

# **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.**

DOCUMENT NUMBER: 0471

07303 SEP-10

FPSC-COMMISSIONER

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** May, 2008

## A. Public Water System (PWS) Information

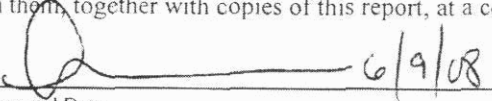
PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

## Water Treatment Plant Information

Plant Name:	Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive			City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code:
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

 6/9/08  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: May, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	3,100		1.0								0.6	
2	X	24.0	6,300		1.0								0.6	
3		24.0	4,367											
4		24.0	4,367											
5	X	24.0	4,367		0.9								0.4	
6	X	24.0	5,300		0.7								0.3	
7	X	24.0	4,100		1.4								1.4	
8	X	24.0	6,700		0.6								1.0	
9	X	24.0	2,800		1.0								0.7	
10		24.0	4,800											
11		24.0	4,800											
12	X	24.0	4,800		0.6								0.6	
13	X	24.0	6,100		0.4								1.1	
14	X	24.0	3,000		1.1								0.8	
15	X	24.0	4,300		1.2								0.8	
16	X	24.0	5,800		1.3								0.8	
17		24.0	4,000											
18		24.0	4,000											
19	X	24.0	4,000		1.2								0.7	
20	X	24.0	4,600		1.2								0.7	
21	X	24.0	3,700		1.2								0.8	
22	X	24.0	6,000		1.1								0.7	
23	X	24.0	3,500		1.2								0.7	
24		24.0	4,333											
25		24.0	4,333											
26	X	24.0	4,333		1.2								0.8	
27	X	24.0	4,300		1.3								0.7	
28	X	24.0	5,000		1.2								0.7	
29	X	24.0	3,300		1.2								0.7	
30	X	24.0	7,500		1.2								0.8	
31		24.0	4,000											
Total			141,900											
Average			4,577											
Maximum			7,500											

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** June, 2008

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

## 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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):			
IV		D			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date 07/08/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: June, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>		
1		24.0	6,000											
2	X	24.0	6,000		1.2								0.8	
3	X	24.0	4,400		1.1								0.9	
4	X	24.0	5,000		1.3								1.1	
5	X	24.0	7,100		1.2								0.9	
6	X	24.0	3,700		1.2								0.8	
7		24.0	4,000											
8		24.0	4,000											
9	X	24.0	4,000		0.5								0.5	
10	X	24.0	8,000		0.6								0.3	
11	X	24.0	3,500		0.7								0.4	
12	X	24.0	5,400		0.6								0.3	
13	X	24.0	9,400		0.6								0.3	
14		24.0	4,100											
15		24.0	4,100											
16	X	24.0	4,100		0.8								0.5	
17	X	24.0	4,400		0.7								0.4	
18	X	24.0	3,200		0.7								0.3	
19	X	24.0	4,200		0.6								0.3	
20	X	24.0	4,500		0.8								0.4	
21		24.0	3,833											
22		24.0	3,833											
23	X	24.0	3,833		0.7								0.3	
24	X	24.0	4,000		0.7								0.3	
25	X	24.0	4,400		0.7								0.4	
26	X	24.0	3,500		0.6								0.3	
27	X	24.0	4,000		0.7								0.4	
28		24.0	4,533											
29		24.0	4,533											
30	X	24.0	4,533		0.7								0.4	
31		24.0												
Total			140,100											
Average			4,519											
Maximum			9,400											

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



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

July, 2008

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com						

Plant Name:	Silver Lake Oaks		Plant Telephone Number:	(352) 787-0980	
Plant Address:	7017 Silver Lake Drive		City:	Palatka	State: Florida
Type of Water Treatment by Plant:		<input checked="checked" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			100,800		
Plant Category (per subsection 62-699.310(4), F.A.C.):			IV		
Plant Class (per subsection 62-699.310(4), F.A.C.):			D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

Signature and Date

8/7/08

Paul Thompson

Printed or Typed Name \_\_\_\_\_

A7251

License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: July, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	3,000		0.7								0.4	
2	X	24.0	4,000		0.6								0.3	
3	X	24.0	4,200		1.1								0.6	
4	X	24.0	2,900		1.1								0.7	
5		24.0	5,000											
6		24.0	5,000											
7	X	24.0	5,000		0.5								0.3	
8	X	24.0	6,000		0.8								0.5	
9	X	24.0	4,100		0.7								0.4	
10	X	24.0	4,500		0.7								0.4	
11	X	24.0	3,200		0.8								0.4	
12		24.0	4,733											
13		24.0	4,733											
14	X	24.0	4,733		0.7								0.4	
15	X	24.0	7,200		0.7								0.4	
16	X	24.0	3,600		0.7								0.3	
17	X	24.0	4,000		0.9								0.5	
18	X	24.0	3,400		0.8								0.3	
19		24.0	4,800											
20		24.0	4,800											
21	X	24.0	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	X	24.0	4,200		0.9								0.5	
26		24.0	3,367											
27		24.0	3,367											
28	X	24.0	3,367		1.0								0.5	
29	X	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	
Total			131,100											
Average			4,229											
Maximum			7,200											

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

<b>I. General Information for the Month/Year of:</b>	August, 2008
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PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com						

[illegible]

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

Signature and Date 09/08/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: August, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	1,300		0.9								0.5		
2		24.0	3,433												
3		24.0	3,433												
4	X	24.0	3,433		0.9								0.5		
5	X	24.0	4,100		0.8								0.4		
6	X	24.0	4,500		0.9								0.5		
7	X	24.0	3,100		1.0								0.5		
8	X	24.0	3,100		0.9								0.5		
9		24.0	5,033												
10		24.0	5,033												
11	X	24.0	5,033		0.8								0.4		
12	X	24.0	3,400		1.2								0.6		
13	X	24.0	3,300		1.1								0.5		
14	X	24.0	3,800		0.8								0.4		
15	X	24.0	3,400		0.9								0.4		
16		24.0	4,000												
17		24.0	4,000												
18	X	24.0	4,000		1.0								0.5		
19	X	24.0	2,600		1.0								0.5		
20	X	24.0	4,400		1.0								0.4		
21	X	24.0	4,800		1.0								0.4		
22	X	24.0	4,000		1.0								0.4		
23		24.0	6,667												
24		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								0.4		
28	X	24.0	4,300		1.6								1.2		
29	X	24.0	2,000		1.5								1.2		
30		24.0	3,700												
31		24.0	3,700												
Total			122,300												
Average			3,945												
Maximum			6,667												

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** September, 2008

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

## 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date: 10/08/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: September, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	3,700		1.1								0.5		
2	X	24.0	6,300		1.3								0.6		
3	X	24.0	4,000		1.4								1.0	Outage - Tank Cleaning and Inspection	
4	X	24.0	2,600		1.4								0.9		
5	X	24.0	5,500		0.8								0.4		
6		24.0	5,200												
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		
11	X	24.0	3,100		1.5								0.6		
12	X	24.0	4,400		1.5								0.6		
13		24.0	4,400												
14		24.0	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	X	24.0	3,300		1.4								0.8		
19	X	24.0	5,100		1.4								0.8		
20		24.0	5,167												
21		24.0	5,167												
22	X	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	X	24.0	5,000		1.2								0.7		
27		24.0	3,833												
28		24.0	3,833												
29	X	24.0	3,833		1.2								0.6		
30	X	24.0	4,200		1.1								0.6		
31		24.0													
Total			130,200												
Average			4,200												
Maximum			6,500												

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

<b>I. General Information for the Month/Year of:</b>	October, 2008
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PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 94	
PWS Owner: Aqua Utilities Florida			
Contact Person: Edward Pellenz		Contact Person's Title: Manager of Operations	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: eipellenz@aquaaamerica.com			

Plant Name:	Silver Lake Oaks	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	City: Palatka	State: Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	Zip Code: 32177

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800
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Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	D
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[illegible]

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

Signature and Date lc 1/6/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: October, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	6,600		1.2								0.7	
2	X	24.0	2,900		1.2								0.8	
3	X	24.0	4,600		1.2								0.7	
4		24.0	4,033											
5		24.0	4,033											
6	X	24.0	4,033		1.2								0.7	
7	X	24.0	6,400		1.2								0.6	
8	X	24.0	1,800		0.9								0.3	
9	X	24.0	4,000		0.9								0.4	
10	X	24.0	4,100		0.9								0.4	
11		24.0	4,667											
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	X	24.0	5,000		0.8								0.4	
16	X	24.0	4,500		0.8								0.3	
17	X	24.0	9,000		0.9								0.4	
18		24.0	6,000											
19		24.0	6,000											
20	X	24.0	6,000		2.0								1.3	
21	X	24.0	2,000		1.6								1.0	
22	X	24.0	4,000		1.6								1.0	
23	X	24.0	4,000		1.5								0.9	
24	X	24.0	2,300		1.6								0.8	
25		24.0	3,033											
26		24.0	3,033											
27	X	24.0	3,033		1.3								0.9	
28	X	24.0	3,300		1.3								0.8	
29	X	24.0	2,400		1.3								0.8	
30	X	24.0	3,000		1.4								0.8	
31	X	24.0	3,000		1.4								1.0	
Total			128,500											
Average			4,145											
Maximum			9,000											

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



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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** November, 2008

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact 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			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	eipellenz@aquaamerica.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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

## II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 12/5/08

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: November, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	3,000											
2		24.0	3,000											
3	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								1.4	
7	X	24.0	2,100		1.8								1.3	
8		24.0	2,667											
9		24.0	2,667											
10	X	24.0	2,667		1.8								1.4	
11	X	24.0	2,300		1.6								1.3	
12	X	24.0	2,700		1.3								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											
17	X	24.0	5,067		1.3								0.8	
18	X	24.0	3,200		1.4								0.8	
19	X	24.0	2,000		1.6								0.9	
20	X	24.0	7,400		1.2								0.7	
21	X	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		24.0	3,000											
27	X	24.0	3,000		1.2								0.7	
28	X	24.0	2,100		1.2								0.7	
29		24.0	2,500											
30		24.0	2,500											
31		24.0												
Total			96,600											
Average			3,116											
Maximum			7,400											

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

**See Pages 4 for Instructions.**

## December, 2008

PWS Name:	Silver Lake Oaks				PWS Identification Number:	2544258	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	46				Total Population Served at End of Month:	94	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Edward Pellenz				Contact Person's Title:	Manager of Operations	
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980				Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	eipellenz@aquaaamerica.com						

[illegible]

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.

01/08/09

Printed or Typed Name \_\_\_\_\_

License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: December, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	2,500		1.2								0.6	
2	X	24.0	2,300		1.2								0.6	
3	X	24.0	2,000		0.7								0.4	
4	X	24.0	2,100		0.4								0.2	
5		24.0	2,300											
6	X	24.0	2,300		1.4								0.5	
7		24.0	2,200											
8	X	24.0	2,200		1.4								1.1	
9	X	24.0	4,000		1.0								0.4	
10	X	24.0	3,000		1.0								0.4	
11	X	24.0	4,000		1.4								1.0	
12	X	24.0	6,400		0.9								0.5	
13		24.0	2,100											
14		24.0	2,100											
15	X	24.0	2,100		0.9								0.5	
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	
20		24.0	2,900											
21		24.0	2,900											
22	X	24.0	2,900		0.9								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											
28		24.0	3,033											
29	X	24.0	3,033		1.0								0.6	
30	X	24.0	3,000		1.0								0.7	
31	X	24.0	3,000		1.0								0.6	
Total			93,700											
Average			3,023											
Maximum			6,400											

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

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

PWS ID: 2544258 Plant Name: Silver Lake Oaks

## IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2008

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

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

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

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

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

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

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

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



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



See Pages 4 for Instructions.

