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D. Bruce May, Jr. (850) 425-5607 bruce.may@hklaw.com

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October 7, 2010

Via Hand Delivery

Ms. Ann Cole, Director Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Betty Easley Conference Center, Room 110 Tallahassee, FL 32399-0850

> Re: In Re: Application for increase in water and wastewater rates in Alachua, Brevard, DeSoto, Hardee, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia, and Washington Counties by Aqua Utilities Florida, Inc., Docket No. 100330-WS

Dear Ms. Cole:

DBM:kjg

COM

APA ECR GCL

RAD

SSC

ADM OPC Enclosed for filing on behalf of Aqua Utilities Florida, Inc. ("AUF") are the original and sixteen (16) copies of AUF's letter responding to the letter dated September 22, 2010, from Marshall Willis, Director, Division of Economic Regulation, to the undersigned counsel for AUF.

Please acknowledge receipt of this filing by stamping the extra copy of this letter "filed" and returning the copy to me. Thank you for your assistance.

Sincerely,

HOLLAND & KNIGHT LLP

CLK Atlanta | Bethesda | Boston | Chicago | Fort Lauderdale | Jacksonville | Lakeland | Los Angeles | Miami | New York Northern Virginia | Orlando | Portland | San Francisco | Tallahassee | Tampa | Washington, D.C. | West Palm Beach

Ann Cole October 7, 2010 Page 2

Enclosures

Mr. Marshall Willis, Director, Division of Economic Regulation (Via Hand Delivery) Office of the General Counsel (Fleming, Jaeger, Klancke) (Via Hand Delivery) J.R. Kelley/Charlie Beck, Public Counsel (Via Hand Delivery) S. Curtis Kiser, General Counsel (Via Hand Delivery) Mr. Jack Lihvarcik, Aqua Utilities Florida, Inc. (Via U.S. Mail) Mr. Troy Rendell, Aqua Utilities Florida, Inc. (Via U.S. Mail) Ms. Kimberly Joyce, Aqua Utilities Florida, Inc. (Via U.S. Mail)

#9822933_v1

Holland & Knight

315 South Calhoun Street, Suite 600 | Tallahassee, FL 32301 | T 850.224.7000 | F 850.224.8832 Holland & Knight LLP | www.hklaw.com

D. Bruce May, Jr. (850) 425-5607 bruce.may@hklaw.com

October 7, 2010

Via Hand Delivery

Ms. Ann Cole, Director Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Betty Easley Conference Center, Room 110 Tallahassee, FL 32399-0850

> Re: In Re: Application for increase in water and wastewater rates in Alachua, Brevard, DeSoto, Hardee, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia, and Washington Counties by Aqua Utilities Florida, Inc., Docket No. 100330-WS

Dear Ms. Cole:

Aqua Utilities Florida, Inc. ("AUF" or the "Company") respectfully submits its response to the letter dated September 22, 2010, to the undersigned from Mr. Marshall Willis, Director, Division of Economic Regulation ("Staff Letter"). For ease of reference, the deficiency list set forth in the Staff Letter is repeated verbatim herein, with AUF's response immediately following each item.

COM APA | ECR 13 GCL | RAD SSC ADM OPC CLK

1. Schedule D-2, Reconciliation of Capital Structure to Requested Rate Base

For all rate bands and stand-alone systems, Schedule D-2 does not show the specific or pro rata adjustments in reconciling to the requested rate bases for AUF's respected rate bands and stand-alone systems as required by the MFR instructions. Schedule D-2 needs to include the capital structure and the specific and pro rata adjustments to arrive at each rate band's and stand-alone system's capital structure. Pursuant to Rule 25-30.437, Florida Administrative Code (F.A.C.), please provide a reconciliation of the 13-month average capital structure to the requested rate base of each rate band and stand-alone system.

Atlanta | Bethesda | Boston | Chicago | Fort Lauderdale | Jacksonville | Lakeland | Los Angeles | Miami | New York Northern Virginia | Orlando | Portland | San Francisco | Tallahassee | Tampa | Washington, D.C. | West Palm Beach 01

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Response:

AUF respectfully submits that in this case it prepared Schedule D-2 consistent with the same format and methodology of the corresponding schedule which it filed in the last rate case in Docket No. 080121-WS. Nevertheless, to address staff's request, AUF redesigned Schedule D-2 and the revised page for each rate band and stand-alone system is set forth in Attachment 1.

2. Schedule B-3, Schedule of Adjustments to Operating Income

For water rate band 4, the Pro Forma Tangible Net Plant Additions found on Schedule B-3 does not tie to the Net Plant Additions found on Schedule A-3.

Response:

Net Plant Additions for Water Rate Band 4 of \$882,112 are found on Schedule A-3, page 3 of 3, line 46. Pro Forma Tangible Net Plant Additions of \$764,497 can be found on Schedule B-3 for Water Rate Band 4 on page 5 of 5, line 6. The Net Plant Additions shown on Schedule A-3, page 3 of 3, lines 40 through 45 are not subject to Property Tax; therefore, they are excluded from the Pro Forma Tangible Net Plant Additions found on Schedule B-3. This exclusion results in a \$117,615 difference between the two aforementioned schedules.

Please refer to Attachment 2 which contains a reconciliation of the Net Plant Additions found on Schedule A-3 to the Pro Forma Tangible Net Plant Additions found on Schedule B-3.

Deficiency number 2 does not require a change or correction to any MFR schedule.

3. Plant Operating Reports. Pursuant to Rule 25-30A40(4), F.A.C., all water and wastewater plant operating reports for the test year and the year preceding the test year must be submitted, with the application. Please provide the operating reports for the following systems for each listed month.

