1				
17	0.008	1	2.8	7.4			<u> </u>		
18	0.004	1	2.2	7.4	1	<u> </u>			<b></b>
19	0.007	1	2.2	7.4			1		
20	0.000	1		***************************************	<u> </u>				
21	0.000								
22	0.019		2.8	7.3					
23	0.005		2.0	7.3	1				
24	0.004	1	2.6	7.3	1				
25	0.005		3.2	7.3	1				
26	0.005		2.8	7.3	1				
27	0.000								
28	0.000								
29	0.015		3.4	7.3					
30	0.002	1	3.8	7.3					
31									
Total	0.169								
Mo. Avg.	0.005								

ad Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson	
ght Shift Operator	Class:	***************************************	Certificate No:		Name:	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
ening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott	W-007
ANT STAFFING: ny Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring	

Version December 27, 2005

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

PERMITTEE NAME:

Agua Utilities Florida, Inc.

PERMIT NUMBER

FLA011715

REPORT: GROUP:

Monthly

Sample Type

MAILING ADDRESS:

6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

LIMIT CLASS SIZE: Final N/A

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

Domestic

Frequency of

LOCATION:

Lake Shore Drive

NO DISCHARGE FROM SITE:

Palatka, FL 32177

MONITORING PERIOD From: July 1, 2009

July 31, 2009

Units

No.

COUNTY: Putnar	n					
Parameter		Quantity or Loading	Units	Qua	lity or Concentra	ation
Total Residual Chlorine (For	Sample			2.0		

Analysis Ex. mg/L 5 Days/Week Grab Disinfection) PARM Code 50060 0.5 mg/L 5 Days/Week Grab Permit Mon.Site No. EFA-1 (Min.) Requirement рН Sample s.u. 5 Days/Week Grah 70 Measurement 7.3 6.0 85 5 Days/Week PARM Code 00400 A Permit S.U. Grah (Min.) on. Site No. EFA-1 Requirement (Max.) oliform Fecal #/100mL Sample Monthly Grab 0.7 Measurement 200 PARM Code 74055 Y #/100mL Monthly Grab Permit Mon.Site No. EFA-1 Requirement (An.Avg.) Coliform, Fecal #/100mL Grab Monthly Sample Measurement 1.0 PARM Code 74055 A 800 #/100ml Monthly Grab Permit Mon.Site No. EFA-1 Requirement (Max.) Solids, Total Suspended Sample mg/L Monthly Grab 1.0 Measurement 10 PARM Code 00530 Permit mg/L Monthly Grah Mon. Site No. EFA-1 Requirement (Max.) BOD, Carbonaceous 5 day, 20C mg/L Monthly Grab Sample 2.6 Measurement PARM Code 80082 20 Monthly Grab Permit mg/L Mon.Site No. EFA-1 Requirement (An.Avg.)

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

METITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY	//MM/I	(D)
Paul Thompson, Lead Operator		352-787-0980	09	18	26

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1, 2009 To

PERMIT NUMBER: FLA011715 July 31, 2009

Parameter	Quantity or Loading Units		Quality or Concentra	Quality or Concentration			Analysis	Sample Type		
BOD. Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				33%		%		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		%s		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD			l		5 Days/Week	Pump logs
Flow	Sample Measurement	0.004	,004	MGD		·			5 Days/Week	Pump logs
PARM Code 50050 G Mon,Site No, INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD		West-tonic consenses on group of 600000000000000000000000000000000000			5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				240		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	***************************************	mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				120		mg/L	0	Monthly	Gmb
ARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

From: July 1, 2009

July 31, 2009

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Annually 6960 Professional Parkway East, Suite 40 MAILING ADDRESS: LIMIT: Final GROUP: Domestic Sarasota, FL 34240 CLASS SIZE: N/A Silver Lake Oaks Mobile Home Park WWTF FACILITY: MONITORING GROUP NUMBER: R-001 LOCATION: Lake Shore Drive NO DISCHARGE FROM SITE: Palatka, FL 32177 MONITORING PERIOD

Parameter		Quantity or Loading	Units	Quality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample			T T		mg/L	mg/L	Annually	Grab
	Measurement			1	MNR				
PARM Code 00620 A	Permit			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	12	mg/L	1	Annually	Grab
Mon.Site No. EFA-1	Requirement				(Max.)				

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF P	NINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	Y/MM/DD)
Paul Thompson, Lead Operator		$\int_{-\infty}^{\infty}$		352-787-0980	09	100/26

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

Putnam

COUNTY:

Permit Number: Monitoring Period

FLA011715 From:July 1, 2009

To: July 31, 2009

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-I	INF-1
2	0.005		3.2	7.3					
3	0.004		2.5	7.3					**************************************
4	0.005		3.0	7.3					
5				·····					
6									
7	0.004		2.0	7.3					
8	0.005		3.4	7.3	<2.0	<1.0	1.0	240	120
9	0.004		3.0	7.3		1.0		12.10	- 4.0
10	0.002		3.8	7.3					
11	0.004		3.2	7.3					
12								<b>_</b>	
13									
14	0.014		2.5	7.3				<del> </del>	
15	0.005		3.2	7.3					
16	0.005		2.8	7.3					
17	0.002		3.0	7.3					
17	0.005	<u> </u>	2.4	7.3					
19	1				<u> </u>		ļ		ļ
20	0.012		3.2	7.3					
21	0.004	<u> </u>	2.8	7.3					
22	0.005		4.0	7.3					
23	0.002		3.8	7.3					
24	0.004		2.2	7.0					
25									
26									
27	0.009		2.6	7.3					
28	0.003		3.0	7.3		Ti .			
29	0.003		2.6	7.3					
30	0.004		2.6	7.3					
31	0.004		3.2	7.3					
Total	0.114								
Mo. Avg.	0,004								

LANT STAFFING:						
ay Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
ening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
ight Shift Operator	Class:		Certificate No:	***************************************	Name:	Management of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con
ad Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

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

Aqua Utilities Florida, Inc. PERMITTEE NAME:

6960 Professional Parkway East, Suite 40 MAILING ADDRESS:

Sarasota, FL 34240

Silver Lake Oaks Mobile Home Park WWTF

Lake Shore Drive LOCATION:

FACILITY:

COUNTY:

Palatka, FL 32177

Putnam

PERMIT NUMBER

LIMIT:

FLA011715 Final

REPORT: GROUP:

Monthly Domestic

CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: August 1, 2009

August 31, 2009

Parameter	Parameter Quantity or Loading				ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-I	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Н	Sample Measurement			4.3		7.4	S.u.	0	5 Days/Week	Grab
ARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					3.2	#/100mL	0	Monthly	Grab
ARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
olids, Total Suspended	Sample Measurement					3.2	mg/L	0	Monthly	Grab
ARM Code 00530 A Aon.Site No. EFA-1	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
ARM Code 80082 Y  Mon.Site No. EFA-1	Permit Requirement			THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT S	SIGNATUR	E OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY	/MM/I	DD)
Paul Thompson, Lead Operator				352-787-0980	OF	09	22

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August 1, 2009

PERMIT NUMBER: FLA011715 To August 31, 2009

Parameter		Quantity	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-I	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				58%		%		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y 'on.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
· low	Sample Measurement	0.007	0.005	MGD					5 Days/Week	Pump logs
PARM Code 50050 G Mon.Site No, INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				64		mg/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				30	***************************************	mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Annually MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final GROUP: Domestic CLASS SIZE: Sarasota, FL 34240 N/A FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001 Lake Shore Drive LOCATION: NO DISCHARGE FROM SITE:

Palatka, FL 32177 MONITORING PERIOD From: August 1, 2009 To: August 31, 2009
COUNTY: Putnam