## I. General Information for the Month/Year of:

January, 2009

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

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Manager of Operations
Contact Person:	Edward Pellenz	Contact Person's Mailing Address:	PO Box 490310
Contact Person's Telephone Number:	(352) 787-0980	City:	Leesburg
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com	State:	Florida
		Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

### Water Treatment Plant Information

Plant Name:	Silver Lake Oaks	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800	Zip Code:	32177
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

## II. Certification by Lead/Chief Operator

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

Signature and Date: 02/04/09

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: January, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	3,300		0.9								0.6		
2	X	24.0	3,300		0.9								0.5		
3		24.0	3,333												
4		24.0	3,333												
5	X	24.0	3,333		0.7								0.4		
6	X	24.0	3,000		0.7								0.4		
7	X	24.0	2,300		0.8								0.4		
8	X	24.0	3,000		0.8								0.5		
9	X	24.0	2,100		0.6								0.4		
10		24.0	2,467												
11		24.0	2,467												
12	X	24.0	2,467		0.9								0.6		
13	X	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	X	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		
20	X	24.0	5,000		1.0								0.8		
21	X	24.0	2,400		1.1								0.8		
22	X	24.0	4,500		1.0								0.7		
23	X	24.0	2,400		1.2								0.8		
24		24.0	3,333												
25		24.0	3,333												
26	X	24.0	3,333		1.0								0.5		
27	X	24.0	3,500		1.2								0.7		
28	X	24.0	3,000		1.3								0.9		
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												
Total			99,200												
Average			3,200												
Maximum			5,000												

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** February, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): D

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

## II. Certification by Lead/Chief Operator

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

Signature and Date: 3/9/09

Paul Thompson

Printed or Typed Name

A7251

License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: February, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	3,200											
2	X	24.0	3,200		1.4								0.9	
3	X	24.0	3,300		1.4								1.0	
4	X	24.0	4,000		1.1								1.0	
5	X	24.0	4,000		1.2								0.4	
6	X	24.0	4,100		1.2								0.9	
7		24.0	4,233											
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	6,000		1.0								0.6	
12	X	24.0	3,600		0.9								0.6	
13	X	24.0	2,000		0.9								0.5	
14		24.0	5,733											
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	
19	X	24.0	3,500		0.9								0.4	
20	X	24.0	4,900		0.9								0.4	
21		24.0	4,133											
22		24.0	4,133											
23	X	24.0	4,133		1.0								0.5	
24	X	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	
27	X	24.0	3,400		0.8								0.5	
28		24.0	4,667											
29		24.0												
30		24.0												
31		24.0												
Total			122,567											
Average			3,954											
Maximum			7,000											

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** March, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Field Coordinator
Contact Person:	Paul Thompson	Contact Person's Mailing Address:	PO Box 490310
Contact Person's Telephone Number:	(352) 787-0980	City:	Leesburg
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com	State:	Florida
		Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

## B. Water Treatment Plant Information

Plant Name:	Silver Lake Oaks	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800	Zip Code:	32177
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

## II. Certification by Lead/Chief Operator

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

Paul Thompson 4/8/09  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: March, 2009

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	4,667											
2	X	24.0	4,667		0.8							0.4		
3	X	24.0	6,000		0.8							0.5		
4	X	24.0	4,800		0.9							0.5		
5	X	24.0	5,600		0.8							0.5		
6	X	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		
10	X	24.0	8,800		1.0							0.7		
11	X	24.0	4,000		0.7							0.4		
12	X	24.0	4,200		0.8							0.5		
13	X	24.0	6,400		0.8							0.5		
14		24.0	4,233											
15		24.0	4,233											
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		
19	X	24.0	3,600		0.8							0.4		
20	X	24.0	4,700		0.8							0.5		
21		24.0	4,467											
22		24.0	4,467											
23	X	24.0	4,467		0.8							0.4		
24	X	24.0	4,300		0.7							0.3		
25	X	24.0	3,600		0.8							0.4		
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											
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		
Total			153,234											
Average			4,943											
Maximum			8,800											

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

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

April, 2009

PWS Name: Silver Lake Oaks			PWS Identification Number: 2544258		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 46			Total Population Served at End of Month: 94		
PWS Owner: Aqua Utilities Florida					
Contact Person: Paul Thompson			Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com					

Plant Name: Silver Lake Oaks		Plant Telephone Number: (352) 787-0980	
Plant Address: 7017 Silver Lake Drive		City: Palatka	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,800			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527

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

Signature and Date 5/6/09

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: April, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>			
1	X	24.0	5,000		0.7								0.4		
2	X	24.0	3,900		0.6								0.4		
3	X	24.0	4,400		0.7								0.4		
4		24.0	4,667												
5		24.0	4,667												
6	X	24.0	4,667		0.6								0.4		
7	X	24.0	3,000		0.5								0.3		
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		
15	X	24.0	2,800		0.6								0.3		
16	X	24.0	4,300		0.4								0.2		
17	X	24.0	2,200		0.7								0.3		
18		24.0	6,667												
		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	X	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													
Total			142,900												
Average			4,610												
Maximum			8,100												

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



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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** May, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800		

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
IV		D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527

## II Certification by Lead/Chief Operator

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

Signature and Date Paul Thompson 5/8/09

Printed or Typed Name Paul Thompson

License Number A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: May, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	4,400		1.0										
2		24.0	4,033												
3		24.0	4,033												
4	X	24.0	4,033		0.4								0.2		
5	X	24.0	5,100		1.2								0.8		
6	X	24.0	5,800		0.5								0.3		
7	X	24.0	3,000		0.3								0.3		
8	X	24.0	3,800		0.3								0.2		
9		24.0	4,100												
10		24.0	4,100												
11	X	24.0	4,100		0.3								0.2		
12	X	24.0	3,300		1.4								1.1		
13	X	24.0	4,000		0.3								0.2		
14	X	24.0	2,600		0.5								0.3		
15	X	24.0	4,000		0.5								0.4		
16		24.0	3,667												
17		24.0	3,667												
18		24.0	3,667		0.6								0.4		
19	X	24.0	3,000		0.6								0.4		
20	X	24.0	4,200		0.6								0.4		
21	X	24.0	5,000		0.7								0.4		
22	X	24.0	3,000		0.7								0.4		
23	X	24.0	4,333												
24		24.0	4,333												
25	X	24.0	4,333		0.7								0.4		
26	X	24.0	3,300		0.6								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												
31		24.0	5,000												
Total			123,600												
Average			3,987												
Maximum			5,800												

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



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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** June, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				

Plant Category (per subsection 62-699.310(4), F.A.C.):			Plant Class (per subsection 62-699.310(4), F.A.C.):		
IV			D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 7/8/09

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: June, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
	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	
11	X	24.0	3,400		0.5								0.2	
12	X	24.0	2,000		0.5								0.2	
13		24.0	4,333											
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											
21		24.0	4,667											
22	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		24.0	3,033											
29	X	24.0	3,033		0.6								0.3	
30	X	24.0	1,600		0.5								0.2	
31		24.0												

Total	107,100
Average	3,455
Maximum	5,200

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** July, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

## Water Treatment Plant Information

Plant Name:	Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive			City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				

Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date: 8/7/09

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: July, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
	X	24.0	3,400		0.5								0.2	
2	X	24.0	2,300		0.5								0.2	
3	X	24.0	2,500		0.8								0.4	
4		24.0	2,900											
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	
14	X	24.0	3,700		0.8								0.4	
15	X	24.0	4,100		1.6								0.9	
16	X	24.0	1,300		1.5								1.0	
17	X	24.0	4,600		1.7								1.2	
18		24.0	3,467											
19		24.0	3,467											
20	X	24.0	3,467		1.4								1.0	
21	X	24.0	4,100		0.7								0.4	
22	X	24.0	5,700		1.1								0.8	
23	X	24.0	3,000		0.6								0.3	
24	X	24.0	2,500		0.7								0.3	
25		24.0	2,800											
26		24.0	2,800											
27	X	24.0	2,800		1.1								0.8	
28	X	24.0	3,500		0.7								0.4	
29	X	24.0	3,100		0.8								0.6	
30	X	24.0	2,300		0.6								0.4	
31	X	24.0	4,300		0.7								0.4	
Total			99,900											
Average			3,223											
Maximum			5,700											

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



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

PWS Name: Silver Lake Oaks		PWS Identification Number: 2544258	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 94	
PWS Owner: Aqua Utilities Florida			
Contact Person: Paul Thompson	Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaaamerica.com			

[illegible]

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.

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: 1-20-2017

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
		24.0	4,367											
		24.0	4,367											
3	X	24.0	4,367		0.6								0.3	
4	X	24.0	2,000		0.6								0.4	
5	X	24.0	2,200		0.6								0.3	
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											
9		24.0	2,567											
10	X	24.0	2,567		0.6								0.3	
11	X	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											
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	X	24.0	3,400		0.7								0.3	
20	X	24.0	3,500		0.3								0.2	
21	X	24.0	2,300		0.5								0.3	
22		24.0	2,933											
23		24.0	2,933											
24	X	24.0	2,933		0.4								0.2	
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		0.5								0.2	
28	X	24.0	1,200		0.5								0.2	
29		24.0	3,000											
30		24.0	3,000											
31	X	24.0	3,000		0.8								0.5	
Total			88,900											
Average			2,868											
Maximum			4,367											

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



<b>I. General Information for the Month/Year of:</b>	September, 2009
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PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
				Zip Code:	34749		
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aguaamerica.com						

<b>Plant Name:</b>	Silver Lake Oaks	<b>Plant Telephone Number:</b>	(352) 787-0980
<b>Plant Address:</b>	7017 Silver Lake Drive	<b>City:</b>	Palatka
		<b>State:</b>	Florida
		<b>Zip Code:</b>	32177
<b>Type of Water Treatment by Plant:</b>	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
<b>Permitted Maximum Day Operating Capacity of Plant, gallons per day:</b>	100,800		
<b>Plant Category (per subsection 62-699.310(4), F.A.C.):</b>	IV		
<b>Licensed Operators</b>	Name	License Class	Day(s) / Shift(s) Worked
<b>Lead/Chief Operator:</b>	Paul Thompson	A	Days 1st Shift
<b>Other Operators:</b>	David Haring	C	Days 1st Shift
	Ralph Marriott	C	Days 1st Shift

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

Signature and Date 00/7/09

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: September, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of e Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>		
1	X	24.0	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	X	24.0	3,400		0.5								0.2	
12		24.0	2,500											
13		24.0	2,500											
14	X	24.0	2,500		0.8								0.5	
15	X	24.0	2,000		0.6								0.4	
16	X	24.0	3,700		0.5								0.3	
17	X	24.0	1,300		0.5								0.3	
18	X	24.0	2,100		0.5								0.3	
19		24.0	6,033											
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	X	24.0	3,100		0.7								0.4	
29	X	24.0	1,600		0.7								0.5	
30	X	24.0	2,500		0.7								0.4	
31		24.0												
Total			92,500											
Average			2,984											
Maximum			10,500											

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** October, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks	PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com		

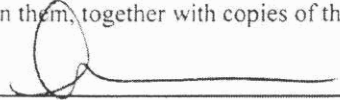
## B. Water Treatment Plant Information

Plant Name:	Silver Lake Oaks	Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive	City:	Palatka
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32177
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

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

## II. Certification by Lead/Chief Operator

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

 11/6/09  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number 2544258 Plant Name Silver Lake Oaks

III. Daily Data for the Month/Year of: October, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>		
1	X	24.0	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	
6	X	24.0	3,000		0.7								0.4	
7	X	24.0	2,100		0.7								0.5	
8	X	24.0	3,000		0.7								0.4	
9	X	24.0	4,100		0.6								0.3	
10		24.0	3,000											
11		24.0	3,000											
12	X	24.0	3,000		0.6								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											
18		24.0	3,000											
19	X	24.0	3,000		0.7								0.4	
20	X	24.0	1,600		0.7								0.4	
21	X	24.0	5,500		0.6								0.3	
22	X	24.0	4,000		0.5								0.2	
23	X	24.0	4,500		0.5								0.2	
24		24.0	3,067											
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		1.4								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											
Average			3,015											
Maximum			5,500											