Ravenswood WTF: Oct. 2008 MOR Palm Terrace WWTF: Oct. 2008 DMR Momingview WTF: Sept. 2008 MOR Silver Lake Oaks WTF: Aug. 2009 MOR Lake Suzy WTF: Apr. 2010 MOR Daily Sample Results - Part B Chappell Hills WTF: Jan. Apr. 2010 MORs Piney Woods/Spring Lake Manor WTF: Jan. - Apr. 2010 MORs

DOCUMENT NUMBER - DATE

08395 OCT-7=

FPSC-COMMISSION CLERK

Response:

Please See Attachment 3 for the requested reports.

4. Sanitary Surveys and Inspection Reports. Pursuant to Rule 25-30.440(5), F.A.C., the most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Protection (DEP) must be submitted with the application. Several cover letters from the health departments or the DEP were submitted without the accompanying copy of the sanitary survey or inspection report. Please provide the most recent sanitary survey or inspection report for the following systems.

Breeze Hill WTF Lake Gibson Estates WTF Breeze Hill WWTF Rosalie Oaks WTF Village Water WTF Gibsonia Estates WTF Orange Hill / Sugar Creek WTF

Response:

Please be advised that the Polk County Health Department (PCHD), does not provide the Sanitary Surveys issued by the Department of Environmental of Protection (DEP). The previously submitted reports are the only reports received by AUF from the PCHD. To make the record clear, the reports set forth in Attachment 4 are the only documents related to the Polk County facilities that have been issued to AUF.

5. Additional Engineering Information for Bellaire WTF. The required additional engineering information for the Bellaire WTF was omitted from Volume 5 Book 2 of the filing. Please provide the relevant permit, monthly operating reports, sample results, and correspondence for the facility pursuant to Rule 25-30.440, F.A.C.

Response:

Please See Attachment 5 for the requested reports.

6. Volumes of Water Sold in Schedules F-1 and E-2w. The volumes of water sold reflected in Schedule F-1 for Bands 1W, 2W, and 4W, do not match the corresponding values reflected in Schedule E-2w.

Response:

AUF has re-analyzed this issue and, as explained below, determined that the number of gallons sold in Schedules F-1 and E-2w do match.

For Rate Group W-1:

There is no difference between the numbers in rate group W1. These systems are Jasmine Lakes, Kings Cove, Ocala Oaks, Picciola Island, Silver Lake Estates/Western Shores, and Tangerine. The subtotal water sold from Schedule F-1 for rate group W1 is 420,041 kGals. The MFR Schedule E-2w also indicates a water sold amount of 420,041 kGals.

For Rate Groups W-2 and W-4:

In the MFR Schedule F-1 (Appendix 2), gallons for interconnected systems are shown as combined. Hermits Cove (in rate group W4) and St. John's Highlands (in rate group W2) are interconnected. The combined amount of water sold for these two systems as shown in F-1 is 7,416 kGals. In order to calculate subtotals by rate group from F-1 it is necessary to know that the individual components are 4,634 kGals for Hermits Cove and 2,781 kGals for St. John's Highlands.

From F-1 and the above breakdown, the water sold for rate group W2 is 144,870 kGals. MFR Schedule E-2w indicates a water sold amount of 144,871 kGals.

From F-1 and the above breakdown, the water sold for rate group W4 is 283,515 kGals. MFR Schedule E-2w indicates a water sold amount of 283,515 kGals.

The above addresses the perceived discrepancy in rate groups W2 and W4 and shows that the F-1 Appendix and E-2w Schedules are correct as filed.

* * *

Ann Cole October 7, 2010 Page 5

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you for your consideration.

Sincerely,

HOLLAND & KNIGHT LLP

D Bruce May, Jr.

DBM:kjg

Enclosure

cc: Mr. Marshall Willis, Director, Division of Economic Regulation Office of the General Counsel (Fleming, Jaeger, Klancke) (Via Hand Delivery) J.R. Kelley/Charlie Beck, Public Counsel (Via Hand Delivery) S. Curtis Kiser, General Counsel (Via Hand Delivery) Mr. Jack Lihvarcik, Aqua Utilities Florida, Inc. (Via U.S. Mail) Mr. Troy Rendell, Aqua Utilities Florida, Inc. (Via U.S. Mail) Ms. Kimberly Joyce, Aqua Utilities Florida, Inc. (Via U.S. Mail)

#9822681_v1

AQUA UTILITIES FLORIDA, INC.

100330-WS

ATTACHMENT 1

Reconciliation of Capital Structure to Requested Rate Base

13 Month Average Balance Breeze Hill

Docket No. 100330-WS

Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line	1	Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	26,952,309	(26,911,262)	41,047	42,364	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(42,485,012)	64,802	66,880	
5	Customer Deposits	84,294	(84,025)	269	269	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,455,763)	709	709	C-6
7						
8	Total	71,042,890	(70,936,062)	106,828	110,223	A-1
Sew	er					
9	Long-Term Debt	26,952,309	(26,927,575)	24,734	63,936	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(42,510,766)	39,048	100,937	
13	Customer Deposits	84,294	(84,031)	263	263	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,456,293)	179	179	C-6
15		.,	(.,		110	
16	Total -	71,042,890	(70,978,666)	64,224	165,314	A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance Fairways at Mt. Plymouth Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

		-				
	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wate	er					
1	Long-Term Debt	26,952,309	(26,827,858)	124,451	129,369	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(42,353,342)	196,472	204,236	
5	Customer Deposits	84,294	(83,288)	1,007	1,007	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,456,195)	277	277	C-6
7						
8	Total	71,042,890	(70,720,683)	322,207	334,889	A-1
	-					-
Sew	er					
9	Long-Term Debt	26,952,309	(26,809,203)	143,107	145,613	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(42,323,891)	225,923	229,880	
13	Customer Deposits	84,294	(83,781)	513	513	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,460,411)	(3,939)	(3,939)	C-6
15					, , , , , , , , , , , , , , , , , , ,	
16	Total	71,042,890	(70,677,286)	365,604	372,067	A-2
	-					-