Parameter		Quantity or Loading	Units	Quality or Concentration	ncentration		No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L		Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12 (Max.)	mg/L		Annually	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	PRINC	TIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	YY/MM	I/DD)
Paul Thompson, Lead Operator		D		352-787-0980	09	109	22

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

46

#### LY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011715

From:August 1, 2009

To: August 31, 2009

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/l
Code Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055 EFA-1	00530 EFA-1	80082 INF-1	00530 INF-1
ı	0.008			21771	Lai /C1	137-1	1 13 7-1	1 101-1	1141-1
2	0.008								
3	0.008		3.6	7,3					
4	0.004		2.8	7.4					
5	0.004		1.0	7.4	2.5	<1.0	3.2	64	30
6	0.004		1.7	7.4					
7	0.014		2.0	7.4					
8			2.0	7.4					
9									
10	0.012		2.2	7.4					
11	0.004		2.2	7.4					
12	0.004		2.2	7.4					
13	0.005		3.0	7.4			<del> </del>	1	
14	0.005		3.4	7.3				1	
15				1.2					
16								1	
17	0.016		1.8	7.2					
18	0.004		2.2	7.3				1	
19	0.009		2.2	7.4			<u> </u>	1	
20	0.007		0.8	7.3				1	
21	0.007		2.2	7.3					
22							<b>1</b>		
23									
24	0.031		3.8	4.3					
25	0.007		1.8	7.2					
26	0.005		2.4	7.3					
27	0.005		3.4	7.3					
28	0.004		2.8	7.3					
29									
30									
31	0.028		2	7.3					
Total	0.203		Ì				İ	İ	
Mo. Avg.	0.007		Ì					1	

Lead Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson
Night Shift Operator	Class:	***************************************	Certificate No:	-	Name:	
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
PLANT STAFFING: Day Shift Operator	Class:	B	Certificate No:	12476	Name:	David Haring

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40 MAILING ADDRESS:

Sarasota, FL 34240

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

Lake Shore Drive LOCATION: Palatka, FL 32177

Putnam COUNTY:

PERMIT NUMBER

LIMIT:

FLA011715

REPORT: GROUP:

Monthly Domestic

Final N/A

CLASS SIZE: MONITORING GROUP NUMBER: R-001

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: September 1, 2009

To: September 30, 2009

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For	Sample Measurement			1.2			mg/L	0	5 Days/Week	Grab
Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
oH	Sample Measurement			7.3		7.4	s.u.	0	5 Days/Week	Grab
ARM Code 00400 A	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Mon. Site No. EFA-1 Coliform, Fecal	Sample Measurement				0.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Mon, Site No. EFA-1 Coliform, Fecal	Sample Measurement					1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
Mon, Site No. EFA-1 Solids, Total Suspended	Sample Measurement					<1.1	mg L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement					10 (Max.)	ing/L		Monthly	Grab
Mon.Site No. EFA-1 BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-I	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	URE Q	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	YY/MM	/DD)
Paul Thompson, Lead Operator		(2		352-787-0980	09	101	26
					7	7	

### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: September 1, 2009

PERMIT NUMBER: FLA011715

To September 30, 2009

Parameter		Quantity o	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Typ
3OD, Carbonaceous 5 day, 20C	Sample				3.2	3.2	mg/L	0	Monthly	Grab
OD, Carbonatocous s and	Measurement				30	60	mg/L		Monthly	Grab
ARM Code 80082 A	Permit Requirement				(Mo,Avg.)	(Max.)	9/0		Monthly	Calculatex
Ion.Site No. EFA-1 ercent Capacity, FMADF/Permitted Capacity) x	Sample Measurement				33%					
00 ARM Code 00180 P	Permit				Report		%		Monthly	Calculate
Ion.Site No. CAL-1	Requirement Sample			MGD					5 Days/Week	Pump log
low	Measurement	0.004		MGD					5 Days/Week	Pump log
ARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)						-	5 Days/Week	Pump log
Mon.Site No. INF-1	Sample	0.004	0.005	MGD						
PARM Code 50050 G	Measurement Permit	Report	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump log
Mon.Site No. INF-1 BOD, Carbonaceous 5 day, 20C	Requirement Sample	(Mo.Avg.)	(3-1410.7478.)		200		mg/L	0	Monthly	Grab
	Measurement Permit			+	Report		ing/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Requirement			-	(Mo.Avg.)		mg/L	1.	Monthly	Grab
Solids, Total Suspended	Sample Measurement				110 Report		mg/L	0	Monthly	Grah
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				(Mo.Avg.)	<u></u>				<u> </u>

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMIT NUMBER Aqua Utilities Florida, Inc. FLA011715 REPORT PERMITTEE NAME: Annually 6960 Professional Parkway East, Suite 40 LIMIT: Final GROUP: MAILING ADDRESS: Domestic Sarasota, FL 34240 CLASS SIZE: N/A Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001 FACILITY:

NO DISCHARGE FROM SITE: Lake Shore Drive LOCATION:

MONITORING PERIOD Palatka, FL 32177 From: September 1, 2009 September 30, 2009 Putnam

Parameter		Quantity or Loading	Units	Quality or Concen	Quality or Concentration		No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L		Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12 (Max.)	mg/L		Annually	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	URBO	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	YY/MM DD)
Paul Thompson, Lead Operator				352-787-0980	09/	10/26

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

COUNTY:

150

#### LAILY SAMPLE RESULTS - PART B

To: September 30, 2009

Permit Number: Monitoring Period FLA011715

From:September 1, 2009

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055	00530	80082	00530
Mon. Site	0.004	CAL-1	2.6			EFA-1	EFA-1	INF-1	INF-1
2	0.004		3.8	7.3					
3	0.004	1	2.4	7,3					
4	0.007		3.2	7.3 7.3				***************************************	
5	0.007		3.5	7.3					
6				······································					
7	0.016		2,4	7.3					***************************************
8	0.003		2.0	7.3			<u> </u>		
9	0.004		3.8	7.3	3.2	<1.0	<1.1	200	110
10	0.004		2.8	7.3					
11	0.005		3.8	7.4	1				
12									
13									
14	0.017		2.2	7.4					
15	0.004		3.0	7.4					
16	0.005		2.0	7.4					
17	0.003		3.2	7.4					
18	0.003		1.2	7.4					
19									
20									
21	0.014		1.8	7.4					
22	0.004		2.2	7.4					
23	0.005		2.6	7.4				1	
24	0.004		2.0	7.4					
25	0.002		2.2	7.4				ļ	
23							<u> </u>		
28								-	
29	0,012	T T	2,4	7.4					
30	0.002		3.0	7.4					
31	0.003		3.4	7.4					
Total	-							I	
Mo. Avg.	0.133	i i					1	<u> </u>	
	0.004	· I		A	1	<u> </u>	<u> </u>	L.	POTE POTE DE CONTRACTO DE LA CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CONTRACTO DE CO

Lead crator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson	
Night Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:	_C	Certificate No:	9320	Name:	Ralph Marriott	
Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring	

### 152

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Monthly MAILING ADDRESS. 6960 Professional Parkway East, Suite 40 LIMIT Final GROUP: Domestic Sarasota, FL 34240 CLASS SIZE: N/A

FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001 LOCATION: Lake Shore Drive NO DISCHARGE FROM SITE:

Palatka, FL 32177 MONITORING PERIOD From October 1, 2009 To October 31, 2009

COUNTY: Putnam

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
ARM Code 50060 A 4on.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
H	Sample Measurement			7.3		7.5	S.u.	0	5 Days/Week	Grab
ARM Code 00400 A fon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
'oliform, Fecal	Sample Measurement				1.0		#/100mL	0	Monthly	Grab
ARM Code 74055 Y fon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
oliform, Fecal	Sample Measurement					1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 A Ion.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
olids. Total Suspended	Sample Measurement					1.0	mg/L	0	Monthly	Grab
ARM Code 00530 A on.Site No. EFA-I	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
DD. Carbonaceous 5 day, 20C	Sample Measurement				2.8		mg/l.	0	Monthly	Grab
ARM Code 80082 Y on.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/N	(M/DD)
Paul Thompson, Lead Operator		352-787-0980	09/1	11