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** November, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive			City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 12/8/09

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: November, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	5,250											
2	X	24.0	5,250		0.5								0.2	
3	X	24.0	10,600		1.4								1.0	
4	X	24.0	11,900		1.2								0.9	
5	X	24.0	23,000		1.4								0.9	
6	X	24.0	32,100		1.3								0.8	
7		24.0	3,000											
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	X	24.0	3,300		1.6								1.5	
12	X	24.0	3,300		1.2								1.0	
13	X	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								1.0	
17	X	24.0	3,000		0.4								0.2	
18	X	24.0	2,100		0.6								0.3	
19	X	24.0	3,000		0.6								0.3	
20	X	24.0	2,600		0.8								0.5	
21		24.0	5,533											
22		24.0	5,533											
23	X	24.0	5,533		1.1								0.8	
24	X	24.0	5,000		1.0								0.8	
25	X	24.0	2,000		1.0								0.7	
26	X	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	
31		24.0												
Total			166,000											
Average			5,355											
Maximum			32,100											

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



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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** December, 2009

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator	
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com					

## B. 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

## II. Certification by Lead/Chief Operator

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

Paul Thompson 1/7/10  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: December, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	5,500		0.8								0.5		
2	X	24.0	5,000		0.6								0.3		
3	X	24.0	1,800		0.6								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								0.3		
11	X	24.0	2,200		0.7								0.3		
12		24.0	1,467												
13		24.0	1,467												
14	X	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								1.0		
17	X	24.0	3,800		1.0								0.8		
18	X	24.0	2,200		1.2								0.8		
19		24.0	3,467												
20		24.0	3,467												
21	X	24.0	3,467		1.2								1.0		
22	X	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												
28	X	24.0	2,400		0.5								0.3		
29	X	24.0	3,000		0.6								0.4		
30	X	24.0	1,400		0.6								0.4		
31	X	24.0	2,100		0.7								0.4		
Total			95,200												
Average			3,071												
Maximum			7,600												

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** January, 2010

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Silver Lake Oaks			Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake Drive			City:	Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800			Zip Code	32177
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date 02/08/10

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

## III. Daily Data for the Month/Year of: January, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	2,000		1.2								1.0		
2		24.0	6,833												
3		24.0	6,833												
4	X	24.0	6,833		1.0								0.8		
5	X	24.0	3,000		1.1								0.8		
6	X	24.0	2,000		1.3								1.1		
7	X	24.0	1,800		1.0								0.8		
8	X	24.0	3,000		1.0								0.9		
9		24.0	3,167												
10		24.0	3,167												
11	X	24.0	3,167		1.5								1.3		
12	X	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												
23		24.0	3,333												
24		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		0.9								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												
31		24.0	5,700												
Total			105,800												
Average			3,413												
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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** February, 2010

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.com				

## B. 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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 3/9/10

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: February, 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	5,700		0.9								0.6	
2	X	24.0	2,600		0.9								0.7	
3	X	24.0	3,500		0.9								0.7	
4	X	24.0	3,100		0.9								0.7	
5	X	24.0	8,200		0.9								0.7	
6		24.0	3,667											
7		24.0	3,667											
8	X	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	X	24.0	2,200		1.0								0.5	
12	X	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	
16	X	24.0	3,100		0.8								0.5	
17	X	24.0	3,300		0.9								0.6	
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											
21		24.0	3,500											
22	X	24.0	3,500		0.8								0.6	
23	X	24.0	2,900		0.9								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		24.0												
30		24.0												
31		24.0												
Total			108,832											
Average			3,511											
Maximum			8,200											

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



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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** March, 2010

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

## B. 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Signature and Date Paul Thompson 4/8/10

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	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	
6		24.0	3,467												
7		24.0	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	X	24.0	6,300		0.7									0.4	
17	X	24.0	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												
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		24.0	3,300												
27		24.0	3,000												
28		24.0	4,000												
29		24.0	4,000		0.7									0.5	
30		24.0	4,000		0.7									0.5	
31		24.0	2,100		0.7									0.4	
Total			128,466												
Average			4,144												
Maximum			11,000												

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** April, 2010

## A. Public Water System (PWS) Information

PWS Name:	Silver Lake Oaks			PWS Identification Number:	2544258
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	94
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

## B. 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,800					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

## II. Certification by Lead/Chief Operator

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

Signature and Date: 5/7/10

Paul Thompson  
Printed or Typed Name

A7251  
License Number



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

PWS Identification Number: 2544258 Plant Name: Silver Lake Oaks

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	2,700		0.7								0.5	
2	X	24.0	2,800		0.7								0.4	
3		24.0	4,000											
4		24.0	4,000											
5	X	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								0.2	
9	X	24.0	3,600		0.6								0.4	
10	X	24.0	28,200		0.5								0.3	
11		24.0	5,000											
12	X	24.0	5,000		2.0								1.6	
13	X	24.0	3,400		1.6								1.4	
14	X	24.0	2,000		1.5								1.3	
15	X	24.0	4,000		1.5								1.3	
16	X	24.0	4,700		1.5								1.3	
17		24.0	3,000											
18		24.0	3,000											
19	X	24.0	3,000		0.8								0.6	
20	X	24.0	3,800		1.2								1.0	
21	X	24.0	5,400		0.6								0.2	
22	X	24.0	4,400		1.2								0.8	
23	X	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								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												
Total			132,600											
Average			4,277											
Maximum			28,200											

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



# HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (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  
Received: 2/25/09 12:19

[2134051]

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  
HBEL, 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  
Fort Pierce, FL 34946  
FDOH # E96080

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

Printed: 3/16/09



Page 1 of 6

# HBEL, Inc.

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

## 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)

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

### Quality Control Summary

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

<u>Analytical Issue</u>
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EPA 505

PEST5294

2134051001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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

Printed: 3/16/09



Page 2 of 6

# HBEL, Inc.

5600 U.S. 1 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 <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134051001					Sampled: 02/25/09 9:00		Received: 02/25/09 12:19			
Sample ID: P.O.E. Grab					Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE18677		02/25/09 14:27	PA	E83509
pH	Q	7.77	SU	0.200	EPA 150.1	WCGE30677		02/26/09 18:48	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Barium		0.010	mg/L	0.0018	EPA 200.7	META9260		03/7/09 13:47	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	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	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
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
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9256		03/5/09 18:42	DM	E96080
Thallium		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	JL	E96080
Nitrate as N		0.10	mg/L	0.0030	EPA 300.0	IC7965		02/26/09 14:22	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7965		02/26/09 14:22	JL	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 (Lindane)		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	JL	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	02/27/09 13:20	JL	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

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FDOH # E83509



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# HBEL, Inc.

5600 U.S. 1 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 <sup>1</sup>	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 U	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
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3051		03/6/09 17:04	WR	E96080
Trichloroethene		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
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2740	03/2/09 7:00	03/5/09 4:49	CG	E96080
Hexachlorocyclopentadiene		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	E84129
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 11:37	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE30673		02/26/09 14:30	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 15:06	GG	E96080

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# HBEL, Inc.

5600 U.S. 1 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 <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134051002					Sampled:	Received: 02/25/09 12:19				
Sample ID: VOC TRIP BLANK					Matrix: Water	Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
1,4-Dichlorobenzene		0.23 U	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 tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC3051		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-Dichloroethene		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		0.23 U	ug/L	0.23	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC3051		03/6/09 17:37	WR	E96080
trans-1,2-Dichloroethene		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		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.

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FDOH # E96080

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Sanford, FL 32771  
FDOH # E83509

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Chain-of-Custody  
and  
Agreement to Perform Services

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

Laboratory not responsible for omitted information  
\_\_\_\_ FDOH # E96080  
5600 U S 1 North  
Fort Pierce, FL 34946  
\_\_\_\_X\_\_\_\_ FDOH # E83509  
4155 St. Johns Pkwy. #1300  
Sanford, FL 32771



Company: AQUA UTILITIES FLORIDA, INC.

Method(s) of courier  
Shipment:

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

Client Contact: David Haring

Project Name: Silver Lake Triannual 1<sup>o</sup> & 2<sup>o</sup>

Sampled By: David Haring

e-mail: JDHaring@aquaaamerica.com

☒ Standard Laboratory  
Turn Around Time

Or

Rush in      Business Days  
Requires Laboratory Approval

Temperature		Custody Seals		pH	
Checked	Intact	Checked	Intact	Checked	Intact
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
PRESERVATIVE					
<input type="checkbox"/> N	<input type="checkbox"/> SH	<input type="checkbox"/> U	<input type="checkbox"/> U	<input type="checkbox"/> H	<input type="checkbox"/> N
ANALYSES REQUESTED					
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> F	<input type="checkbox"/> Q
1 <sup>o</sup> & 2 <sup>o</sup> METALS	CYANIDE	NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228

LAB # 2134057

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

LAB ID	COLLECTION DATE	TIME	Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	1 <sup>o</sup> & 2 <sup>o</sup> METALS	CYANIDE	NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228	COMMENTS
001	2-25-09	0900	G	DW	10	P.O.E.	1	1	1	1	3	3	Cl <sub>2</sub> 0.9 pH 7.7
002					3	VOC TRIP BLANKS					3		

Sample Type: G=Grab C=Composite

Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page	RELINQUISHED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME
6	<u>David Haring</u>	<u>2-25-09 10:00 AM</u>	<u>[Signature]</u>	<u>2-25-09 12:19</u>	<u>Shirley to Fisher</u>	<u>2-25-09 1600</u>
	<u>[Signature]</u>	<u>2-25-09 1000</u>	<u>[Signature]</u>	<u>2-25-09 1219</u>	<u>RECEIVED FOR HBEL CUSTODY BY</u>	<u>[Signature]</u>
					<u>DATE/TIME</u>	<u>2-26-09 1015</u>

CHAIN PAGE 1 of 2



Sampled By: David Haring

Rush in \_\_\_\_ Business Days  
Requires Laboratory Approval



ACCREDITED IN ACCORDANCE  
NELAP

Sanford, FL 32771

[illegible]

CHAIN PAGE 2 of 2

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

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

System Name: Silver Lake Oaks PWS I.D. #: 2544258

System Type (check one) ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 7017 Silver Lake Dr

City: Palm Bay State: FL ZIP Code: 32909

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

E-Mail Address: na

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

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

Sample Date: 02/25/09 Sample Time: 9:00 AM

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

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

Sample Type (Check Only One)

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

☐ Distribution

☒ Routine Compliance (with 62-550)

☐ Quarterly (Which Qtr? \_\_\_\_\_)

☒ Entry Point (to Distribution)

☐ Confirmation of MCL Exceedence\*

☐ Special (not for compliance with 62-550)

☐ Plant Tap not for compliance with 62-550)

☐ Composite of Multiple Sites\*\*

☐ Violation Resolution

☐ Raw (at well or intake)

☐ Clearance (permitting)

☐ Replacement (of Invalidated Sample)

☐ Max Residence Time

☐ Other: \_\_\_\_\_

☐ Ave Residence Time

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

☐ Near First Customer

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

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

Sampler's Name: David Hanning

Sampler's Phone #: 352-787-0980

Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

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

Paul Thompson for David Hanning  
Print Name

field coordinator  
Print Title

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

Signature: [Signature]

Date: 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 CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080  
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009  
Fort Pierce, FL 34946 Phone #: (772) 465-8584

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 2/25/09

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

Lab Assigned Report Number or Job ID: 2134051001

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

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

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Eric Charest Laboratory Manager  
(Print Name) (Print Title)

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

Signature  Date: 16-Mar-09

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

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

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

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

# HBEL, Inc.

5600 U.S. 1 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab 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
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:04	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	3/06/09 17:04	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:04	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	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-Trichloroethane	[5]	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	U	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, ?, \*, or unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

Printed: 3/16/09



# HBEL, Inc.

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (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
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	3/07/09 13:47	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	3/07/09 13:47	E96080
1004	Cyanide	[0.2]	mg/L	0.0083	I	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

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

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

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

Printed: 3/16/09



# HBEL, Inc.

10 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (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	I	EPA 200.7	0.0014	3/07/09 13:47	E96080
1025	Fluoride	[2]	mg/L	0.16		EPA 300.0	0.011	2/26/09 2/26/09	E96080
1028	Iron	[0.3]	mg/L	0.025	U	EPA 200.7	0.025	3/07/09 13:47	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	3/07/09 13:47	E96080
1030	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	I	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	pH	[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

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are not acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

Printed: 3/16/09





# HBEL, Inc.

5600 U.S. 1 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: 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

Contam ID	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
2039	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
2041	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	3/04/09	3/05/09 18:52	E96080
2041	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 505	0.13	0.2	2/27/09	2/27/09 13:20	E96080

Reporting Format 62-550.730

Effective 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).