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance Peace River Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	7
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line	2	Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base [†]	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	26,952,309	(26,892,827)	59,483	79,001	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(42,455,908)	93,906	124,720	
5	Customer Deposits	84,294	(84,087)	207	207	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,452,069)	4,403	4,403	C-6
7						
8	Total	71,042,890	(70,884,891)	157,999	208,331	A-1
Sew	er					
9	Long-Term Debt	26,952,309	(26,869,291)	83,018	83,977	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(42,418,752)	131,062	132,575	
13	Customer Deposits	84,294	(84,098)	196	196	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,449,798)	6,674	6,674	C-6
15		,				
16	Total	71,042,890	(70,821,939)	220,951	223,422	- A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Water Rate Band 1 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev.
Page:	1 of 1	
Preparer:	D Moy Kelly	

1

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wate	er					
1	Long-Term Debt	26,952,309	(24,824,502)	2,127,808	2,344,669	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(39,190,628)	3,359,186	3,701,547	
5	Customer Deposits	84,294	(72,376)	11,918	11,918	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1, 176, 914)	279,558	279,558	C-6
7						
8	Total	71,042,890	(65,264,420)	5,778,469	6,337,692	A-1
Sew	er					
9	Long-Term Debt	NA	NA	0	0	D-5
10	Short-Term Debt	NA	NA	0	0	D-4
11	Preferred Stock	NA	NA	0	0	D-3
12	Common Equity	NA	NA	0	0	
13	Customer Deposits	NA	NA	0	0	D-7
14	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
15						
16	Total	0	0	0	0	- A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Water Rate Band 2 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Baset	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	26,952,309	(25,588,741)	1,363,569	1,498,013	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(40,397,138)	2,152,676	2,364,925	
5	Customer Deposits	84,294	(78,858)	5,436	5,436	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,272,786)	183,686	183,686	C-6
7					and the second	
8	Total	71,042,890	(67,337,522)	3,705,368	4,052,060	A-1
Sew	er					
9	Long-Term Debt	NA	NA	0	0	D-5
10	Short-Term Debt	NA	NA	0	0	D-4
11	Preferred Stock	NA	NA	0	0	D-3
12	Common Equity	NA	NA	0	0	
13	Customer Deposits	NA	NA	0	0	D-7
14	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
15						
16	Total –	0	0	0	0	A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Water Rate Band 3 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	x-7
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	26,952,309	(26,471,213)	481,097	510,121	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(41,790,303)	759,511	805,331	
5	Customer Deposits	84,294	(80,942)	3,352	3,352	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,400,502)	55,970	55,970	C-6
7		1996 (Jan 1997) - 8 79 (Jan 1997)	A			
8	Total	71,042,890	(69,742,960)	1,299,930	1,374,774	A-1
Sew	er					
9	Long-Term Debt	NA	NA	0	0	D-5
10	Short-Term Debt	NA	NA	0	0	D-4
11	Preferred Stock	NA	NA	0	0	D-3
12	Common Equity	NA	NA	0	0	
13	Customer Deposits	NA	NA	0	0	D-7
14	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
15						
16	Total	0	0	0	0	A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Water Rate Band 4 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	(-)
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	26,952,309	(23,881,078)	3,071,231	3,434,747	D-5
2	Short-Term Debt	0	0	0	0	D-4
3	Preferred Stock	0	0	0	0	D-3
4	Common Equity	42,549,814	(37,701,238)	4,848,576	5,422,462	
5	Customer Deposits	84,294	(69,699)	14,596	14,596	D-7
6	Accumulated Deferred Income Taxes	1,456,472	(1,109,275)	347,197	347,197	C-6
7			A 17 2011 (1997)			
8	Total	71,042,890	(62,761,289)	8,281,601	9,219,002	A-1
Sew	er					
9	Long-Term Debt	NA	NA	0	0	D-5
10	Short-Term Debt	NA	NA	0	0	D-4
11	Preferred Stock	NA	NA	0	0	D-3
12	Common Equity	NA	NA	0	0	
13	Customer Deposits	NA	NA	0	0	D-7
14	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
15						
16	Total	0	0	0	0	A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Sewer Rate Band 1 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	(0)
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wate	er					
1	Long-Term Debt	NA	NA	0	0	D-5
2	Short-Term Debt	NA	NA	0	0	D-4
3	Preferred Stock	NA	NA	0	0	D-3
4	Common Equity	NA	NA	0	0	
5	Customer Deposits	NA	NA	0	0	D-7
6	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
7	la contra c					
8	Total	0	0	0	0	- A-1
						=
Sew	er					
9	Long-Term Debt	26,952,309	(26,711,942)	240,368	276,343	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(42,170,344)	379,470	436,265	
13	Customer Deposits	84,294	(82,059)	2,235	2,235	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,420,786)	35,686	35,686	C-6
15					1. <u>1</u> . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
16	Total	71,042,890	(70,385,131)	657,759	750,529	- A-2
						-

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Sewer Rate Band 2 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line	l.	Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wat	er					
1	Long-Term Debt	NA	NA	0	0	D-5
2	Short-Term Debt	NA	NA	0	0	D-4
3	Preferred Stock	NA	NA	0	0	D-3
4	Common Equity	NA	NA	0	0	
5	Customer Deposits	NA	NA	0	0	D-7
6	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
7						
8	Total	0	0	0	0	A-1
Court						
Sew 9		26 052 200	(24 472 242)	0 770 007	0.070 550	DE
9 10	Long-Term Debt	26,952,309	(24,172,313)	2,779,997	3,276,553	D-5
11	Short-Term Debt Preferred Stock	0	0	0	0	D-4
		42 540 914	(28.161.010)	4 288 802	0	D-3
12	Common Equity	42,549,814	(38,161,012)	4,388,802	5,172,719	D 7
13	Customer Deposits	84,294	(74,995)	9,299	9,299	D-7
14 15	Accumulated Deferred Income Taxes	1,456,472	(1,108,294)	348,178	348,178	C-6
16	Total -	71,042,890	(63,516,614)	7,526,276	8,806,749	- A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Sewer Rate Band 3 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