### 153

### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1, 2009

PERMIT NUMBER: FLA011715
To October 31, 2009

Parameter			y or Loading Units		Quality or Concentra	tion	Units	No. Ex.		Sample Type
BOD. Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				25%		%		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report	***************************************	9/6		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD		***************************************			5 Days/Week	Pump logs
PARM Code 50050 Y 1on.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
rlow	Sample Measurement	0.003	0.005	MGD		***************************************			5 Days/Week	Pump logs
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230	***************************************	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	***************************************	mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				67	***************************************	mg/L	0	Monthly	Grab
ARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				. Report (Mo.Avg.)		mg/L		Monthly	Grab

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 40 PERMIT NUMBER

FLA011715

REPORT:

Annually

Sarasota, FL 34240 Silver Lake Oaks Mobile Home Park WWTF LIMIT: CLASS SIZE: Final N/A

GROUP:

Domestic

FACILITY:

MONITORING GROUP NUMBER: R-001

LOCATION:

Lake Shore Drive

NO DISCHARGE FROM SITE:

Palatka, FL 32177

MONITORING PERIOD

From: October 1, 2009

October 31, 2009

COUNTY:

Putnam

Parameter		Quantity or Loa	ding Units	Qual	Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrogen, Nitrate, Total (as N)	Sample					mg/L		Annually	Grab
	Measurement				M	NR			
PARM Code 00620 A	Permit					12 mg/L		Annually	Grab
Mon.Site No. EFA-I	Requirement				(M	ax.)			

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY MI	M/DD)
Paul Thompson, Lead Operator		352-787-0980	09/11	119

#### Y SAMPLE RESULTS - PART B

<sup>3</sup>ermit Number: Monitoring Period FLA011715

From:October 1, 2009

To: October 31, 2009

Silver i. . Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L.)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/l.)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	0.002		2.8	7.4			***************************************		*******************************
3	0.005		2.2	7.4					
4	1								
5									
6	0.010		2.2	7.4	1				
7	0.004		2.2	7.4	-20	<1.0	<1.0	230	67
8	0.002		2.2	7.4	<del> </del>	-1.0	1.0	230	07
9	0.004		2.2	7.4	1				
10	0.004		2.2	7.4	<u> </u>				
11									
12	-								
13	0.010		2.2	7.4	1				-
14	0.003		2.2	7.4					
15	0.004	1	2.2	7.4	<del></del>	<u> </u>			-
16	0.004	T I	2.2	7.4				-	
17	0.003		2.2	7.4		<b> </b>			
18					1				
- }	0.010		2.2				1		
20	0.002		2.2	7.4					
21	0.002		2 2					1	
22	0.005		2.2	7.4					<b>-</b>
23	0.005		2.2	7.4			<u> </u>		
24	0.003		2.4	7,4			<del>                                     </del>		
25									
26	0.009		2.2	7.5					
27	0.004		2.2	7.3					
28	0.002		2.2	7.3					
29	0.002		2.2	7.3					
30	0.002		2.2			1			
31	1,5,002		& · &	,					
Total	0.104								
Mo. Avg.	0.003	+			1	†		1	

Shift Operator	Class.	В	Certificate No.	12476	Name:	David Haring	
ning Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott	
ht Shift Operator	Class	/*************************************	Certificate No.		Name:	WALES OF THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREE	
d Operator	Class	_A	Certificate No:	4894	Name:	Paul Thompson	

## 156

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40

PERMIT NUMBER

FLA011715

REPORT: GROUP:

Monthly Domestic

MAILING ADDRESS:

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

MONITORING GROUP NUMBER: R-001

FACILITY: LOCATION:

Silver Lake Oaks Mobile Home Park WWTF Lake Shore Drive

NO DISCHARGE FROM SITE:

Palatka, FL 32177

MONITORING PERIOD

From: November 1, 2009

November 30, 2009

COUNTY:

Putnam

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6			mg/L	0	5 Days/Week	Grab
ARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Н	Sample Measurement			7.3		7.5	s.u.	0	5 Days/Week	Grab
ARM Code 00400 A fon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			26	1.0	,	#/100mL	0	Monthly	Grab
ARM Code 74055 Y 1on.Site No. EFA-1	Permit Requirement				200 (Ал.Avg.)		#/100mL		Monthly	Grab
oliform, Fecal	Sample Measurement					<1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 A Ion.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ml		Monthly	Grab
olids, Total Suspended	Sample Measurement					<1.0	mg/L	0	Monthly	Grab
ARM Code 00530 A on.Site No. EFA-1	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		mg/L	0	Monthly	Grab
ARM Code 80082 Y on.Site No. EFA-1	Permit Requirement			***************************************	20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATU	TRE O	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		1		352-787-0980	09/12/16

#### 157

### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November 30, 2009

To

PERMIT NUMBER: FLA011715 November 30, 2009

Parameter		Quantity	or Loading	oading Units Quality or Concentration Uni		Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				25%	<u> </u>	%		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
ARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.003	0.003	MGD					5 Days/Week	Pump logs
PARM Code 50050 G Mon.Site No. INF-I	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)	***************************************	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				56		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	^			Report (Mo.Avg.)		mg/L		Monthly	Grab

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Annually MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final GROUP: Domestic Sarasota, FL 34240 CLASS SIZE: NA FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001

LOCATION: Lake Shore Drive NO DISCHARGE FROM SITE:

Palatka, FL 32177 MONITORING PERIOD From: November 1, 2009

Palatka, FL 32177 MONITORING PERIOD From: November 1, 2009 To: November 30, 2009
COUNTY: Putnam

Parameter	Parameter Quantity or Loading		or Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNR	mg/L		Annually	Grab
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement						12 (Max.)	mg/L		Annually	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/N	AM/DD)
Paul Thompson, Lead Operator			352-787-0980	09/1	2/16

#### Y SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011715

From:November 1, 2009

To: November 30, 2009

Facility

Silver Lake Oaks Mobile Home Park WWTF

Code		Capacity) x 100 (%)	(mg/L)			Bacteria (#/100mL)			
	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-1	CAL-1	EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	INF-1	INF-I
2				****				-	<u> </u>
3	0.010		2.2	7.3				<b> </b>	<u> </u>
4	0.006		2.2	7.3				<del> </del>	<u> </u>
5	0.005		2.2	7.4	***************************************				
6	0.004		2.2	7.4					
7	0.004		1.6	7.5				<b>_</b>	
8									
9									
10	0.008		2.2	7.5				-	
11	0.002		2.2	7.5	2.6	<1.0	<1.0	150	56
12	0.003		2.2	7.3		1.0	N1.0	130	130
13	0.003		2.2	7.3					
14	0.004		2.2	7.4				-	<u> </u>
15									
16									<b> </b>
17	0.006		2.2	7.3					<b></b>
18	0.002		2.2	7,4					<u> </u>
9	0.003		2.2	7.4					
20	0.003		2.2	7.4					
21	0.003		2.2	7.4					
22								-	
23									
24	0.013		2.2	7.4					
25	0.004		2.2	7.4				-	
26	0.004		2.2	7,4				-	
27	0.002		2.2	7,4				1	
28	0.003		2.2	7.4				-	
29								-	
30	0.000								<del> </del>
31	0.007	1	2.2	7.4					
Total	0.004				l		l I		
Mo. Avg.	0.096				I I	l I	l	<del> </del>	

id Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson
tht Shift Operator	Class:	Newson Statement Statement	Certificate No:		Name:	
ening Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
ANT STAFFING: y Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring

## 09

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final

Sarasota, FL 34240

Silver Lake Oaks Mobile Home Park WWTF

LOCATION Lake Shore Drive Palatka, FL 32177

COUNTY Putnam

FACILITY:

REPORT GROUP:

Monthly Domestic

CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: December 1, 2009

December 31, 2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ation	Units	No. Ex.	Ex. Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
J	Sample Measurement			7.4		7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-I	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					10 (Max.)	tng/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator			352-787-0980	10/01/25

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011715

				MONITORING	PERIOD From: December 1,	2009		NUMB ber 31,	ER: FLA011715 2009	
Parameter  BQD, Carbonaceous 5 day, 20C	S	Quantity	or Loading	Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Typ
PARM Code 80082 A	Sample Measurement Permit				2.0	2.0	mg/L	0	Monthly	Grab
Mon.Site No. EFA-1 Percent Capacity,	Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
(TMADF/Permitted Capacity) x 100	Sample Measurement	47			25%	(PALLA.)	%		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		%		Monthly	Calculated
	Sample Measurement	0.004		MGD			1		5 Days/Week	Pump logs
ARM Code 50050 Y  Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
low	Sample Measurement	0.003	0.003	MGD					5 Days/Week	Pump logs
ARM Code 50050 G Ion.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
OD, Carbonaceous 5 day, 20C	Sample Measurement		2		120	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	mg/L		Monthly	Grab
ARM Code 80082 G on.Site No. INF-1	Permit Requirement				Report		mg/L	0	Monthly	Grab
olids, Total Suspended	Sample Measurement				(Mo.Avg.)		mg/L	-	Monthly	Grab
ARM Code 00530 G on.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L	0	Monthly	Grab

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011715 REPORT: Annually MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final GROUP: Domestic Sarasota, FL 34240 CLASS SIZE: N/A FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONITORING GROUP NUMBER: R-001 LOCATION. Lake Shore Drive NO DISCHARGE FROM SITE: Palatka, FL 32177

MONITORING PERIOD

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrogen, Nitrate, Total (as N)	Sample							mg/L	1 1	Annually	Grab
	Measurement						MNR				
PARM Code 00620 A	Permit						12	mo/l	$\top$	Annually	Grah

From: December 1, 2009

12

(Max.)

December 31, 2009

Annually

Grab

mg/L

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (	YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980 /0/	01/25

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

Requirement

COUNTY:

Mon.Site No. EFA-1

Putnam

#### DE SAMPLE RESULTS - PART B

Permit Number Monitoring Period FLA011715

From December 1, 2009

To: December 31, 2009

Facility: Silver La., Jaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect ) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	00180	50060	00400	80082	74055	00530	80082	00530
Mon. Site	INF-1	CAL-I	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	INF-I	INF-I
2	0.006		2.2	7.4	<2.0	<1.0	2.4	120	70
3	0.006		0.9	7.5					
4	0.003		2.2	7.5				-	
5	0.002		2.2	7.5				<b>_</b>	
6				·					
7	0.017		2.2	7.5					
8	0.002		2.2	7.5				-	
9	0.003		2.2	7.5					
10	0.003		2.2	7.5					
11	0.003		2.2	7.4					
12									
13	<u> </u>							-	
14	0.010		2.2	7.5				1	ļ
15	0.003		2.2	7.5					
16	0,003		2.2	7.5					ļ
17	0.003		2.2	7.4					
18	0.003		2.2	7.5					
19									
20	***************************************								
21	0.014		2.0	7.5					
22	0.003		2.2	7.5					
23	0.003		2.2	7.5					
24	0.003		2.2	7.5					
25	0.002		2.2	7.5					
26									
27									
28	0.007		2.2	7.5					
29	0.003		1.0	7.5					
30	0.002		2.2	7.5		***************************************			1
31	0.003		2.2	7.5	***************************************				
Total	0.107								1
Mo. Avg.	0.003	1					1		

ANT STAFFING:							
iy Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring	
ening Shift Operator	Class	_C	Certificate No:	9320	Name:	Ralph Marriott	
ght Shift Operator	Class.		Certificate No:		Name:		
ad Operator	Class:	A	Certificate No:	4894	Name:	Paul Thompson	

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

PERMITTEE NAME MAILING ADDRESS	Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 40	PERMIT NUMBER	FLA011715 Final	REPORT GROUP	Month! Domes!
	Sarasota, Fl. 34240	CLASS SIZE:	N/A		
i ACILITY	Silver Lake Oaks Mobile Home Park WWTF	MONITORING GROUP NUMBER.	R-001		

Lake Shore Drive NO DISCHARGE FROM SITE:
Palatka, FL 32177 MONITORING PERIOD From: January 31, 2010 To: January 31, 2010

Palatka, Fl. 32177 MONITORING PERIOD From: January 1, 2010 To January 31, 201

Parameter		Units	Qua	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type	
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-I	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.5		7.5	5 u	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ml		Monthfy	Grab
Solids, Total Suspended	Sample Measurement					10.0	mg·l.	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
BOD. Carbonaceous 5 day, 20C	Sample Measurement				3.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	CRE O	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	YY/M	M/DD)
Paul Thompson, Lead Operator		9		352-787-0980	10	/2	126

#### 165

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From January 1, 2010

PERMIT NUMBER: FLA011715
To January 31, 2010

Parameter		Quantity	or Loading	Units	Quality or Concentry	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.6	11.6	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-I	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/l.		Monthly	Grab
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement				33%		**		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		**		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.004	0.003	MGD					5 Days/Week	Pump logs
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement	N di			137		mg/L	0_	Monthly	Grah
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				54		mg·L	0	Monthly	Grab
PARM Code 00530 G Mon,Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

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

PERMITTEE NAME MAILING ADDRESS 6960 Professional Parkway East, Suite 40

Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011715 Final

REPORT GROUP

Annually

Sarasota, FL 34240

LIMIT CLASS SIZE:

N/A

FACILITY

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001 NO DISCHARGE FROM SITE.

Domestic

LOCATION

Lake Shore Drive Palatka, Fl. 32177

MONITORING PERIOD

From January 1, 2010

January 31, 2010

COUNTY

Putnam

Parameter Quantity		Quantity or Loading	Units	. Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg1.		Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			8000 0		12 (Max.)	mg/l.		Annually	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	TELEPHONE NO DATE (YYMM/DD)
Paul Thompson, Lead Operator		352-787-0980 10/02/26

#### DAILY SAMPLE RESULTS - PART B

Permit Number

FLA011715

Silver Lake Oaks Mobile Home Park WW1F

Monitoring Period	From January 1, 2010	To January 31, 20
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	Flow (MGD)	% Capacity. (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml.)	TSS (mg/l.)	CBOD5 (mg/1.)	TSS (mg/1.)
Code	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082	74055	00530	80082 INF-1	00530
Mon Site	0 003	CAL-1	2.2	7.5	EFA-1	EFA-1	LFA-1	I INF-I	INF-I
2	0 003		221	1.3					
3									-
1	0 021		2 2	7.5				1	
5	0.003		2.2	7.5					
6	0.002		2 2	7.5	1				
7	0 002		2.2	7.5					
8	0 003		2.2	7.5					
9									
10									
11	0.011		2.2	7.5	116	<10	10.0	137	54 ()
12	0.003		2.2	7.5	1				
13.	0.002		2.2	7.5					
14	0.005		2.2	7.5					
15	0.002		2.2	7.5					
16									
17									
18	0.009		2.2	7.5	5				
19	0.004		2.2	7 :	5				
20	0.003		2 2	7 :	5				
21	0.003		2 2	7	5				
22	0.009	3	2.2	7 :	5			ļ	
2.3					-				
2.4									
25	0.013	1	2.2	7					-
26	0.003		2.2	7.			-		-
27	0.00		2.2	7					
28	0.00-	1	2.2	7.			-		-
30	0.00	1	2 2	7.	5				
31			ļ		-	-	-		-
				-					+
Total	0.11	-	CONTRACTOR PER OFFICE				-	// ***	+
Mo Avg	3 00	4			1	1			