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

5600 U.S. 1 North  
Fort Pierce, FL 34946  
DOH # E96080

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

Printed: 3/16/09



# HBEL, Inc.

5600 U.S. 1 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
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Reporting Format 62-550.730  
Effective 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).

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

5600 U.S. 1 North  
Fort Pierce, FL 34946  
DOH # E96080

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

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: 2134051

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date &amp; Time Collected</u>	<u>Date &amp; Time Received</u>
90034.01	2134051 001Q	02/25/09 09:00	02/27/09 08:55

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

FDOH Laboratory No. E84129  
NELAP Accredited

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

**SOUTHERN ANALYTICAL LABORATORIES, INC.**

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

neac

Harbor Branch Environmental Laboratory

2134051

Sample ID: 2134051 001Q

March 12, 2009

Sample No.: 90034.01

PWS ID:

**Radionuclides  
62-550.310(6)**

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.6		EPA 900.0	2.0	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

\* Combined Limit

\*\*\* 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.

## \* Qualifiers:

U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.



90034  
Subcontracting Form 001A  
REV 001  
Effective Date 12/05/2002

The samples are to be shipped by FEDEX to arrive on 2/3/09. TAT: STD

[illegible]

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

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

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

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

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

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

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

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

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

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

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

Sample Location (be specific): VOC TRIP BLANK

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

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

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

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

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

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

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

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

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

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

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

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

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

2909	1,4-Dichlorobenzene	[10]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:37	E96080
76	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	3/06/09 17:37	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/06/09 17:37	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	3/06/09 17:37	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	3/06/09 17:37	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:37	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/06/09 17:37	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	3/06/09 17:37	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	3/06/09 17:37	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	3/06/09 17:37	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/06/09 17:37	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	3/06/09 17:37	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	3/06/09 17:37	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	3/06/09 17:37	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/06/09 17:37	E96080

101 Satellite Ct  
LEESBURG, FL 34748  
(904) 787-2944  
Fax 1-804-787-3198

## LAB ID #

[illegible]

\* GW = Groundwater, SW = Surface Water, DW = Drinking Water, WW = Wastewater, SO = Solid/Soil, SL = Sludge, HW = Hazardous Waste, A = Air

(1) Relinquished By (Signature) <i>[Signature]</i>		Date/Time <i>3/3/09</i>		(2) Relinquished By (Signature)		Date/Time	
Name (Print) <i>John A. Worsell</i>		Company <i>ATF</i>		Name (Print)		Company	
(1) Received By (Signature)		Date/Time		(2) Received By (Signature)		Date/Time	
Name (Print)		Company		Name (Print)		Company	
LAB USE ONLY	Received for laboratory by (Signature)		Date/Time		Container/Seals intact Upon <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Laboratory Remarks				Shipped via		

**IMPORTANT: PLEASE FILL OUT THIS AREA !**

Turn-around time required OR Results Due by (date/time)

☐ Standard ☐ Verbal \_\_\_\_\_  
☐ Rush \_\_\_\_\_ ☐ Fax \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Hard Copy \_\_\_\_\_

**Special Instructions:**

Analysis not performed by  
Plant Technicians, Inc. will  
be sent to our Contract Lab.

PAGE 22 3/3/89 DOJ M-Inf

DRINKING WATER BACTERIOLOGICAL ANALYSIS COLLECTION  
AND LABORATORY REPORTING FORMAT

**Pace Analytical**  
8 East Tower Circle • Ormond Beach, FL 32174  
(386) 672-5666  
DHRS Certification E83079

Report Number: 3510154 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (please check all that apply)

- ☒ Standard Coliform Test  
☐ HPC  
☐ Other: \_\_\_\_\_

System Name: Silver Lake Oaks

PWS I.D. 2544258

System Address: 7017 Silver Lake Dr

City: Palatka

System or Owner's Phone #: 386-937-1091

Fax #: 386-9977

Collector: David Haring

Collector's Phone #: Stone

Type of Supply: (check only one)

- ☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other  
Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4-14-10

To be completed by collector or sample					To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9223B			
1	Well	09:35	R	/	/	Fecal or E. coli Analysis Method: SM9223B			
2	Lot 6	09:15	D	1.3	/	Non Coliform	Total Coliform	Fecal or E. coli	Lab Sample Number
3	Lot 26	09:25	D	1.5	/	A	A		3510154001
									↓ 2
									↓ 3

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

1.4

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table  
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_  
Person performing analysis is (Please see instructions on reverse):  
☒ A certified operator (# 874091) ☐ Employed by a certified lab  
☐ Supervised by a cert operator (# \_\_\_\_\_) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: \_\_\_\_\_  
Date State notified by lab of positive results: \_\_\_\_\_

Name and Mailing Address of Person to Receive Report  
Aqua Utilities  
1100 Thomas Ave  
Leesburg FL 34748

Lab Signature: Sam J. O...  
Title: Project Manager

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





# 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@aquaaamerica.com](mailto:jdharing@aquaaamerica.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](mailto:Ginny.Montoya@dep.state.fl.us) if you have any questions.

Sincerely,

Ginny Montoya  
Environmental Specialist I

BRR:GM:gm

cc: Mr. Paul Thompson, operator, [pdthompson@aquaaamerica.com](mailto:pdthompson@aquaaamerica.com)

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

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

Plant Name Silver Lake Oaks WTP County Putnam PWS ID # 2544258  
Plant Location 7017 Silver Lake Drive, Palatka, FL 32177 Phone 386-937-1091  
Owner Name Agua Utilities Inc., Paul Thompson Phone 386-937-1143  
Owner Address P.O. Box 490310, Leesburg, FL 34749  
Designated Rep. Paul Thompson Title Operator Phone 386-937-1143  
Facility Contact David Haring Title Operator Phone 386-937-1091  
This Survey Date 2/24/10 Last Survey Date 8/9/07 Last C.I. Date 10/30/08

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

**SERVICE AREA CHARACTERISTICS**

Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

**GENERAL INFORMATION**

Number of Service Connections 50\*  
Population Served 12\* Basis Mr. Haring  
Plant Design Capacity 188,893 gpd  
Basis Capacity Worksheet V.2.421  
Average Day (from MORs) 3,413 gpd  
Max. Day (from MORs) 6,833 gpd  
Total Storage Capacity 625 gallons  
Comments \* Average of 12 connection being used, but 50 possible connections exist

**LOCATION**

Latitude 29° 37' 23.46" North  
Longitude 81° 42' 53.15" West  
GPS: Yes Date: 9/07  
Directions Head North on Hwy 17 from SR 207. Cross the bridge and make a left on 9<sup>th</sup> St (Crill Ave/CR 20). Make a left on Hwy 19. Make a right on Silver Lake Drive. System is 1 mile on the left.

**OPERATION & MAINTENANCE**

Certified Operator: ☒ Yes ☐ No ☐ Not required  
Operator(s) & Certification Class-Number  
David Haring  
B-14091  
O&M Log: ☒ Yes ☐ No O&M Manual: ☐ Yes ☐ No  
Operator Visitation Frequency  
Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Hrs/wk: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 4 Actual 5  
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A  
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A  
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

**RAW WATER SOURCE**

☒ GROUND; Number of Wells 1  
☐ SURFACE/UDI; Source \_\_\_\_\_  
☐ PURCHASED from PWS ID # \_\_\_\_\_  
☐ Emergency Water Source \_\_\_\_\_  
Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

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

**TREATMENT PROCESSES IN USE**

Hypochlorination and aeration  
What additional treatment is needed?  
None  
For control of what deficiencies?  
N/A

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
Meter Size & Type 2" Master Meter  
Backflow Prevention Devices: ☒ Yes ☐ No  
Cross-connections N/A  
Cross-connection Control Program: ☒ Yes ☐ No  
Coliform Sampling Plan: ☒ Yes ☐ No  
Disinfection By-Product Plan: ☒ Yes ☐ No  
Lead & Copper Tap Sampling Plan: ☒ Yes ☐ No  
Comments L/C Plan needs to be revised

Flow - 196132(75) gal

**GROUND WATER SOURCE**

Well Number (PWS Identification)	2544258		
Well Name (System Identification)	1		
Year Drilled	Unk		
Depth Drilled	260'		
Latitude	29° 37' 23.4636" N		
Longitude	81° 42' 53.1502" W		
GPS (Y or N) / Date (if applicable)	Y/ 9/07		
Florida Well ID	AAC1924		
Static Water Level	Unk		
Actual Yield (if different than rated capacity)	Unk		
Strainer	Unk		
Length (outside 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		
SET BACKS	Septic Tank	Ok	
	Reuse Water	Ok	
	VW Plumbing	Ok	
	Other Sanitary Hazard	Ok	
PUMP	Type	Submersible	
	Manufacturer Name	Unk	
	Model Number	Unk	
	Rated Capacity (gpm)	~86	
	Motor Horsepower	5	
Well casing 12" above grade?	Yes		
Well Casing Sanitary Seal	Ok		
Raw Water Sampling Tap	Ok		
Above Ground Check Valve	Ok		
Fence/Housing	Ok		
Well Vent Protection	Ok		

**COMMENTS** Tag painted over

**CHLORINATION (Disinfection)**Type: Hypo-ChlorinationMake Stenner Capacity 10 gpdChlorine Feed Rate Set at 2Avg. Amount of Cl<sub>2</sub> gas used N/AChlorine Residuals: Plant 0.75 Remote 0.45Remote tap location Last connection in MHPDPD Test Kit: ☐ On-site ☒ With operator  
☐ None ☐ Not Used DailyInjection Points Prior to hydro tankBooster Pump Info N/A

Comments \_\_\_\_\_

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

**AERATION (Gases, Fe, & Mn Removal)**Type Cascade Capacity 6,000Aerator Condition GoodBloodworm Presence NoVisible Algae Growth NoProtective Screen Condition GoodComments Aerator cleaned annually; Cleaned in August 2009**STORAGE FACILITIES**(B) Bladder (CW) Clearwell (C) Contact (E) Elevated  
(G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	A	G	H
Capacity (gal)	6,000	6,000	1,250
Material	Concrete	Concrete	Steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	N/A	Yes
Sight Glass or Level Indicator	L.I.	No	S.G.
Fittings for Sight Glass	N/A	N/A	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	None	None	PRV
On/Off Pressure	N/A	N/A	45/55
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	N/A	Unk	N/A
Height to Max. Water Level	N/A	Unk	N/A
Last Inspection Date (for tanks with access manholes)	N/A	Unk	Unk

Comments Hydro tank to be replaced per operator**HIGH SERVICE PUMPS**

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Peerless	Goulds	
Model	C610A	3656	
Capacity (gpm)	~129	~129	
Motor HP	5	5	
Date Installed	Unk	Unk	
Maintenance	Minor rust	Good	

Comments \_\_\_\_\_

Pumps are covered with box.