() .	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.	Class of Capital	Average	Pro rata *	Rate Base†	Rate Base	Schedules
Wate	ər					
1	Long-Term Debt	NA	NA	0	0	D-5
2	Short-Term Debt	NA	NA	0	0	D-4
3	Preferred Stock	NA	NA	0	0	D-3
4	Common Equity	NA	NA	0	0	
5	Customer Deposits	NA	NA	0	0	D-7
6	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
7						
8	Total	0	0	0	0	A-1
	-					-
Sew	er					
9	Long-Term Debt	26,952,309	(25,991,452)	960,857	1,019,484	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(41,032,901)	1,516,913	1,609,467	
13	Customer Deposits	84,294	(83,089)	1,205	1,205	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,311,799)	144,673	144,673	C-6
15				» منظور المراجع المراجع المراجع المراجع الم		
16	Total	71,042,890	(68,419,241)	2,623,648	2,774,829	A-2

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

Reconciliation of Capital Structure to Requested Rate Base 13 Month Average Balance AUF Sewer Rate Band 4 Docket No. 100330-WS Historical Test Year Ending April 30, 2010 Historical [X] Projected [X]

Florida Public Service Commission

Schedule:	D-2	Rev. 1
Page:	1 of 1	
Preparer:	D Moy Kelly	

Explanation: Provide a reconciliation of the average basis capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3)	(4)	(5)	(6)
		Parent	Reconciliation	Reconciled	Reconciled	(0)
Line		Test Year	Adjustments	To Test Yr	To Pro Forma	Supporting
No.		Average	Pro rata *	Rate Baset	Rate Base	Schedules
Wat		ruciage	1101414	Nate Dase	Nale Dase	Scriedules
1	Long-Term Debt	NA	NA	0	0	D-5
2	Short-Term Debt	NA	NA	0	0	D-4
3	Preferred Stock	NA	NA	0	0	D-3
4	Common Equity	NA	NA	0	0	
5	Customer Deposits	NA	NA	0	0	D-7
6	Accumulated Deferred Income Taxes	NA	NA	0	0	C-6
7						
8	Total	0	0	0	0	A-1
Sew	er					
9	Long-Term Debt	26,952,309	(26,436,798)	515,512	601,084	D-5
10	Short-Term Debt	0	0	0	0	D-4
11	Preferred Stock	0	0	0	0	D-3
12	Common Equity	42,549,814	(41,735,972)	813,842	948,936	
13	Customer Deposits	84,294	(84,092)	203	203	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,388,802)	67,670	67,670	C-6
15		,,	, ,,- ,			
16	Total	71,042,890	(69,645,663)	1,397,226	1,617,892	A-2
	-				the second se	

† The 13 month averages shown in column (4) above include used & useful adjustments as shown on Schedule A-1.

* List corresponding adjustments to rate base below:

There are no Specific adjustments. The Pro-rata adjustments shown are made to accomplish the following:

- eliminate non-filing systems

- segregate water and sewer operations

- eliminate non-rate base components of the balance sheet accounts

AQUA UTILITIES FLORIDA, INC.

100330-WS

ATTACHMENT 2

Deficiency Number 2 Response Reconcile Net Plant Additions on Schedule A-3 to Schedule B-3

Schedule of Adjustments to Rate Base AUF Water Rate Band 4 Florida Public Service Commission Schedule: A-3 Page: 3 of 3

R J Pasceri

	Schedule.
Docket No. 100330-WS	Page:
Historical Test Year Ending April 30, 2010	Preparer:
Historical [] Projected [X]	

Explanation: Provide a detailed description of all adjustments to rate base per books, with a total for each rate base line item.