ANT STAFFING ay Shift Operator	Class	В	Certificate No.	12476	Name	David Haring	
ening Shift Operator	Class	С	Certificate No	9320	Name	Ralph Marriott	
ight Shift Operator	Class	1	Certificate No		Name		
ad Operator	Class	Λ	Cenificate No	4894	Name	Paul Thompson	

Version December 27, 2005

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

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

MAILING ADDRESS: 6960 Professional Parkway East, Suite 40

Sarasota, FL 34240

FACILITY: LOCATION: Silver Lake Oaks Mobile Home Park WWTF

Lake Shore Drive Palatka, FL 32177

COUNTY: Putnam

PERMIT NUMBER LIMIT:

CLASS SIZE:

FLA011715 Final

N/A

REPORT:

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: February 1, 2010

To: February 28, 2010

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A A Mon Site No. EFA-1	Permit. Requirement	<b>€</b> Aller in the	NO LOCAL		0.5 (Min.)	11.47.12		mg/L	1	a 5 Days/Wook	Grab
pH	Sample Measurement				7.2		7.5	8.U.	0	5 Days/Week	Grab
PARM Code 00400 A A A A MacSile No. EFA-1	Permit: C Recollistament	<b>*</b>	Meggin in	\$ 10.51	6.0 (Mim.)	TO SEVER	8.5 (Max.)	&IL	FILE SALE	S-Days/Weeks	Orac .
Coliform, Fecal	Sample Measurement					1.3		#/100mL	0	Monthly	Grab
PARM Code 74055s. Y. MocBile No. BPA.	Permit Recourrement	Spring State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of th	And much	S. S. A.		200 (An Avg.)		#/100mL-	- 25	Monthly 5.74	Graba:
Coliform, Fecal	Sample Measurement						2.0	#/100mL	0	Monthly	Grab
PARM Cole 74055 - 414 - 7-3 MOUSIE NO EPAT	Permit Recognisment		SE KIND					#/100ml	京都	Monthly #2	as Grabesa
Solids, Total Suspended	Sample Measurement						5.0	mg/L	0	Monthly	Grab
	Permit Requirement	the factories	Maria ST	a y a Tari	10.44 (14.75)		(Max.)	mg/L	1.15	A & Monthly is	Grab 🚓 🕆
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0.004	•	mg/L	0	Monthly	Grab
	Permit Requirement			4		20 (An.Avg.)		mg/L		Monthly	Gmb.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATU	POL	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	/Y/M1	M/DD)
Paul Thompson, Lead Operator				352-787-0980	105	03	/23
		~				- 1	

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: February 1, 2010

PERMIT NUMBER: FLA011715 To February 28, 2010

Parameter		Quantity of	or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 800 82 A A Manual Republic Not EFA-1	Permeta Recommenced			<b>3</b> ( ) ( )		30 (Mo.Avg.)	60 (Max.)	mg/L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Monthly	Gnib
Percent Capacity, TMADF/Permitted Capacity) x 100	Sample Measurement					42%		%		Monthly	Calculated
PARM Code 00180 P	Parent		2011 点鹭	1		Report	WE 150	*		Monthly	Calculated
Flow	Sample Measurement	.004		MGD						5 Days/Week	Pump logs
PARM Code 50050 Y 3 7 8 WorkSite No. INF-1	Permit:	0.012 (An.Avg.)	为分裂 清清	MGD	rio nain		MEN OF			::5;Daye/Wook:	Pump logs
Tow	Sample Measurement	.005	0.004	MGD						5 Days/Week	Pump logs
ARM Code 50050 G Morisius Not INR-13-545		Report (Mo.Avg.)	Report (3-Mo.Avg.)	MQD		(3.33.33)		for an in	4-24	5 Days/Wook	Pump logs
3OD, Carbonaceous 5 day, 20C	Sample Measurement					147		mg/L	0	Monthly	Grab
ATM COME BOOK G	3.73		TAR STY	àri.		Report (Mo.Avg.)		mg/L	THE REAL PROPERTY.	Monthly	Grad P
olids, Total Suspended	Sample Measurement					22		mg/L	0	Monthly	Grab
ABLIC COLORS NO. 10 TATE		215 A A A A	355 V.			Report (Mo.Avg.)	194 A 1	mg/L-		Monthly	Gmb s

### 70

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail	this report to: Department of Environmental Protession No.	d and a second	MONITORING REPO	RT - PART A	
PERMITTEE NAME:	this report to: Department of Environmental Protection, Nor	meast District, 7825 Baymeadows Way, Suite B200, Jr	Jacksonville, FL, 32256-7590		
MAILING ADDRESS:	6960 Professional Parkway East, Suite 40	PERMIT NUMBER FLAO	.011715	REPORT:	Annually
	Sarasota, FL 34240 Silver Lake Oaks Mobile Home Park WWTF Lake Shore Drive	CLASS SIZE: N/A MONITORING GROUP NUMBER: R-001		GROUP:	Domestic
COUNTY:	Palatka, FL 32177 Putnam	NO DISCHARGE FROM SITE:		February 28, 2010	

COUNTY: Putnai	n		MONTOR	ing Period From: February 1, 2010 To	Febru	ary 2	8, 2010	
Parameter		Quantity or Loading	Units	0.11				
Nitrogen, Nitrate, Total (as N)	Sample		Oints	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
DADIA COLONO COLO	Measurement Permit			MNR	mg/L	LM.	Annually	Grab
	Requirement and a	Il attachments were prepared under my		12	mg/L		Annually	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ant penarties for submitting false information, including the possibility of fine and imprisonred SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Paul Thompson, Lead Operator	TOTAL OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attactus	nonts hero):	352-787-0980 108/03/23

## DAILY SAMPLE RESULTS - PART B Facility: Silver Lake Oaks Mobile Home Park WWTF

Permit Number: Monitoring Period FLA011715

From: February 1, 2010 To: February 28, 2010

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Pecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon, Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055 EFA-1	00530 EFA-1	80082 DNF-1	00530 INF-1
1	0.0190		2.2	7.5	And the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of t				
2	0.0050		2.2	7.5					
3	0.0050		2.2	7.5	<2.0	<2.0	<5.0	147	22.0
4	0.0050		2.2	7.5					
5	0.0080		2.2	7.5					
6	0.0000			1.5					
7									
8	0.0180		2.2	7.2	<u> </u>			<del> </del>	
9	0.0049		2.2	7.3					
10	0.0090		2.2	7.3					
11	0.0025		2.2	7.3	1			1	
12	0.0041		2.2	7.2					
13									
14									
15	0.0230		2.2	7.4					
16	0.0050		2.2	7.4				1	
17	0.0060		2.2	7.5					
18	0.0050		2.2	7.5					
19	0.0047		2.2	7.5					
20									
21									
22	0.0140		2.2	7.3					
23	0.0050		2.2	7.3					
24	0.0050		2.2	7.4					
25	0.0060		2.2	7.4					
26	0.0050		2.2	7.4					
27									
28									
29									
30									
31								1	
Total	0.159		. 1						
Mo. Avg.	0.005	1				T			

PLANT STAFFING:						
Day Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring
Evening Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	A	Certificate No:	4894	Name:	Paul Thompson

Version December 27, 2005

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

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40

PERMIT NUMBER LIMIT:

REPORT: GROUP:

Monthly

FACILITY:

Sarasota, FL 34240 Silver Lake Oaks Mobile Home Park WWTF

CLASS SIZE:

Final N/A

FLA011715

Domestic

LOCATION: COUNTY:

Lake Shore Drive Palatka, FL 32177

Putnam

MONITORING GROUP NUMBER: R-001 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: March 1, 2010

March 31, 2010

Parameter		Quantity or Loading	Units	Qı	Units	No.	Frequency of Analysis	Sample Type		
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg'l.		5 Days/Wook	Grab
рН	Sample Measurement			7.0		7.4	8.11.	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	8.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.2		#/100mL	0	Monthly	Gnab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					2.0	##100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100miL		Monthly	Grab
Solids, Total Suspended	Sample Measurement					5.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement					10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3		mg/L	0	Monthly	Grab
ARM Code 80082 Y  Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/04/15

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: March 1, 2010

PERMIT NUMBER: FLA011715

To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentr	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Aon. Site No. EFA-I	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, TMADF/Permitted Capacity) x 00	Sample Measurement				58%		%		Monthly	Calculated
ARM Code 00180 P Aon. Site No. CAL-1	Permit Requirement				Report		%		Monthly	Calculated
low	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
ARM Code 50050 Y fon. Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
low	Sample Measurement	0.007	.005	MGD					5 Days/Week	Pump logs
ARM Code 50050 G Ion.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
OD, Carbonaceous 5 day, 20C	Sample Measurement				158		mg/L		Monthly	Grab
ARM Code 80082 G Ion, Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				94		rag/L		Monthly	Grab
ARM Code 00530 G Ion.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

When Completed mail t	his report to: Department of Environmental Protection, North	east District, 7825 Baymeadows Way, Suite	B200, Jacksonville, FL, 32256	-7590	
PERMITTEE NAME:	Aqua Utilities Florida, Inc.	PERMIT NUMBER	FLA011715	REPORT:	Annually
MAILING ADDRESS:	6960 Professional Parkway East, Suite 40	LIMIT:	Final	GROUP:	Domestic
	Sarasota, FL 34240	CLASS SIZE:	N/A		
FACILITY:	Silver Lake Oaks Mobile Home Park WWTF	MONITORING GROUP NUMBER	: R-001		
LOCATION:	Lake Shore Drive	NO DISCHARGE FROM SITE:	7		
	Palatka, FL 32177	MONITORING PERIOD From	March 1 2010	To: March 31 2010	

Parameter		Quantity or Loading	Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample					mg/L		Annually	Grab
	Measurement				MNR	1	1		
PARM Code 00620 A	Permit				12	mg/L		Annually	Grab
Mon.Site No. EFA-1	Requirement				(Max.)	1	1		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATI	REO	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	YY/MM/	(DD)
Paul Thompson, Lead Operator		D		352-787-0980	10	104/	15

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

74

COUNTY:

#### DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011715

From: March 1, 2010 To: March 31, 2010

Facility:

Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055 EFA-1	00530 EFA-1	80082 INF-1	00530 INF-1
1	0.012		2.2	7.4					
2	0,005		2.2	7.4					
3	0.004		2.2	7.4					
4	0.005		2.2	7.4					
5	0.006		2.2	7.4					
6									
7									
8	0.012		2.2	7.4	<2.0	2.0	<5.0	158	94
9	0.004		2.2	7.4					
10	0.003		2.2	7.4					
11	0.007		2.2	7.4					
12	0.003		2.2	7.4					
13									
14									
15	0.021		2.2	7.4					
16	0.010		2.2	7.3				1	
17	0.004		2.2	7.3					
18	0.005		2.2	7.3					
19	0.011		2.2	7.3					
20									
21									
22	0.016		2.2	7.3					
23	0.009		2.2	7.3					
24	0.010		2.2	7.4					
25	0.007		1.3	7.1					
26	0.011		1.2	7.0					
27									
28									
29	0.031		2.2	7.3					
30	0.012		2.2	7.3				1	
31	0.005		2.2	7.4					
Total	0.213								
Mo. Avg.	0.007								

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Everuing Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	A	Certificate No:	4894	Name:	Paul Thompson

Version December 27, 2005

REPORT:

GROUP:

Monthly

Domestic

When Completed shall this report to: Department of Environmental Protection, Northesst District, 7825 Baymendows Way, Suite B200, Jacksonville, FL 32256-7590

Track Completed was	uns report to: Department of Entra	Committee 1 (Contract 1 to the sate District 1025 Daylines 0 72 143), Out	L Desv, Menson III, I L	32230 1070
PERMITTEE NAME:	Aque Utilities Florida, Inc.	PERMIT NUMBER	FLA011715	

MAILING ADDRESS: 6960 Professional Parkway East, Suite 40 LIMIT: Final Sarasota, FL 34240 CLASS SIZE: N/A

FACILITY: Silver Lake Oaks Mobile Home Park WWTF MONTTORING GROUP NUMBER: R-001 LOCATION: Lake Shore Drive NO DISCHARGE FROM SITE:

Palatha, FL 32177 MONTTORING FERIOD From: April 1, 2010 To: April 30, 2010

COUNTY: Putnam

Parameter		Quantity of	or Loading	Units	Qua	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chloriste (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Wook	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement	*			0.5 (Min.)			mg/L		5 Days/Week	Gmb
pH	Semple Measurement				7.1		7.4	8.U.	0	5 Days/Wook	Grab
PARM Code 00400 A. Mon.Sife No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	#DL		5 Days/Wook	Gnab
Coliform, Fecal	Sample Measurement					1.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y MonSite No. EFA-1	Permit Requirement					200 (An.Avg.)		#100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement		Acres Company	3,75	(# 5	1000	800 ([Mex.)	#/100mL	, r. z.	Monthly	Crab
Solids, Total Suspended	Sample Measurement						5.0	mg/L	0	Monthly	Grab
PARM Code 00530 A. Mon Site No. EPA-1	Permit Requirement				84 1 V 1 V 1 V		10 . (Mss.)	my/L		Monthly	Gnib
3OD, Carbonaceous 5 day, 20C	Sample Measurement					3.2		myL	0	Monthly	Grab
ARM Code 80082 Y don. Sins No., EFA-1	Pennit Requirement				The second	20 - (An.Avg.)		my't.	i i i	Monthly	Grab

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

NAME/TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SKINATUR	EOF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (	CYMMINDE	D)
Paul Thompson, Lead Operator		1		352-787-0980	10	05	18

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Silver Lake Oaks Mobile Home Park WWTF

PERMIT NUMBER: FLA011715

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.0	2.0	mg/l.	0	Monthly	Grab
PARM Code 80082 A. Mon. Site No. EFA-1	Permit Requirement					30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33%		%		Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD						5 Days/Week	Pump logs
PARM Code 50050 Y  Mon. Site No. INF-1	Permit Requirement	0.012 (An Avg.)		MGD		N. W.				5 Days/Week	Pump logs
Tow	Sample Measurement	0.004	0.005	MGD						5 Days/Week	Pump logs
PARM Code 50050 G  Mon. Sitte No. INP-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Wook	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement					287		mg/L	0	Monthly	Grab
ARM Code 80082 G fon Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
olids, Total Suspended	Sample Measurement					264		mg/L	0	Monthly	Grab
ARM Code 00530 G (og.Sike No. [NF-1	Permit Requirement					Report (Mo.Avg.)		ma/L	Ž	Monthly	Grab

MONITORING PERIOD From: April 1, 2010

To: April 30, 2010

When Completed mall th	his report to: Department of Environmental Protection, Northeast D	istrict, 7825 Beymeadows Way, Suite B	200, Jacksonville, FL, 32256-7590		
	Aqua Utilities Florida, Inc.	PERMIT NUMBER	FLA011715	REPORT:	Annually
MAILING ADDRESS:	6960 Professional Parkway East, Suite 40	LIMIT:	Final	GROUP:	Domestic
	Sarasota, FL 34240	CLASS SIZE:	N/A		
FACILITY:	Silver Lake Oaks Mobile Home Park WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Lake Shore Drive	NO DISCHARGE FROM SITE.	1		