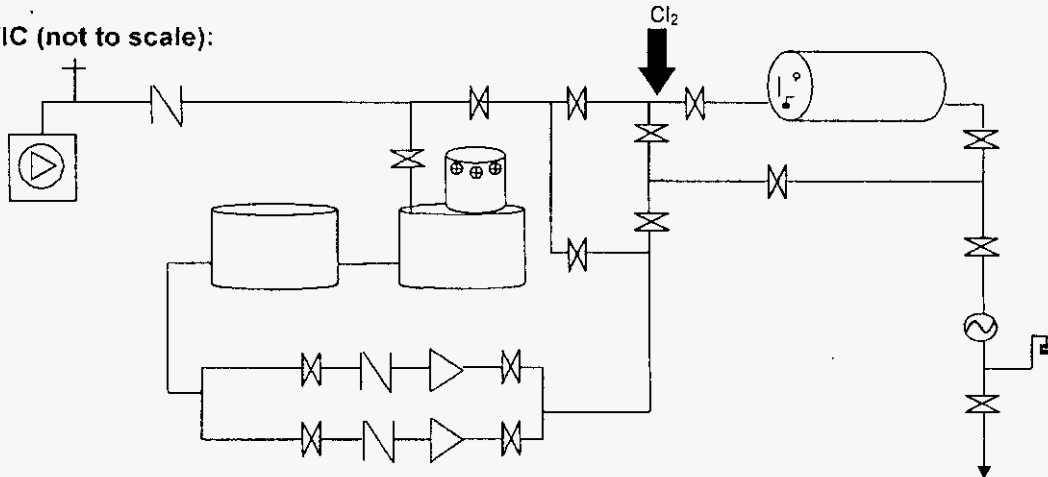


### COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

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). <b>Only report the quarterly averages of the monthly readings.</b>
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 <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent) <b>2 quarterly samples required if &gt;3,300 people served.</b>
Radionuclides	2009	2018	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2009	2012	<b>Samples taken from pre-approved sample plan sites.</b>
Asbestos	Waiver	Waiver	<b>Samples taken from distribution.</b> Waiver available if there is no asbestos pipe in the distribution system.

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

#### SCHEMATIC (not to scale):



#### Schematic Legend

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

Silver Lake Oaks WTP

PWS ID # 2544258

Survey Date 2/24/10

MONITORING VIOLATIONS	MCL VIOLATIONS
Missed 2008 DBPs sampling	None

**DEFICIENCIES:**

1) Minor rust on HSP #1

2) Minor cracks in both ground storage tanks

Inspector \_\_\_\_\_

Ginny Montoya

Title Environmental Specialist I Date 3/2/10

Date 3/2/10

Approved by

Blanca R. Pedriguez

Title Engineer Specialist IV Date 3/2/10

Date 3/2/10

Blanca R. Rodriguez



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

T: 352.787.0980  
F: 352.787.6333  
[www.aquautilitiesflorida.com](http://www.aquautilitiesflorida.com)

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 [PAFarris@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick A. Farris", is written over a horizontal line.

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

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**  
Aqua Utilities Florida, Inc.

**PERMIT NUMBER:** FLA011715  
**PA FILE NUMBER:** FLA011715-004-DW3P  
**ISSUANCE DATE:** January 6, 2006  
**EXPIRATION DATE:** January 5, 2011

**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.



FACILITY: 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

- 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:

Parameter	Units	Max/ Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Residual Chlorine (For Disinfection)	mg/L	Min	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.4
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100mL	Max	See Permit Condition I.A.3.				Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Max	-	-	-	10.0	Monthly	Grab	EFA-1	
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

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

PERMIT NUMBER: FLA011715  
EXPIRATION DATE: January 5, 2011

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 (NO<sub>3</sub>+NO<sub>2</sub>-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]

FACILITY: 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:

Parameter	Units	Max/ Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
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	

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

PERMIT NUMBER: FLA011715  
EXPIRATION DATE: January 5, 2011

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	28 <sup>th</sup> day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR 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.

FACILITY: Silver Lake Oaks MHP WWTF  
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*[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)3 & 4]*
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:



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**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
5. 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]
6. 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

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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

1. 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;

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- 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]

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### 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)]*

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



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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)]

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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:

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- 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.

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- 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;
    - 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.

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- 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



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- 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*

Vincent A. Seibold, P.E.  
Water Facilities Administrator

DATE: January 6, 2006

**FILING AND ACKNOWLEDGEMENT**  
FILED on this date, pursuant to §120.52, Florida  
Statutes, with the designated Department Clerk,  
receipt of which is hereby acknowledged.  
*[Signature]*  
Clerk

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE:

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
 LOCATION: Lake Shore Drive  
 Palatka, Florida

MONITORING GROUP NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIID  
 NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 05/01/2008 To: 05/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration				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

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

08/06/19

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

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	Quality or Concentration			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				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
pH	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 Min			mg/L		5 Days/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year May-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 42%

	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
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	
3	0.004								
4	0.004								
5	0.004					7.1		2.2	
6	0.005					7.1		0.8	
7	0.004	270	100	3.3	<1.0	7.1	<1.0	5.4	
8	0.007					7.1		5.0	
9	0.002					7.1		5.2	
10	0.004								
11	0.004								
12	0.005					7.2		3.5	
13	0.006					7.2		3.2	
14	0.003					7.2		4.0	
15	0.006					7.2		3.5	
16	0.006					7.2		3.2	
17	0.004								
18	0.004								
19	0.004					7.2		1.5	
20	0.005					7.2		3.0	
21	0.003					7.2		2.2	
22	0.006					7.2		4.0	
23	0.004					7.2		3.4	
24	0.003								
25	0.004								
26	0.004					7.2		0.5	
27	0.004					7.2		3.5	
28	0.005					7.2		3.8	
29	0.004					7.2		3.4	
30	0.008					7.2		3.5	
31	0.003								

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

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

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

PERMIT NUMBER:

FLA011715

LIMIT:

Final

CLASS SIZE:

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
 LOCATION: Lake Shore Drive  
 Palatka, Florida

MONITORING GROUP NUMBER:

R-001

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

[ ]

COUNTY: Putnam

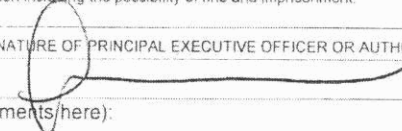
MONITORING PERIOD

From:

06/01/2008 To: 06/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration				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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/07/24

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<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		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	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			10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement	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

Month / Year June-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 39%

	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
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								
9	0.004					7.2		4.0	
10	0.005					7.2		3.8	
11	0.004					7.2		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		2.2	
20	0.004					7.2		2.0	
21	0.003								
22	0.004								
23	0.004					7.2		1.6	
24	0.004					7.2		2.0	
25	0.005					7.3		2.0	
26	0.004					7.3		1.8	
27	0.004					7.3		2.0	
28	0.003								
29	0.003								
30	0.004					7.3		2.2	
31									

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida

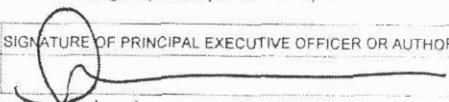
MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: ILLD  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 07/01/2008 To: 07/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration			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				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.

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	08/08/26
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):			

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 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			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
pH	Sample Measurement		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				<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		0.8			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

Month / Year July-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 39%

	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
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.005					7.3		2.2	
2	0.005					7.3		2.2	
3	0.006					7.3		2.5	
4	0.002					7.3		2.2	
5	0.004								
6	0.004								
7	0.005					7.3		2.4	
8	0.006					7.3		2.5	
9	0.003	169	110	2.1	1.00	7.6	<1.0	5.0	
10	0.005					7.4		2.2	
11	0.004					7.4		2.2	
12	0.004								
13	0.004								
14	0.005					7.4		2.8	
15	0.008					7.5		2.5	
16	0.004					7.5		2.0	
17	0.005					7.4		2.2	
18	0.004					7.4		3.0	
19	0.005								
20	0.005								
21	0.006					7.4		2.0	
22	0.003					7.4		2.2	
23	0.004					7.4		0.8	
24	0.005					7.4		2.2	
25	0.004					7.4		2.2	
26	0.004								
27	0.004								
28	0.004					7.4		2.2	
29	0.007					7.4		2.8	
30	0.004					7.4		2.2	
31	0.004					7.3		2.4	

**PLANT STAFFING:**

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida

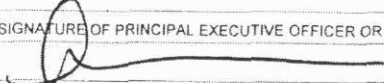
MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: I11D  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 08/01/2008 To: 08/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration	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	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report Mo. Avg.		Monthly	Grab
Solids, Total Suspended	Sample Measurement			82	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report Mo. Avg.		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	08/09/25

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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				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				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
pH	Sample Measurement			7.1		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					1.1	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			1.0			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

PermitNumber: FLA011715

Month / Year August-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 39%

	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
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.003					7.3		2.2	
2	0.004								
3	0.004								
4	0.005					7.3		2.2	
5	0.005					7.3		2.2	
6	0.005					7.3		2.2	
7	0.004					7.3		2.2	
8	0.005					7.3		2.2	
9	0.005								
10	0.005								
11	0.005					7.3		2.2	
12	0.004					7.3		2.2	
13	0.004					7.3		2.2	
14	0.004					7.1		2.2+	
15	0.004					7.1		2.2+	
16	0.004								
17	0.004								
18	0.005					7.1		2.2+	
19	0.004					7.1		3.2	
20	0.005	230	82	<2.0	<1.0	7.3	1.1	1.0	
21	0.006					7.3		2.0	
22	0.006					7.3		2.4	
23	0.009								
24	0.009								
25	0.009					7.2		2.2	
26	0.006					7.3		2.5	
27	0.005					7.3		2.8	
28	0.007					7.3		1.8	
29	0.003					7.3		2.2	
30	0.005								
31	0.005								

**PLANT STAFFING:**

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida


MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 09/01/2008 To: 09/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration			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			150		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	08/10/23

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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	<1.0	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				9.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<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
pH	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					1.1	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			2.2			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/Week	Grab



# DAILY SAMPLE RESULTS - PART 3

PermitNumber: -FLA011715

Month / Year September-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 42%

	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
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.006					7.3		2.8	
2	0.008					7.3		3.8	
3	0.005					7.3		3.2	
4	0.003					7.3		3.0	
5	0.006					7.3		3.5	
6	0.006								
7	0.006								
8	0.006					7.3		3.2	
9	0.003					7.4		2.4	
10	0.004					7.4		2.8	
11	0.003					7.4		2.2	
12	0.006					7.4		2.2	
13	0.004								
14	0.005								
15	0.005					7.4		3.0	
16	0.005					7.4		2.8	
17	0.005	270	150	<2.0	<1.0	7.4	1.1	4.0	
18	0.003					7.4		3.0	
19	0.005					7.4		3.2	
20	0.005								
21	0.006								
22	0.006					7.4		3.0	
23	0.005					7.4		2.8	
24	0.007					7.4		2.5	
25	0.003					7.4		2.8	
26	0.006					7.4		3.0	
27	0.004								
28	0.004								
29	0.004					7.4		3.4	
30	0.004					7.4		2.8	
31									

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida


MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 10/01/2008 To: 10/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration			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				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.