line.	(1) Acct	(2) Prjcta	(3) # Description	(4) UPIS W&S	(5) UPIS Water	(6) UPIS	(7) AccDepr	(8) AccDepr	(9) AccDepr	Net Plan Additions
1			MULATED DEPRECIATION Pro Forma Adjustments	VV&5	vvater	Sewer	W&S	Water	Sewer	Water
2	330.40	1.1	index red ber rediation from the rolling Adjustments							
3	330.40	1.2			-			-		
4	330.40	1.3			-	-				
5	330.40		Hydro tank roplacement Arredende Em® Est The Marda		-	-			-	
6	331.40		Hydro tank replacement - Arredondo Fm&Est, The Woods		32,866	-		(56,194)	7	89,06
7		2			-	-		-	-	
	330.40	3			-	-				
8	361.20	4			-	-		-	-	
9	361.20	5			-	-		-	-	
10	361.20	6			-	-		-	-	
11	380.40	7				· - ·		-	-	
12	355.30	8			-	-		-	-	
13	354.40	9			-	2° - 1		-	-	
14	380.40	10			-	-		-	-	
15	330.40	11			70,000			2.002	-	67.99
16	331.40	12	Fire flow upgrade - Lake Suzy		65,000	-		1,512	-	63,48
17	320.30	13	Secondary water treat - Sebring Lakes - Lake Josephine		300,000	-		13,650	-	286,35
18	320.30	14	Secondary water quality - Leisure Lakes		150,000	_		6,825		143,17
19	380.40	15			-	-		0,020		143,17
20	320.30	16			-	-		_		
21	380.40	17				-		-	-	
22	320.30	18				- C			-	
23	330.40	19			-	-		-	-	
24	380.40	20			-	-		-	-	
25	360.20	21			-	-		-	-	
26	380.40	22			-	- - -		-	-	
27	320.30	22	Water Chloring conversion I since Lakes		-	-			-	
28	320.30	23	Water Chlorine conversion - Leisure Lakes		30,000	-		1,365	-	28,63
29			Water Sand strainer project - Summit Chase		20,000	-		910	-	19,090
	380.40	25			-	-		-	-	
30	320.30	26	Water quality project - Zephyr Shores		36,217	-		1,648	-	34,569
31	320.30	27			-	-		-	 *)	
32	320.30	28			-	-		-	-	
33	320.30	29	Chloramine project - Tomoka/Twin Rivers		13,610	-		619	-	12,991
34	331.40	30	Water main relocation - Tomoka/Twin Rivers		3,367	-		(10,022)	-	13.389
35	354.40	31			-	-		-	-	
36	354.50	32			-	-		_	-	
37	320.30	33			-	-		-	-	
38	380.40	34			-	-		3 - -		
39	311.20	35	Water Well #1 pump replacement - Skycrest		2,769	-		(2,984)	-	5,752
0	341.50		Truck retirement (replaced)		(36,583)			(42,681)	-	6,098
1	391.70	36.1	a na ana ang ang ang ang ang ang ang ang		(22,000)	2		(42,001)		0,098
12	341.50	36.2	Purchase of Trucks for Replacements, AUF Tot&Allocation	200,279	57,657	-	33,387	9,611	-	40.045
3	391.70	36.2			01,007	-	00,007	5,011		48,045
4	340.51		Administrative Assets, IT - AUF Tot & Allocation	264,584	76,169	-	44,106	10 007	-	
5	390.71	37		204,004	70,105		44,100	12,697		63,472
6	000,71		Total		004.074	-		101.010	-	
5			Subtract Pro Forma Net Plant Additions, not subject to Pro		821,071			(61,042)	-	882,112
			Truck retirement (replaced)	perty rax:	(00 500)			110		
					(36,583)			(42,681)		6,098
			Purchase of Trucks for Replacements, AUF Tot&Allocation		57,657			9,611		48,045
			Administrative Assets, IT - AUF Tot & Allocation		76,169			12,697		63,472
			Pro Forma Net Tangible Plant Additions, subject to Propert	у Тах	723,828	-		(40,669)	-	764,497
								(for pro	perty tax ca	lc on B-

AQUA UTILITIES FLORIDA, INC.

100330-WS

ATTACHMENT 3

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



See Pages 4 for Instructions.

. General Information for the Month/Year of:

January, 2010

A. Public Water System (PWS) Information

PWS Name.	Chappell Hills						PWS Identit	fication Numb	ber:	3424029	
PWS Type	Community	Non-Transient Non-Com	nmunity 🔄 T	ransient Non-Com	munity		Consecutive				
Number of Service Connec	tions at End of Month	h. 41				Total	Population Se	erved at End o	of Month	144	
PWS Owner	Aqua Utilities Florid	la									an a
Contact Person	Paul Thompson					Conta	ict Person's Ti	tle:	Field Coordina	itor	
Contact Person's Mailing A	ddress	PO Box 490310		· · · · · · · · · · · · · · · · · · ·	City Le	esburg	State Flo	rida		Zip Code:	34749
Contact Person's Telephone	e Number	(352) 787-0980				Conta	ict Person's Fa	x Number	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress	pdthompson@aquaame	rica.com								
B. Water Treatment Pla	ant Information									-	
Plant Name	Chappell Hills						Plant Teleph	ione Number		(352) 787-0	980
Plant Address:	2338 NE 55th St				City: O	cala	State: Flo	rida		Zip Code:	34479
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water							
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day		65,000							-
Plant Category (per subsect			V			Plant C	lass (per subs		9.310(4), F.A.C.)		
			V	License Class	License	Plant C Number			9.310(4). F.A.C.) ay(s) / Shift(s)		an sheer
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V	V	License Class				Da			ાર કરે સેન્દ્ર
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F.	.A.C.): V	V	License Class A C	7	e Number	and the second sec	D: ft			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F. Paul Thompson	.A.C.): V	V	License Class A C C	7	251 Number	Days 1st Sh	Da ft ft			an air air
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	/	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			an de .
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			an de
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	ion 62-699.310(4), F. Paul Thompson Mark March	.A.C.): V	V	License Class A C C	7	251 287	Days 1st Sh Days 1st Sh	Da ft ft			

I. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

TT REPORT AND A L

Page 1

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

S II)			3424029		Plant Name	Chappell Hi	lls						
D	aiby Data	for the N	lonth/Year	of.		January, 2010								
	and the second					and the second se							waannan ann ann ann ann ann ann ann ann	
			g Virus Inactiv		al 🔽 Free C	hlorine	Chlorine Di	oxide	□ Ozone	Comb	oined Chlorin	ne (Chloran	nines)	
Uh	raviolet R	adiation	[Othe	r (Describe)										
e c	f Disinfe	tant Resid	dual Maintair	ned in Distr	ibution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	:s)	Chlorine [Dioxide	
					T Calculations, or	LIV Dose to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable*	1		
					T Curculations, or	CT Calc	Agencies of the state of the st	eur weg			UVI	the second s		
						Create			I	r		2000	1	
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	han here and the
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	-		Minimum CT	Operating	Required.	Remote Point in	Conditions, Repair or Maintenance Work that
e	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
nth	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	6,000		1.4								1.2	
		24.0	6,000						ļ					
		24.0	6,000											
	Х	24.0	6,000		1.2								1 2	
		24.0	7,000										0.0	
	X	24.0	4,000		1.0								0.9	
		24.0	5,000										0.8	
	X	24.0	5,000		0.9								0.8	
		24.0	6,000											
)		24.0	6,000		1.0								0.9	
	X	24.0	6,000		1.0								0.9	
		24.0	7,000		0.9								0.8	
2	X	24.0	6,000		0.9								0.0	
-	v	24.0	6,000 6,000		1.0								0.9	
-	X	24.0	6,000		1.0									
-		24.0	6,000											
	X	24.0	6,000		1.1								10	
	<u>a</u>	24.0	6,000										1.0	
)	X	24.0	5,000		0.9								0.8	
-		24.0	5,000											
	X	24.0	6,000		1.1								1.1	
		24.0	6,000											
		24.0	6,000											
	X	24.0	5,000		1.0								0.9	
,		24.0	5,000											
	X	24.0	5,000		0.9								0,9	
		24.0	5,000											
,	Х	24.0	5,000		0.9								0.9	
		24.0	5,000											
		24.0	6,000											
		1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -	176,000											
rag	2		5,677											