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNR	mg/L		Annually	Grab
PARM Code 00620 A Mon, Site No. EFA-1	Permit Requirement						12 (Marx.)	mg/L		Aremally	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE (	P	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D	D)
Paul Thompson, Lead Operator				352-787-0980	10/05/	18

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

Palatka, FL 32177

Putnam

COUNTY:

78

## DAILY SAMPLE RESULTS - PART B Facility:

Pormit Number: Monitoring Period FLA011715

Silver Lake Oaks Mobile Home Park WWTF

From: April 1, 2010 To: April 30, 2010

	Flow (MGD)	% Capacity, (TMADF/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (s.u.)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100mL)	TSS (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon. Site	50050 INF-1	00180 CAL-1	50060 EFA-1	00400 EFA-1	80082 EFA-1	74055 EFA-1	00530 EFA-L	80082 INF-1	00530 DNF-1
l I	0.006	CADI	2.2	7.3	Lan-1	1271-1	LIAN		D11-1
2	0.006		2.2	7.3					
3	1								
4									
5	0.020		2,2	7.3					
6	0.004		2.2	7.3					
7	0.003		2,2	7.3					
8	0.004		2.2	7.3					
9	0.004		2.2	7.3					
10									
11									
12	0.012		2.2	7.4					
13	0.004		2,2	7.3					
14	0.003		2.2	7.4	<2.0	<1.0	<5.0	287	264
15	0.003		2.2	7.4					
16	0.005		2.2	7.4					
17									
18						<u> </u>			
19	0.010		2.2	7.4					
20	0.002		2.2	7.4					
21	0.006		2.5	7.1					
22	0.005		2.2	7.3				1	
23	0.004		2.2	7.3				-	
24									
25									
26	0.012		2.2	7.3					
27	0.003		2.2	7.4		-			
28	0.003		2.2	7.4	100000000000000000000000000000000000000				
29	0.003		2.2	7.4					
30	0.004		2.2	7.4					-
31			Managari Maria Maria					-	
Total	0.126		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	ggg/Solge: Acceptaggggig MANIS (Solgebooks					
Mo. Avg.	0.004		Market Street, San Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, St						

PLANT STAFFING: Day Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring
Everting Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

Version December 27, 2005



# Florida Department of Environmental Protection

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

teff Kottkamp
Lt. Governor

Michael W. Sole Secretary

October 21, 2008

Patrick Farris Aqua Utilities Florida, Inc 1100 Thomas Avenue Leesburg, FL 34748 pafarris@aquaamerica.com

RE: COMPLIANCE EVALUATION INSPECTION

Silver Lake Oaks MHP WWTF

Facility ID - FLA011715

Putnam County - DOMESTIC WASTE

Dear Mr. Farris:

On October 2, 2008, the Florida Department of Environmental Protection (Department), conducted a Compliance Evaluation Inspection at the referenced facility to determine compliance with wastewater requirements. Please review the attached inspection report.

The facility was rated out of compliance due to the following effluent violations:

Parameter	TSS	Nitrate	Fecal	Fecal
	(mg/L)	(mg/L)	#/100 mL	#/100 mL
	Single Sample	Monthly	Monthl	Annual
]	Max		у	Average
		Max.	Geomet	
l .		ļ	ric	
			Mean	
Permit	10	12	200	200
Limit _				
July 2008	-	_	-	1676.4
June 2008	-	-	_	1676.4
May 2008	-	-	-	1676.6
April 2008	<del>-</del>	-		1676.8
Mar. 2008	-	-		1676.8
Feb. 2008	<u> </u>	-	-	1680.0
Jan. 2008	-	-	-	1680.1

"More Protection, Less Process" www.dep.state.fl.us

Mr. Patrick Farris Silver Lakes Oaks WWTF October 21, 2008

Parameter	TSS	Nitrate	Fecal	Fecal
ļ l			{	
Dec. 2007	13.0	~	- [	1672.0
Nov. 2007	<b>-</b>	-		1671.9
Oct. 2007				1671.9
Sept. 2007	-	-		1671.3
Aug. 2007	11.6	-	TNTC	1671.3
July 2007	19.0	15.0	-	
June 2007	-	-	-	
May 2007	16.0	<b>-</b> .	-	
Mar. 2007	17			
Jan. 2007	11.0			

Please provide a written response to the following violations within twenty (20) days of receipt of this letter stating what actions have or will be done to eliminate these effluent violations. If you have any questions regarding this inspection please contact me at (904) 807-3338. Please extend my gratitude to Mr. Paul Thompson and David Haring for their assistance during the inspection.

Sincerely,

- Joseph Kindeto K.

Kathleen H. Gerard DW Compliance Coordinator

KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc.

Mr. Stanley Rieger, Public Service Commission, Tallahassee

#### FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

#### WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION @ = Optional Name and Physical Location of Facility WAFR ID: County Entry Date Silver Lake Oaks MHP WWTF FLA011715 Putnam October 2, 2008 Lake Shore Dr. **Exit Date** October 2, 2008 Palatka, FL 32177 Name(s) of Field Representatives(s) Title Phone David Haring Operator (386) 937-1091 Paul Thompson Senior Operator (386) 937-1143 Name and Address of Permittee or Designated Representative Phone @ Operator Certification # Mr. Patrick Farris Environmental (352) 435-4029 Compliance FAX: (352) 787-6333 Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, Florida 34748 @ Sample ID#: Samples Split (Y/N): Inspection Type E Samples Tuken(Y/N): N Industrial Were Photos Taken(Y/N): @ Log book Volume : X Domestic (I) Page FACILITY COMPLIANCE AREAS EVALUATED IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE: Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "\*\* SPIEMONITORINE PROGRAM SELECTIVITY OPERATIONS FIGURE TRUISTORAL 1C 1. • Permit NE 3. Laboratory IC 6. Facility Site Review 9. • Effluent Quality 1C 2. Compliance Schedules IC 4. Sampling IC 7. Flow Measurement IC 10. + Effluent Disposal 8. ♦ Operation & 1C IC ΝĒ 5 ◆ Records & Reports 11. Residuals/Sludge Maintenance NA 13. Other: 12. Groundwater NA Facility and/or Order Compliance In-Compliance N Out-Of-Compliance Significant-Out-Of-Compliance Recommended Actions: See attached Field Notes Name(s) and Signature(s) of Inspector(s) District Office/Phone Number Date NED/(904) 807-3338 10/21/08 Kathleen Gerard @ Signature of Reviewer District Office/Phone Number NED/(904) 807-3305 10/21/08 Tom Kallemeyn Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI) Transaction Code Inspection Type (Field 1): A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \::ASI, =:ANI Inspection Code (Field 2): S:State, J:Joint EPA/State-EPA Lead, T:Joint State/EPA-State Lead, L:Local Program Facility Type (Field 3): 4: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal Every other field is self explanatory

#### **INSPECTION FINDINGS**

Facility Name: Silver Lake Oaks MHP WWTF

Facility ID: FLA011715 Inspection Type: CEI Date: October 2, 2008

#### **FACILITY BACKGROUND:**

Address: Silver Lake Oaks MHP WWTF, Lake Shore Drive, Palatka, Florida 32177 Putnam County

Permit Information: Wastewater permit issued on January 6, 2005 and expires on January 5, 2011.