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	08/11/20

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
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				20.0 (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				9.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	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 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/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-08

Three-month Average Daily Flow: 0.005  
(TMSDF/Permitted Capacity)x100: 39%

	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		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.007					7.4		3.5			
2	0.003					7.8		4.0			
3	0.004					7.7		4.0			
4	0.004										
5	0.004										
6	0.004					7.5		4.0			
7	0.007					7.5		4.0			
8	0.002	290	110	<2.0	<1.0	7.5	2.4	5.0			
9	0.004					7.5		3.0			
10	0.004					7.5		2.2			
11	0.005										
12	0.005										
13	0.004					7.4		2.2			
14	0.003					7.5		2.2			
15	0.005					7.5		2.5			
16	0.004					7.5		2.4			
17	0.004					7.5		2.5			
18	0.005										
19	0.005										
20	0.004					7.5		2.2			
21	0.002					7.5		2.8			
22	0.004					7.4		2.5			
23	0.003					7.4		2.8			
24	0.003					7.4		2.2			
25	0.003										
26	0.004										
27	0.003					7.4		1.2			
28	0.003					7.4		2.8			
29	0.003					7.4		3.2			
30	0.003					7.2		4.0			
31	0.003					7.2		3.2			

**PLANT STAFFING:**

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No: ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida

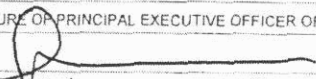
MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 11/01/2008 To: 11/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration	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	0.003	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	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report Mo. Avg.		Monthly	Grab
Solids, Total Suspended	Sample Measurement			180	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report Mo. Avg.		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	08/12/22

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
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				20.0 (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				9.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	Grab
pH	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					<1.0	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			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

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year November-08

Three-month Average Daily Flow: 0.004  
(TMSDF/Permitted Capacity)x100: 33%

	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
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1	0.003								
2	0.003								
3	0.003					7.2		2.5	
4	0.004					7.3		2.5	
5	0.004	260 V	180	2.0 U V	1U	7.3	1U	3.5	
6	0.004					7.3		3.5	
7	0.003					7.3		3.0	
8	0.003								
9	0.002								
10	0.002					7.3		3.2	
11	0.002					7.3		3.8	
12	0.003					7.3		2.2	
13	0.003					7.3		2.2	
14	0.004					7.3		2.2	
15	0.002								
16	0.003								
17	0.003					7.3		3.4	
18	0.006					7.3		3.2	
19	0.001					7.3		3.8	
20	0.005					7.3		3.1	
21	0.004					7.3		3.5	
22	0.003					7.3		2.0	
23	0.004								
24	0.004					7.3		3.5	
25	0.002					7.3		4.5	
26	0.003								
27	0.004					7.3		4.0	
28	0.003					7.3		3.2	
29	0.003								
30	0.003								
31									

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida


MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 12/01/2008 To: 12/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration				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	0.003		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					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

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 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				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
pH	Sample Measurement			7.3		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					<1.0	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

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year December-08

Three-month Average Daily Flow: 0.003  
(TMSDF/Permitted Capacity)x100: 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, 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		3.0	
2	0.003					7.3		3.2	
3	0.003					7.3		2.5	
4	0.002					7.3		3.8	
5	0.002								
6	0.003					7.3		2.5	
7	0.003								
8	0.003					7.3		2.8	
9	0.005					7.3		1.8	
10	0.003	230	140	<2.0	1.00	7.3	<1.0	2.2	
11	0.004					7.3		2.6	
12	0.005					7.3		2.8	
13	0.003								
14	0.003								
15	0.004					7.3		3.4	
16	0.005					7.3		3.0	
17	0.002					7.3		3.5	
18	0.003					7.3		3.0	
19	0.004					7.3		2.2	
20	0.003								
21	0.003								
22	0.002					7.3		3.4	
23	0.005					7.3		2.8	
24	0.004					7.3		3.5	
25	0.005					7.3		2.8	
26	0.003					7.3		3.4	
27	0.003								
28	0.003								
29	0.003					7.3		3.2	
30	0.003					7.3		3.0	
31	0.003					7.3		3.5	

**PLANT STAFFING:**

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida


MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 01/01/2009 To: 01/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration				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	0.004		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				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 penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/02/26

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			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
pH	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				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		5 Days/Week	Grab

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 NE 17th Road  
 Ocala, FL 34470

PERMIT NUMBER:  
 LIMIT:  
 CLASS SIZE:

FLA011715  
 Final

REPORT: Annual  
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
 LOCATION: Lake Shore Drive  
 Palatka, Florida

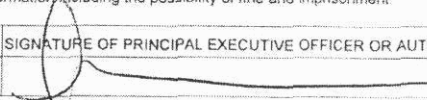
MONITORING GROUP NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIID  
 NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 01/01/2009 To: 01/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead operator		386-937-1143	09/02/20

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

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year January-09

Three-month Average Daily Flow: 0.003  
(TMSDF/Permitted Capacity)x100: 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, 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		2.8			
2	0.004					7.4		3.2			
3	0.003										
4	0.004										
5	0.004					7.4		3.5			
6	0.003					7.4		3.8			
7	0.002					7.4		3.2			
8	0.007					7.4		2.8			
9	0.005					7.3		3.2			
10	0.002										
11	0.003										
12	0.003					7.4		0.5			
13	0.005					7.4		2.5			
14	0.003	200	73	2.3V		7.4	1.9	4.5	1.7		
15	0.005				<1.0	7.4		4.0			
16	0.005					7.4		2.2			
17	0.004										
18	0.005										
19	0.005					7.4		3.8			
20	0.006					7.4		3.5			
21	0.003					7.4		4.5			
22	0.005					7.5		4.0			
23	0.005					7.5		4.2			
24	0.004										
25	0.005										
26	0.005					7.4		3.5			
27	0.006					7.4		3.0			
28	0.006					7.4		3.2			
29	0.006					7.4		3.8			
30	0.006					7.2		3.5			
31	0.005										

**PLANT STAFFING:**

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE:

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida

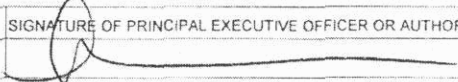
MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 02/01/2009 To: 02/28/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/03/26
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):			



# DISCHARGE MONITORING REPORT - PART A (Continued)

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	Quality or Concentration			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				3.0	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
pH	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					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

# DAILY SAMPLE RESULTS - PART 9

PermitNumber: FLA011715

Month / Year February-09

Three-month Average Daily Flow: 0.004  
(TMSDF/Permitted Capacity)x100: 33%

	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		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.005										
2	0.006					7.3		3.8			
3	0.006					7.3		3.4			
4	0.004	660	1,100	3.0	<1.0	7.4	1.9	4.0			
5	0.005					7.4		3.5			
6	0.005					7.4		2.8			
7	0.005										
8	0.005										
9	0.006					7.4		2.8			
10	0.007					7.4		2.4			
11	0.005					7.5		2.2			
12	0.006					7.5		2.0			
13	0.003					7.5		2.4			
14	0.006										
15	0.006										
16	0.007					7.2		3.0			
17	0.005					7.2		3.5			
18	0.005					7.2		3.5			
19	0.005					7.2		3.2			
20	0.005					7.2		3.8			
21	0.004										
22	0.005										
23	0.005					7.2		3.0			
24	0.005					7.2		2.5			
25	0.005					7.2		2.8			
26	0.005					7.2		3.4			
27	0.005					7.2		2.0			
28	0.005										
29											
30											
31											

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:  
LIMIT:  
CLASS SIZE:

FLA011715  
Final

REPORT: Monthly  
GROUP: Domestic

FACILITY: Silver Lake Oaks MHP  
LOCATION: Lake Shore Drive  
Palatka, Florida

MONITORING GROUP NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIID  
NO DISCHARGE FROM SITE: [ ]

COUNTY: Putnam

MONITORING PERIOD From: 03/01/2009 To: 03/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	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	0.004	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		250 mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		Report Mo. Avg. mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		160 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

09/04/27

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

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 Concentration			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		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 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
pH	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			3.2	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	2.2			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/Week	Grab

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year		March-09					Three-month Average Daily Flow: (TMSDF/Permitted Capacity)x100:				0.004 36%
	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		
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										
16	0.004					7.4		3.0			
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										
22	0.004										
23	0.004					7.3		3.4			
24	0.004					7.4		3.8			
25	0.004					7.3		4.0			
26	0.005					7.3		3.2			
27	0.004					7.3		3.5			
28	0.004										
29	0.005					7.3		3.5			
30	0.005					7.3		3.5			
31	0.003										

## PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

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



# 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.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

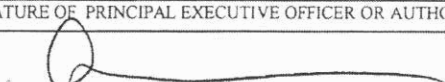
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: 4/1/09

REPORT: Monthly  
 GROUP: Domestic

To: 4/30/09

Parameter		Quantity or Loading	Units	Quality or Concentration	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
pH	Sample Measurement			7.2	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	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			2.2	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			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	09/05/21

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: 4/1/09

PERMIT NUMBER: FLA011715  
To 4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2	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				380		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				270		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

# 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.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

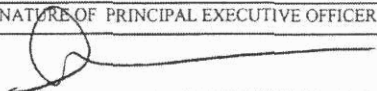
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: 4/1/09

REPORT: Annually  
 GROUP: Domestic

To: 4/30/09

Parameter		Quantity or Loading	Units	Quality or Concentration	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-1	Permit Requirement			MNR 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	09/05/21

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011715

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

Facility: Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMAF/ 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
1	.005		2.8	7.3					
2	.005		3.2	7.3					
3	.004		2.5	7.3					
4	.004								
5	.004								
6	.005		2.0	7.3					
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.									

## PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lea erator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

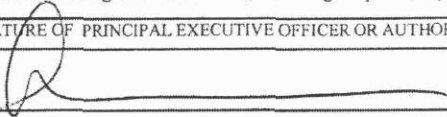
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: May 1, 2009

REPORT: Monthly  
GROUP: Domestic

To: May 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. 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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
pH	Sample Measurement			7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			0.6	#/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			1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		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 or Loading		Units	Quality or Concentration		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				Report (Mo.Avg.)		mg/L		Monthly	Grab



# 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.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: May 1, 2009

REPORT: Annually  
GROUP: Domestic

To: May 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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-1	Permit Requirement				MNR 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):

# DAILY SAMPLE RESULTS - PART B

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
1	0.000								
2	0.000								
3	0.000								
4	0.012		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					
27	0.005		3.5	7.3					
28	0.006		3.0	7.3					
29	0.005		3.4	7.3					
30									
31									
Total									
Mo. Avg.									

## PLANT STAFFING:

Day Shift Operator

Class: B

Certificate No: 12476

Name: David Haring

Evening Shift Operator

Class: C

Certificate No: 9320

Name: Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Operator

Class: A

Certificate No: 4894

Name: Paul Thompson

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

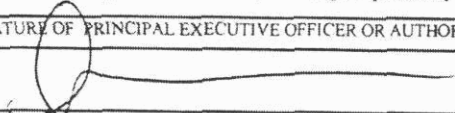
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: June 1, 2009

REPORT: Monthly  
 GROUP: Domestic

To: June 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.3	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			0.7	#/100mL	0	Monthly	Grab
Coliform, Fecal	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			1.0	#/100mL	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement			2.6	mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
PARM Code 80082 Y								
Mon.Site No. EFA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/07/22

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 or Loading		Units	Quality or Concentration		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	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				42%		%	0	Monthly	Calculated
PARM Code 00180 P	Permit Requirement				Report		%		Monthly	Calculated
Mon.Site No. CAL-1										
Flow	Sample Measurement	0.004		MGD				0	5 Days/Week	Pump logs
PARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Mon.Site No. INF-1										
Flow	Sample Measurement	0.005	0.0043	MGD				0	5 Days/Week	Pump logs
PARM Code 50050 G	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
Mon.Site No. INF-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				86		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement				59		mg/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Mon.Site No. INF-1										

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: June 1, 2009

REPORT: Annually  
GROUP: Domestic

To: June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			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-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):

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011715  
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-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.022		3.2	7.3					
2	0.005		2.5	7.3					
3	0.005		2.2	7.4					
4	0.005		2.0	7.4					
5	0.004		2.5	7.4					
6	0.000								
7	0.000								
8	0.014		3.4	7.4					
9	0.005		2.2	7.4	3.0	<1.0	1.8	86	59
10	0.006		1.6	7.4					
11	0.004		2.0	7.4					
12	0.002		2.8	7.4					
13	0.000								
14	0.000								
15	0.018		0.8	7.4					
16	0.005		2.2	7.4					
17	0.008		2.8	7.4					
18	0.004		2.2	7.4					
19	0.007		2.2	7.4					
20	0.000								
21	0.000								
22	0.019		2.8	7.3					
23	0.005		2.0	7.3					
24	0.004		2.6	7.3					
25	0.005		3.2	7.3					
26	0.005		2.8	7.3					
27	0.000								
28	0.000								
29	0.015		3.4	7.3					
30	0.002		3.8	7.3					
31									
Total	0.169								
Mo. Avg.	0.005								

## ANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

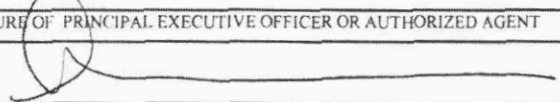
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: July 1, 2009

REPORT: Monthly  
GROUP: Domestic

To: July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
pH	Sample Measurement			7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			0.7	#/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			1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/08/26

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 Concentration		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	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				33%		%		Monthly	Calculated
PARM Code 00180 P	Permit Requirement				Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.004	.004	MGD					5 Days/Week	Pump logs
PARM Code 50050 G	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				240		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

# 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.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

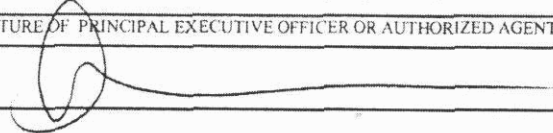
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: July 1, 2009

REPORT: Annually  
 GROUP: Domestic

To: July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620 A	Permit Requirement			MNR 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	09/08/26

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

# DAILY SAMPLE RESULTS - PART B

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-1	INF-1
1	0.005		3.2	7.3					
2	0.004		2.5	7.3					
3	0.005		3.0	7.3					
4									
5									
6	0.004		2.0	7.3					
7	0.005		3.4	7.3					
8	0.004		3.0	7.3	<2.0	<1.0	1.0	240	120
9	0.002		3.8	7.3					
10	0.004		3.2	7.3					
11									
12									
13	0.014		2.5	7.3					
14	0.005		3.2	7.3					
15	0.005		2.8	7.3					
16	0.002		3.0	7.3					
17	0.005		2.4	7.3					
18									
19									
20	0.012		3.2	7.3					
21	0.004		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					
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: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
ight Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
ad Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

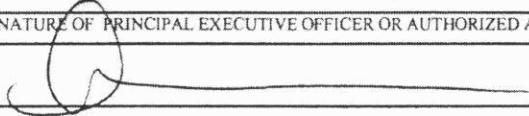
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: August 1, 2009

REPORT: Monthly  
 GROUP: Domestic

To: August 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			4.3	s.u.	0	5 Days/Week	Grab
ARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1	Requirement							
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	Requirement							
Coliform, Fecal	Sample Measurement			3.2	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Mon.Site No. EFA-1	Requirement							
Solids, Total Suspended	Sample Measurement			3.2	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement							

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	09/09/22

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: August 1, 2009

PERMIT NUMBER: FLA011715  
To August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		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	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	Permit Requirement				Report		%		Monthly	Calculated
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.007	0.005	MGD					5 Days/Week	Pump logs
PARM Code 50050 G	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	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				30		mg/L		Monthly	Grab
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab



# 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

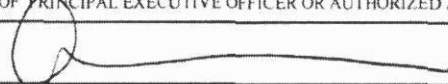
PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: August 1, 2009 To: August 31, 2009

REPORT: Annually  
 GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620 A	Permit Requirement				MNR			
Mon.Site No. EFA-1					12 (Max.)		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	09/09/22

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

# 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. (TMADE/ 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
1	0.008								
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									
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					
14	0.005		3.4	7.3					
15									
16									
17	0.016		1.8	7.2					
18	0.004		2.2	7.3					
19	0.009		2.2	7.4					
20	0.007		0.8	7.3					
21	0.007		2.2	7.3					
22									
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								
Mo. Avg.	0.007								

## PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

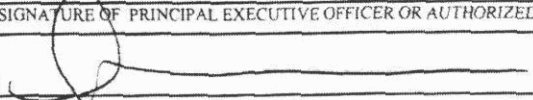
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: September 1, 2009

REPORT: Monthly  
GROUP: Domestic

To: September 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			7.3	s.u.	0	5 Days/Week	Grab
pH	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
PARM Code 00400 A	Sample Measurement			7.4	#/100mL	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement			8.5 (Max.)	#/100mL		Monthly	Grab
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	Sample Measurement			1.0	#/100mL	0	Monthly	Grab
Coliform, Fecal	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
PARM Code 74055 A	Sample Measurement			<1.1	mg/L	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement				mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Permit Requirement				mg/L		Monthly	Grab
PARM Code 80082 Y	Sample Measurement				mg/L		Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement				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	09/10/26

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: September 1, 2009

PERMIT NUMBER: FLA011715  
To September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2	3.2	mg/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement				30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement						%		Monthly	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Permit Requirement				33% Report		%		Monthly	Calculated
PARM Code 00180 P	Sample Measurement			MGD					5 Days/Week	Pump logs
Mon.Site No. CAL-1	Permit Requirement			MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
PARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Mon.Site No. INF-1	Sample Measurement	0.004	0.005	MGD					5 Days/Week	Pump logs
Flow	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
PARM Code 50050 G	Sample Measurement						mg/L	0	Monthly	Grab
Mon.Site No. INF-1	Permit Requirement				200 Report (Mo.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement						mg/L		Monthly	Grab
Mon.Site No. INF-1	Sample Measurement				110		mg/L	0	Monthly	Grab
Solids, Total Suspended	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab
PARM Code 00530 G	Sample Measurement									
Mon.Site No. INF-1	Permit Requirement									

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

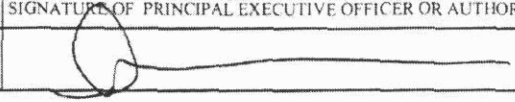
When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: September 1, 2009 To: September 30, 2009  
REPORT: Annually  
GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				MNR 12 (Max.)		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	09/10/2009

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

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011715  
From: September 1, 2009

To: September 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-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.004		2.6	7.3					
2	0.004		3.8	7.3					
3	0.008		2.4	7.3					
4	0.007		3.2	7.3					
5									
6									
7	0.016		2.4	7.3					
8	0.003		2.0	7.3					
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					
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					
24	0.004		2.0	7.4					
25	0.002		2.2	7.4					
26									
27									
28	0.012		2.4	7.4					
29	0.002		3.0	7.4					
30	0.003		3.4	7.4					
31									
Total	0.133								
Mo. Avg.	0.004								

## PLANT STAFFING:

Day Shift Operator

Class: B

Certificate No: 12476

Name: David Haring

Evening Shift Operator

Class: C

Certificate No: 9320

Name: Ralph Marriott

Night Shift Operator

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Class: A

Certificate No: 4894

Name: Paul Thompson



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

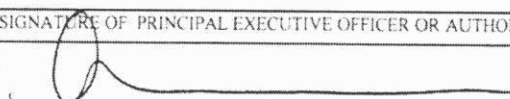
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: October 1, 2009

REPORT: Monthly  
 GROUP: Domestic

To: October 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.3	s.u.	0	5 Days/Week	Grab
ARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1.0	#/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			1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/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	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/11/19

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: October 1, 2009PERMIT NUMBER: FLA011715  
To: October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		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 Mon. Site No. EFA-1	Permit Requirement				30 (Mo. Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				25%		%		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	0.003	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
Solids, Total Suspended	Sample Measurement				67		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab

# 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.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

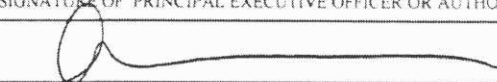
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: October 1, 2009

REPORT: Annually  
GROUP: Domestic

To: October 31, 2009

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/11/19

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

# D Y SAMPLE RESULTS - PART B

Permit Number  
Monitoring Period

FLA011715  
From: October 1, 2009

To: October 31, 2009

Facility: Silver L. - Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADP/ 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
1	0.002		2.8	7.4					
2	0.005		2.2	7.4					
3									
4									
5	0.010		2.2	7.4					
6	0.004		2.2	7.4					
7	0.002		2.2	7.4	<2.0	<1.0	<1.0	230	67
8	0.004		2.2	7.4					
9	0.004		2.2	7.4					
10									
11									
12	0.010		2.2	7.4					
13	0.003		2.2	7.4					
14	0.004		2.2	7.4					
15	0.004		2.2	7.4					
16	0.003		2.2	7.4					
17									
18									
19	0.010		2.2	7.4					
20	0.002		2.2	7.4					
21	0.005		2.2	7.4					
22	0.005		2.2	7.5					
23	0.005		2.2	7.4					
24									
25									
26	0.009		2.2	7.4					
27	0.004		2.2	7.3					
28	0.002		2.2	7.3					
29	0.005		2.2	7.3					
30	0.002		2.2	7.4					
31									
Total	0.104								
Mo. Avg.	0.003								

## PLANT STAFFING:

1st Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
2nd Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
3rd Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
4th Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

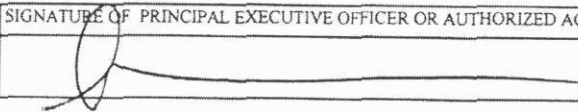
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: November 1, 2009

REPORT: Monthly  
GROUP: Domestic

To: November 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.3	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1.0	#/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				#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement				<1.0		Monthly	Grab
Mon.Site No. EFA-1					800 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement				mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement				<1.0		Monthly	Grab
Mon.Site No. EFA-1					10 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								

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

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

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: November 30, 2009  
To

PERMIT NUMBER: FLA011715  
November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		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%		%		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	0.003	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				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



# 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.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

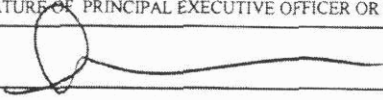
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: November 1, 2009

REPORT: Annually  
GROUP: Domestic

To: November 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620 A	Permit Requirement			MNR				
Mon.Site No. EFA-1				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	09/12/16

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

# 1. 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

	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									
2	0.010		2.2	7.3					
3	0.006		2.2	7.3					
4	0.005		2.2	7.4					
5	0.004		2.2	7.4					
6	0.004		1.6	7.5					
7									
8									
9	0.008		2.2	7.5					
10	0.002		2.2	7.5					
11	0.003		2.2	7.3	2.6	<1.0	<1.0	150	56
12	0.003		2.2	7.3					
13	0.004		2.2	7.4					
14									
15									
16	0.006		2.2	7.3					
17	0.002		2.2	7.4					
18	0.003		2.2	7.4					
19	0.003		2.2	7.4					
20	0.003		2.2	7.4					
21									
22									
23	0.013		2.2	7.4					
24	0.004		2.2	7.4					
25	0.004		2.2	7.4					
26	0.002		2.2	7.4					
27	0.003		2.2	7.4					
28									
29									
30	0.007		2.2	7.4					
31									
Total	0.096								
Mo. Avg.	0.003								

## ANT STAFFING:

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

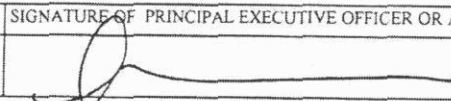
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: December 1, 2009

REPORT: Monthly  
 GROUP: Domestic

To: December 31, 2009

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

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	10/01/25

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: December 1, 2009

PERMIT NUMBER: FLA011715  
To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L		Monthly	Grab
PARM Code 80082 A	Permit Requirement				2.0	2.0		0		
Mon.Site No. EFA-1					30 (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						%		Monthly	Calculated
PARM Code 00180 P	Permit Requirement				25% Report		%		Monthly	Calculated
Mon.Site No. CAL-1										
Flow	Sample Measurement	0.004		MGD					5 Days/Week	Pump logs
ARM Code 50050 Y	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Mon.Site No. INF-1										
Flow	Sample Measurement	0.003	0.003	MGD					5 Days/Week	Pump logs
PARM Code 50050 G	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Pump logs
Mon.Site No. INF-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L		Monthly	Grab
PARM Code 80082 G	Permit Requirement				120 Report (Mo.Avg.)		mg/L	0	Monthly	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement						mg/L		Monthly	Grab
PARM Code 00530 G	Permit Requirement				70 Report (Mo.Avg.)		mg/L	0	Monthly	Grab
Mon.Site No. INF-1										