fer to the instructions for this report to determine which plants must provide this information

7,000

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



See Pages 4 for Instr										
I. General Information	n for the Month/	Year of:	February, 2010							
A. Public Water System	n (PWS) Inform:	ation								
PWS Name:	Chappell Hills			in the second second as a second s			PWS Identification Num	ber:	3424029	
PWS Type:	Community	Non-Transient N	Ion-Community	Transient Non-Com	munity		Consecutive			
Number of Service Connec	ctions at End of Mont	h:	41			Total	Population Served at End	of Month:	144	
PWS Owner:	Aqua Utilities Florid	da								
Contact Person:	Paul Thompson					Conta	act Person's Title:	Field Coordina	itor	in minute and a second damage the second
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesb	urg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Conta	act Person's Fax Number:	(352) 787-633.	3	
Contact Person's E-Mail A	and the second	pdthompson@aqu	laamerica.com							
B. Water Treatment Pl										
Plant Name:	Chappell Hills				r		Plant Telephone Number		(352) 787-0	
Plant Address:	2338 NE 55th St			and a second	City: Ocala		State: Florida		Zip Code:	34479
Type of Water Treatment b	£	Raw Ground Wat	ter 🔄 Purcha	sed Finished Water						
Permitted Maximum Day (- And the second s	and the second		65,000						
Plant Category (per subsect	and the second se		V				Class (per subsection 62-69			
Licensed Operators		Name		License Class	License N	umber	· D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:	Paul Thompson			A	7251		Days 1st Shift			
Other Operators:										
	Gary Kissick			С	7846		Days 1st Shift			
									1 1000 - 1000 - 1000 - 1000 - 1000	
	l									
and the state of the									and the second state of the se	
States and the second second second							1			

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

DEP Form 62-555 900(3)Alternate

Page 1

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

PWS I	D:			3424029		Plant Name:	Chappell Hi	lls						
	aily Data	for the N	lonth/Year	of:	ではないないないないないない	February, 2010)							
ALC: NO. OF THE OWNER.		the second s	g Virus Inactiv				******		-					
1			G virus mach ☐ Othe			norme j	Chlorine Di	oxide	Ozone	Com	bined Chlori	ne (Chlorar	nines)	
L					NAME AND ADDRESS OF TAXABLE PARTY.				1.011 -		. r			
Type	of Disinfee	ctant Resid	lual Maintai			Free Chlo			Selection Street and and and	(Chloramine		Chlorine I	Dioxide	
17-04	and a strength			C	T Calculations, or									
	3	in the	the state of the s	8-1- PR	and the second se	CT Calc	ulations	SHE WAY			UV	Dose	and the second	and the second
				a said	Part marth p		Lowest CT	and states				an Trades	Sec. Carlos	the same the second second second
1000	A WALLAND	的社会会		Alter Alt	WHERE THE TOTAL	Disinfectant	Provided	and the soul			A Charles	at the second	1996 Standing The Long	and the states as a second of the lowest
Star we have	Days Plant		at all and and a state	N THE STATE	Lowest Residual	Contact Time	Before or at						Lowest Residual	
C. A.	Staffed or		Net Quantity		Disinfectant	(T) at C	First	S. Starter				Minimum	Disinfectant	
C. P. A. R.	Visited by	A CARLER	ofFinished	ALL ALL ALL	Concentration (C)	Measurement	Customer	and the second		States and	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			1.0		ļ					<u> </u>	0.9	
2		24.0	the second s	<u> </u>	1.0						<u> </u>	<u> </u>	10	
4	x	24.0	6,000		1.0								1.0	
5	x	24.0	6,000		1.1		1		}	}		<u> </u>	1.1	
6		24.0	and the second se								1			
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8	X	24.0	4,000		0.9		1	1			1		0.9	
9		24.0	5,000											
> 10 -	X	24.0	5,000		0.9								0.8	
11		24.0	5,000				<u> </u>							
12	X	24.0	5,000		0.9							L	0.7	
13	ļ	24.0	6,000									<u> </u>		
14		24.0	6,000	ļ	0.8		<u> </u>		L	ļ			0.6	and the second
15	X	24.0 24.0	4,000 5,000		0.8								0.6	
10	x	24.0	5,000		0.8								0.6	
18		24.0	5,000											· · · · · · · · · · · · · · · · · · ·
19	X	24.0	5,000		2.2	[1	 			1		2.0	
20	1	24.0	5,000				T							
21		24.0	6,000											
22	X	24.0	5,000		2.2								2.0	
23	· .	24.0	5,000		•			·			ļ			
24	X	24.0	5,000		2.2								2.2	
25		24.0	5,000	<u> </u>			ļ	ļ						
26	X	24.0	5,000		2.2								2.2	
27		24.0	5,000											
28		24.0	5,000											
30		24.0												
31		24.0												
Total	100 100 10	of the block	146,000					·		L	A	L		
Avgera	se anti al 12	Section (4,710											
Maxim	um -	1 4 9 9 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	6,000	1										