Treatment Summary:

This facility is permitted as a 0.012 million gallons per day (MGD) annual average daily flow (AADF) permitted capacity extended aeration wastewater treatment facility (WWTF) consisting of one influent lift station, two aeration tanks (6,000 gallons each), one aerobic digester (1.800 gallons), one clarifier (3,300 gallons), one chlorine contact chamber (700 gallons), one sand filter (12 square feet), and one effluent pump station. The residuals are transported to American Pipe & Tank RMFs, or a DEP-permitted residuals management facility (RMF) or a DEP-permitted WWTF for further treatment and final disposal. Reclaimed water is discharged to an absorption field system (R-001). R-001 consists of an absorption field system located approximately at latitude 29° 37' 27" N, longitude 81° 42' 47" W.

Permitted Capacity: 0.012 MGD

1. Permit: IN COMPLIANCE

1.1 Observation: A copy of the permit was on-site and available to plant personnel.

2. Compliance Schedules:

2.1 Observation: All items stated in the compliance schedule of the permit have already been met.

3. Laboratory: NOT EVALUATED

3.1 Observation: No observations were recorded.

4. Sampling: IN COMPLIANCE

- 4.1 Observation: Calibrations were performed correctly.
- 4.2 Observation: Sample collection is being performed in accordance with DEP-SOP-001/01
- 4.3 Observation: Safe and dry access to influent and effluent sampling points are provided.
- 5. Records and Reports: IN COMPLIANCE
  - 5.1 Observation: General A copy of the current laboratory certification was available at the facility.

(62-620.350(1) F.A.C.).

- 5.2 Observation: General Operators' certification was available at the facility.
- 5.3 Observation: General The certified operator's daily logbook was complete.
- 5.4 Observation: General The records were well organized and were available at the facility.

Calibrations records are kept with the instruments. The operator brought the calibrations records for review.

These records were satisfactory.

The Operation and Maintenance Manual is kept at the facility.

- 6. Facility Site Review: IN COMPLIANCE
  - 6.1 Observation: General The facility grounds were secured properly.
  - 6.2 Observation: General The facility grounds were clean and well maintained.

- 6.3 Observation: Backflow Prevention A reduced pressure zone backflow prevention device was in place on the potable water supply line. The RPZ backflow prevention device was checked on November 11, 2007.
- 6.4 <u>Observation</u>: Backflow Prevention The reduced pressure zone backflow prevention device was free from leaks and necessary repair.
- 6.5 Observation: AerationBasins/Act. Sludge The contents in the aeration chambers appeared to be adequately mixed.
- 6.6 <u>Observation</u>: AerationBasins/Act.Sludge The air line(s) to the aeration basin was free from leaks at the time of the inspection.
- 6.7 Observation: AerationBasins/Act.Sludge The time clocks for the aeration system control were operational at the time of the inspection.
- 6.8 Observation: AerationBasins/Act.Sludge No problems or deficiencies noted.
- 6.9 Observation: Blowers/Motors The blowers were operational at the time of the inspection.
- 6.10 Observation: Blowers/Motors The secondary blower motor was operational.
- 6.11 Observation: Blowers/Motors The time clocks on the blowers were set properly.
- 6.12 Observation: Blowers/Motors The blowers were equipped with belt guards.
- 6.13 Observation: Clarifiers The clarifier weirs appear to be level.
- 6.14 Observation: Clarifiers The skimmer appeared to be functioning properly.
- 6.15 Observation: Clarifiers The clarifier had good settling and clear effluent,
- 6.16 Observation: Clarifiers No problems or deficiencies noted.

Additional Comments: Very good settling. The unit was clean and the effluent from the unit was clear.

- 6.20 Observation: Disinfection The chlorine contact chamber was providing a minimum contact time of 15 minutes.
- 6.21 Observation: Disinfection No problems or deficiencies noted.

Additional Comments: Liquid chlorine solution used for disinfection.

#### 7. Flow Measurement: IN COMPLIANCE

7.2 Observation: The copy of the flow calibration report is current and satisfactory.

The elapse timer meter on the lift station pumps was checked on November 8, 2007.

#### 8. Operation and Maintenance: IN COMPLIANCE

- 8.1 Observation: General The facility was operated and maintained in accordance with the description in the Permit.
- 8.2 Observation: General A certified operator as required by Rule 62-602 and the Permit, was operating the WWTF.
- 8.3 Observation: General The facility maintains an adequate spare parts inventory.
- 8.4 Observation: General No problems or deficiencies were observed.

Additional Comments: Very good operation and maintenance. David Haring is the operator at the facility. Paul Thompson fills in for him.

The facility is serviced five times a week.

#### 9. Effluent Quality: OUT OF COMPLIANCE

9.1 <u>Observation</u>: A review of the Discharge Monitoring Reports revealed the following exceedances that, with the exception of fecal coliform annual averages, primarily occurred during 2007.

Additional Comments:

The facility was rated out of compliance due to the following effluent violations:

Parameter	TSS	Nitrate	Fecal	Fecal
	(mg/L)	(mg/L)	#/100 mL	#/100 mL
	Single Sample Max	Monthly Max.	Monthly Geometric Mean	Annual Average
Permit Limit	10	12	200	200
July 2008	-	-	-	1676.4
June 2008	•	-	-	1676.4
May 2008	-	-	-	1676.6
April 2008	-	-	-	1676.8
Mar. 2008	-	-		1676.8
Feb. 2008	-		-	1680.0
Jan. 2008	-		•	1680.1
Dec. 2007	13.0	*	-	1672.0
Nov. 2007	-	-		1671.9
Oct. 2007	-	-	<b>-</b>	1671.9
Sept. 2007	-	-	-	1671.3
Aug. 2007	11.6		TNTC	1671.3
July 2007	19.0	15.0	-	· · · · · · · · · · · · · · · · · · ·
June 2007		-	-	
May 2007	16.0	-	<u> </u>	
Mar. 2007	17		-	
Jan. 2007	11.0			<del>-</del>

#### 10. Effluent Disposal: IN COMPLIANCE

- 10.1 Observation: General The facility was discharging at the time of the inspection.
- 10.2 Observation: General The effluent was free from visible sheen at the time of the inspection.
- 10.3 Observation: General The effluent was free from excessive turbidity.
- 10.4 Observation: General The effluent was free from excessive foam.
- 10.5 Observation: General No problems or deficiencies were observed.

The absorption field (composed of two sections) was fenced, moved and clean. No mounding or leachate was observed.

#### 1.1. Residuals/Sludge: NOT EVALUATED

11.1 Observation: Solids are hauled by American Pipe and Tank Company for treatment and final disposal. The hauling records were available at the facility. I will send Paul Thompson an example of a sludge manifest where all data from both the facility and land treatment and spreading site will be recorded on one sheet.

Residuals are hauled every four to six weeks.

#### 12. Groundwater Quality: NOT APPLICABLE

12.1 Observation: No observations were recorded.

#### 13. Other: NOT APPLICABLE

13.1 Observation: No observations were recorded.



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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

February 6, 2009

Kathleen Gerard **DW** Compliance Coordinator FDEP Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, FL 32256-7590

RE: Reply to Compliance Evaluation Inspection

Silver Lake Oaks MHP WWTF Facility ID No. FLA011715 Putnam County

Dear Ms. Gerard:

Thank you for your inspection on October 2, 2008. The Total Suspended Solids (TSS) exceedances noted in your inspection for 2007 were due to inadequate air delivery to the Mixed Liquor Suspended Solids (MLSS). During 2007, our operation staff worked diligently monitoring the processes at the plant to achieve compliance. Their efforts gave us very good results for every sample in 2008. Most recently, we have replaced the diffusers in the aeration tanks which will increase the air supply to the MLSS and will help our operations stay in compliance at this facility.

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

Sincerely,

Patrick A. Farris

**Environmental Compliance Specialist** 

Aqua Utilities Florida, Inc.

Patrick Farris

cc: Paul Thompson, via e-mail

> Harry Householder, via e-mail Michael Pickel, via e-mail