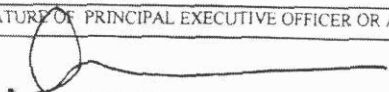
# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 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:	<input type="checkbox"/>		
	Palatka, FL 32177	MONITORING PERIOD	From: December 1, 2009	To:	December 31, 2009
COUNTY:	Putnam				

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/01/05

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

# DAILY SAMPLE RESULTS - PART B

Permit Number  
Monitoring Period

FLA011715  
From: December 1, 2009

To: December 31, 2009

Facility: Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADE/ 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
1	0.006		2.2	7.4					
2	0.006		0.9	7.5	<2.0	<1.0	2.4	120	70
3	0.003		2.2	7.5					
4	0.002		2.2	7.5					
5									
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									
14	0.010		2.2	7.5					
15	0.003		2.2	7.5					
16	0.003		2.2	7.5					
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					
31	0.003		2.2	7.5					
Total	0.107								
Mo. Avg.	0.003								

## PLANT STAFFING:

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

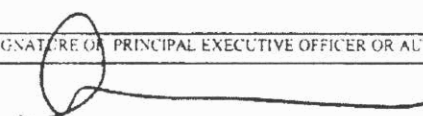
PERMITTEE NAME Aqua Utilities Florida, Inc.  
MAILING ADDRESS 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY Silver Lake Oaks Mobile Home Park WWTF  
LOCATION Lake Shore Drive  
Palatka, FL 32177  
COUNTY Putnam

PERMIT NUMBER FLA011715  
LIMIT Final  
CLASS SIZE N/A  
MONITORING GROUP NUMBER R-001  
NO DISCHARGE FROM SITE ☐  
MONITORING PERIOD From: January 1, 2010 To: January 31, 2010

REPORT GROUP Monthly Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.5	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.1	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			10.0	mg/L	0	Monthly	Grab
PARM Code 00530 A	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	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	10/2/26

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 January 1, 2010

PERMIT NUMBER: FLA011715

To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		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-1	Permit Requirement				30 (Mo. Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity. (TMADP/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				137		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				54		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab

# 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

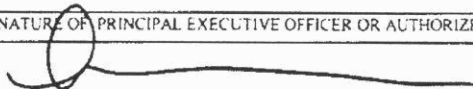
PERMITTEE NAME Aqua Utilities Florida, Inc.  
MAILING ADDRESS 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY Silver Lake Oaks Mobile Home Park WWTF  
LOCATION Lake Shore Drive  
Palaika, FL 32177  
COUNTY Putnam

PERMIT NUMBER FLA011715  
LIMIT Final  
CLASS SIZE N/A  
MONITORING GROUP NUMBER R-001  
NO DISCHARGE FROM SITE ☐  
MONITORING PERIOD From January 1, 2010 To January 31, 2010

REPORT Annually  
GROUP Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	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

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	10/02/26

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

# DAILY SAMPLE RESULTS - PART B

Permit Number

FLA011715

Facility

Silver Lake Oaks Mobile Home Park WWTF

Monitoring Period

From January 1, 2010

To January 31, 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	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
1	0.003		2.2	7.5					
2									
3									
4	0.021		2.2	7.5					
5	0.003		2.2	7.5					
6	0.002		2.2	7.5					
7	0.002		2.2	7.5					
8	0.003		2.2	7.5					
9									
10									
11	0.011		2.2	7.5	11.6	<1.0	10.0	137	54.0
12	0.003		2.2	7.5					
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					
19	0.004		2.2	7.5					
20	0.003		2.2	7.5					
21	0.003		2.2	7.5					
22	0.005		2.2	7.5					
23									
24									
25	0.013		2.2	7.5					
26	0.005		2.2	7.5					
27	0.003		2.2	7.5					
28	0.004		2.2	7.5					
29	0.004		2.2	7.5					
30									
31									
Total	0.110								
Mo Avg	0.004								

## PLANT STAFFING

Day Shift Operator	Class	B	Certificate No	12476	Name	David Haring
Evening Shift Operator	Class	C	Certificate No	9320	Name	Ralph Marriott
Night Shift Operator	Class		Certificate No		Name	
Plant Operator	Class	A	Certificate No	4894	Name	Paul Thompson

Version December 27, 2005

# 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.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

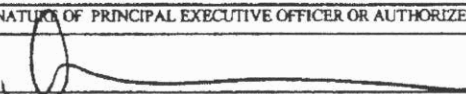
PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: February 1, 2010

REPORT: Monthly  
 GROUP: Domestic

To: February 28, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	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 Mon Site No. EPA-1	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.2	s.u.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.3	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No. EPA-1	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.004	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No. EPA-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	10/03/23

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

PERMIT NUMBER: FLA011715

MONITORING PERIOD From: February 1, 2010

To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		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 Mon Site No. EPA-1	Permit Requirement				30 (Mo. Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				42%		%		Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement				Report		%		Monthly	Calculated
Flow	Sample Measurement	.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	.005	0.004	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					5 Days/Week	Pump logs
BOD, Carbonaceous 5 day, 20C	Sample Measurement				147		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				22		mg/L	0	Monthly	Grab
PARM Code 00530 JO Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab



# 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

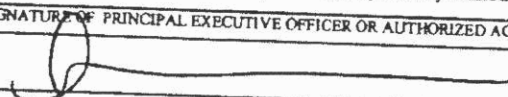
PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: February 1, 2010 To: February 28, 2010

REPORT: Annually  
 GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620	Permit Requirement			MNR	mg/L		Annually	Grab
Mon Site No. EPA-1				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	10/03/23

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

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011715

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

Facility: Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADE/ 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
1	0.0190		2.2	7.5					
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									
7									
8	0.0180		2.2	7.2					
9	0.0049		2.2	7.3					
10	0.0090		2.2	7.3					
11	0.0025		2.2	7.3					
12	0.0041		2.2	7.2					
13									
14									
15	0.0230		2.2	7.4					
16	0.0050		2.2	7.4					
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									
Total	0.159								
Mo. Avg.	0.005								

## PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

12476

Name:

David Haring

Evening Shift Operator

Class:

C

Certificate No:

9320

Name:

Ralph Marriott

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

A

Certificate No:

4894

Name:

Paul Thompson

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

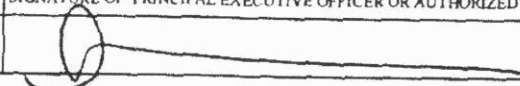
PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: March 1, 2010

REPORT: Monthly  
 GROUP: Domestic  
 To: March 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	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	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.2	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0	mg/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	mg/L	0	Monthly	Grab
PARM Code 80082 Y	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

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: March 1, 2010

PERMIT NUMBER: FLA011715  
To: March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		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 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				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 Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		MGD					5 Days/Week	Pump logs
Flow	Sample Measurement	0.007	.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				158		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				94		mg/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		mg/L		Monthly	Grab

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

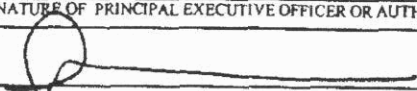
When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: March 1, 2010 To: March 31, 2010  
REPORT: Annually  
GROUP: Domestic

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

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

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

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011715  
Monitoring Period 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					
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					
31	0.005		2.2	7.4					
Total	0.213								
Mo. Avg.	0.007								

## PLANT STAFFING:

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
Sarasota, FL 34240  
FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
LOCATION: Lake Shore Drive  
Palatka, FL 32177  
COUNTY: Putnam

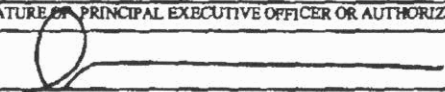
PERMIT NUMBER: FLA011715  
LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: April 1, 2010

REPORT: Monthly  
GROUP: Domestic

To: April 30, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	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. EPA-1	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.1	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.2	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EPA-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. EPA-1	Permit Requirement			800 (Max.)	#/100mL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			10 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EPA-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	10/05/18

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: April 1, 2010

PERMIT NUMBER: FLA011715

To: April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		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 Mon. Site No. EFA-1	Permit Requirement				30 (Mo. Avg.)	60 (Max.)	mg/L		Monthly	Grab
Percent Capacity, (TMADE/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	0.005	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				287		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				264		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Monthly	Grab

# 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

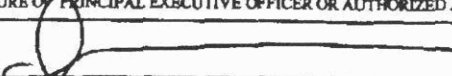
PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40  
 Sarasota, FL 34240  
 FACILITY: Silver Lake Oaks Mobile Home Park WWTF  
 LOCATION: Lake Shore Drive  
 Palatka, FL 32177  
 COUNTY: Putnam

PERMIT NUMBER: FLA011715  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD From: April 1, 2010 To: April 30, 2010

REPORT: Annually  
 GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L		Annually	Grab
PARM Code 00620 A	Permit Requirement			MNR 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	10/05/18

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

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011715

From: April 1, 2010

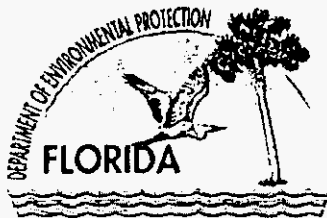
To: April 30, 2010

Facility: Silver Lake Oaks Mobile Home Park WWTF

	Flow (MGD)	% Capacity, (TMADE/ Permitted Capacity) x 100 (%)	TRC (For Disinfect.) (mg/L)	pH (a.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	0.006		2.2	7.3					
2	0.006		2.2	7.3					
3									
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									
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					
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					
29	0.003		2.2	7.4					
30	0.004		2.2	7.4					
31									
Total	0.126								
Mo. Avg.	0.004								

## PLANT STAFFING:

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



# 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

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 (mg/L)	Nitrate (mg/L)	Fecal #/100 mL	Fecal #/100 mL
	Single Sample Max	Monthly Max.	Monthly Geomet ric 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

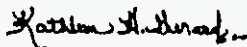
*"More Protection, Less Process"*  
[www.dep.state.fl.us](http://www.dep.state.fl.us)

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

Parameter	TSS	Nitrate	Fecal	Fecal
Dec. 2007	13.0	-	-	1672.0
Nov. 2007	-	-	-	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	-	-	
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,



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		
Palatka, FL 32177				October 2, 2008		
Name(s) of Field Representative(s)		Title	Phone			
David Haring		Operator	(386) 937-1091			
Paul Thompson		Senior Operator	(386) 937-1143			
Name and Address of Permittee or Designated Representative		Title	Phone	@ Operator Certification #		
Mr. Patrick Farris		Environmental	(352) 435-4029			
Aqua Utilities Florida, Inc.		Compliance	FAX: (352) 787-6333			
1100 Thomas Avenue						
Leesburg, Florida 34748						
Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
X Domestic		Industrial		Were Photos Taken(Y/N): Y	@ Log book Volume :	@ 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 "♦"						
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	SC
IC	2. ♦ Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	NE
NA	13. Other:					NA
Facility and/or Order Compliance Status:		<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> 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	
Kathleen Gerard <i>Kathleen Gerard</i>				NED/(904) 807-3338	10/21/08	
@ Signature of Reviewer				District Office/Phone Number	Date	
Tom Kallemeyn <i>Tom Kallemeyn</i>				NED/(904) 807-3305	10/21/08	

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N	F L A	0 8 1 0 0 2	C	2 S	3 I

ADDITIONAL NPDES COMMENTS

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): 1: 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 Observation: Backflow Prevention - The reduced pressure zone backflow prevention device was free from leaks and necessary repair.
- 6.5 Observation: Aeration Basins/Act. Sludge - The contents in the aeration chambers appeared to be adequately mixed.
- 6.6 Observation: Aeration Basins/Act. Sludge - The air line(s) to the aeration basin was free from leaks at the time of the inspection.
- 6.7 Observation: Aeration Basins/Act. Sludge - The time clocks for the aeration system control were operational at the time of the inspection.
- 6.8 Observation: Aeration Basins/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 elapsed 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 Observation: 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	-	-	-	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	-	-	
Mar. 2007	17			
Jan. 2007	11.0			

**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, mowed 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](http://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@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com). Thank you.

Sincerely,

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

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