* 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, 201	10					
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Chappell Hills					PWS Identification Number:	3424029	
PWS Type:	Community	Non-Transient Non-Commu	unity	Transient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Montl	th: 41			Total	Population Served at End of Mo	onth 144	
PWS Owner:	Aqua Utilities Florid	ida						
Contact Person:	Paul Thompson				Conta	ct Person's Title: Fi	eld Coordinator	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number	(352) 787-0980			Conta	ct Person's Fax Number: (3	52) 787-6333	
Contact Person's E-Mail Ad	ddress:	pdthompson@aquaameric	ca.com					
B. Water Treatment Pl	ant Information	A						
Plant Name:	Chappell Hills					Plant Telephone Number:	(352) 787-0	980
Plant Address:	2338 NE 55th St				City: Ocala	State: Florida	Zip Code:	34479
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased	Finished Water				
Permitted Maximum Day C	The state of the second st			65,000				
Plant Category (per subsect	tion 62-699 310(4), F					lass (per subsection 62-699.310		
Licensed Operators	March & California	Name	Sec. M. Mary	License Class	License Number		s) / Shift(s) Worked	THINK WELLING &
Lead/Chief Operator:	Contraction of the local division of the section of			A	7251	Days 1st Shift		
Other Operators:	Larry White		·	С	7082	Days 1st Shift		
	Gary Kissick			C	7846	Days 1st Shift		
en se sa	1							
en and Karing Mark								
		·						
						1		

II. Certification by Lead/Chief Operator

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

Paul Thompson Printed or Typed Name A-7251 License Number

DEP Form 62-555 900(3)Alternate

Page 1

PWS II);			3424029		Plant Name:	Chappell H	ills						
III. D	aily Data	for the N	lonth/Year	of:		March, 2010								
and the second s			g Virus Inactiv			La manage a superior de la companya		. 20.						
the second second	raviolet R					hlorine	Chlorine D	ioxide	☐ Ozone	Com	bined Chlor	ine (Chlora	mines)	
-				er (Describe):				-		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
Type o	f Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chk	orine	Combir	ned Chlorine	(Chloramine	es)	Chlorine	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	y Virus Inac	tivation, if	Applicable	*		
							ulations	1.00				Dose	1	
					· · · · · · · · · · · · · · · · · · ·		1				and alternation	College Col	1	그는 것이 아무 물건을 받는 것이 없다.
	Days Plant Staffed or Visited by		Net Quantity of Finished	1	Lowest Residual Disinfectant Concentration (C)	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First				Lowest	Minimum UV Dose	Lowest Residual Disinfectant	
Day of	Operator	Hours plant			Before or at First	Measurement Point During	Customer During Peak			Minimum	Operating	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm ²	The second of a se	System, mg/L	Out of Operation
12-	Х	24.0	5,000		2.0		1		1				1.9	
2		24.0	5,000						1			1	1	
3	Х	24.0	5,000		1.1	and the second sec						1	0.9	
4		24.0	6,000											
5	Х	24.0	6,000		1.5								1.4	
6		24.0	6,000											
7	v	24.0	5,000					ļ			L			
9	X	24.0	5,000 5,000		1.4								1.2	
10	x	24.0	5,000		1.4									
11	^	24.0	5,000		1.4								1.2	
12	X	24.0	6,000		1.4								1.3	
13		24.0	6,000										1.5	
14		24.0	5,000											
15	Х	24.0	6,000		1.2		/						1.0	
16		24.0	6,000											
17	Х	24.0	6,000		1.3								1.2	
18		24.0	6,000											
19	Х	24.0	6,000		1.2								1.1	
20 -		24.0	5,000											
21	v	24.0 24.0	5,000											
22	Х	24.0	5,000 5,000		1.1								0.9	
24	x	24.0	5,000		1.2									
25		24.0	5,000		1.2								1.1	
26	X	24.0	5,000		1.0								0.8	
27		24.0	6,000										0.8	
28		24.0	6,000											
29	Х	24.0	6,000		1.0								0.8	
30		24.0	6,000										5.0	
31		24.0	6,000											
Total	.). (als		170,000											
Avgerage		inal and a start	5,484											
Maximun	1	N. (NO); ?	6,000											

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

* 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 3424029 PWS Identification Number: PWS Name Chappell Hills Consecutive Non-Transient Non-Community Transient Non-Community PWS Type: Community 144 Total Population Served at End of Month 41 Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Field Coordinator Contact Person's Title: Paul Thompson Contact Person: Zip Code: 34749 State: Florida City: Leesburg PO Box 490310 Contact Person's Mailing Address: (352) 787-6333 Contact Person's Fax Number: (352) 787-0980 Contact Person's Telephone Number: pdthompson@aquaamerica.com Contact Person's E-Mail Address: **B.** Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Chappell Hills Zip Code: 34479 Florida State: City: Ocala 2338 NE 55th St Plant Address: Purchased Finished Water Raw Ground Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65,000 Plant Class (per subsection 62-699.310(4), F.A.C.) D Plant Category (per subsection 62-699.310(4), F.A.C.) V Day(s) / Shift(s) Worked License Number License Class Name Licensed Operators Days 1st Shift 7251 A Lead/Chief Operator: Paul Thompson 7082 Days 1st Shift C Other Operators: Larry White 7846 Days 1st Shift Gary Kissick 3.3 A Star and Star and the second second 学 小村、御州市、湖 福天 一部分 一部 14

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 the retainent process of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

DEP Form 62-555 900(3)Alternate

Page 1

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

PWS IL)			3424029		Plant Name	Chappell Hi	lls						
111. D	aily Data	for the N	lonth/Year	of:		April, 2010								
			g Virus Inactiv			terres de la company de la	Chlorine Di	ovide	□ Ozone	☐ Com	ained Chlori	ne (Chlora	minac)	
	raviolet R			r (Describe):		inotate j	Chiorine Di	OAIGC	1 Ozone	i com	Since Chion	ne (emora	inines)	
-						Free Chk	<u>.</u>	Combin	ed Chlorine	(Chloromin)		Chlorine I	Dioxide	
Type o	t Disinted	ctant Resid	lual Maintan		ibution System:								T	Formation and the second se
				0	T Calculations, or	Construction and an other providence of the second s		Four-Log	Virus Inac	tivation, if			4	
				- 14 	A CARL	CT Calc	ulations	Sec. 1			UV	Dose	1	
							Lowest CT	612			というない			
						Disinfectant	Provided			ોક્સ	1. A.		1	
	Days Plant				Lowest Residual	Contact Time	Before or at	1.1			1. 58.50	Distance of	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				an a	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	1.		Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 I emp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	*X*)	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			1.0		<u> </u>						0.9	
2	X	24.0		ļ	1.1				+		<u> </u>	+	0.9	
3	X	24.0			1.1			<u> </u>			+		0.8	
4	~	24.0	A		1.0								0.8	
5	X	24.0	2		1.0				+				0.0	
7	x	24.0	1		1.0			+					0.8	
8	^	24.0	7,000	+	1.0								1	
9	X	24.0		+	1.1								0.9	
10		24.0	6,000								İ	1	1	
11		24.0	7,000		1			1	1					
12	X	24.0	8,000		1.1								0.9	
13		24 0	7,000											
14	Х	24.0			1,1							ļ	0.8	
15		24.0		L				ļ	<u> </u>		<u></u>	ļ		
16	X	24.0	8,000	L	1.0		ļ						0.8	
17		24.0		<u> </u>										
18		24.0	7,000		0.9						<u> </u>		0.7	
19 20	X	24.0 24.0	7,000		0.9			+					0.7	
20	x	24.0	7,000		0.4		1	1					0.6	
22	~	24.0	7,000		0,4		1							
23	x	24.0	7,000		1.0		1	1	1				0.8	
24		24.0	8,000				1	1	1				1	
25		24 0	8,000				1		1		1			
26	X	24.0	7,000	1	0.9		1		1				0.7	
27		24.0	7,000											
28	Х	24.0	Contraction of the owner of the second s		1 0								0.8	
29		24 0	6,000					1						
30	X	24 0	9,000		0.9								0.8	
31		L					1	1	L	L	L			L
Total		Constant-la	209,000	-										
Avgerag		1 64 - C	6,742	-										
Maximu	m		9,000											

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

1. General Water System Information for t	ne Month/Year of: April, 20	010			
Consecutive System Name: Lake Suzy			PWS Identifica	tion Number: 6144856	
Consecutive System Type:	Community Non-Transient Non-Com	nmunity [] Transient Non-Con	nmunity		
Number of Service Connections at End of	Month: 568		Total Population Served at End of M	fonth:1533	
Consecutive System Owner:	Aqua Utilities Florida				
Contact Person:	Harry Householder		Contact Person's Title: Area Manage	я Т	
Contact Person's Mailing Address:	1100 Thomas Ave.	City: Leesburg	State: FL	Zip Code: 34668	
Contact Person's Telephone Number:	(941)915-8788		Contact Person's Fax Number:	(941) 378-3554	
Contact Person's E-Mail Address: hhouseh	@aquaamerica.com				

II. Daily I	Distribution System Disinfectant Residual	Data for the Month/Year of :	April,	201	0	
Type of D	isinfectant Residual Maintained in Distri	bution System:			Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant	Emergency or Abnormal Ope Repair or Maintenance Wo Taking Water System Con Operation	rk that Involves ponents Out of ^{Day}	C	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
1	3.2		Ľ	7	4.1	
2	3.0		$\frac{1}{2}$	8	<i>,</i>	
3	3.8			9	3.1	×
4			20	0	2.9	
5	3.3		2	1	3.0	
6	3.1		- 2	2	3.0	
2 7	3.0	÷	2	3	2.8	
8	3.2		24	4	3.2	
9	3.2		2:	5		
10	2.4		20	6	3.7	
11			2	7	2.6	
.12	3.6		2	8	3.2	
13	3.1		. 2	9	3.0	
14	3.2		31	0	3.8	
15	3.3			11		
16.	2.7					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Harten

Don Hostetler

C 14147

Signature and Date

5/10/2010

Printed or Typed Name

Page 1

DEP Form 62-555.900(4) Effective August 28, 2003

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT 10090 BAVARIA RD 1050 ENDEAVOR CT Sanders FT. MYERS, FL 33913 NOKOMIS, FL 34275 239-590-0337 941-488-8103 Laboratories inc D E85457 D E84380 Lab Receipt Date & Time Environmental Testing Services Analysis Date & Time: Report Number: NTOOY Sample Acceptance Criteria Sub-Contract Lab ID: Sample Preservation El Not On Ice П Analysis Requested: (please check all that apply) Disinfectant Check Not Detected ng/L Standard Coliform Test This sample does not meet the following NELAC requirements D HPC Other: 4 4 System Name: LAKE 5024 8 PWS I.D. 12164 5-40 FARIT System Address: System or Owner's Phone #: Fax # Collector: L Fillen Collector's Phone # Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Bottled Water Private Well Swimming Pool Other Reason for Sampling: (check only one) Well Survey Other 10 Sample Collection Date: To be completed by collector of sample To be completed by lab Total Coliform Analysis Method. dry Disinfect Sample Point Collection Fecal or E. coli Analysis Method: Sample Sample pH Res'd (Location or Specific Address) Number Time Type (ma/L) Non Total Fecal or E. Coli Data Lab Sample Number Qualifier Coliform Coliform D 100 OI. SULY Are 913 2 Ster Kinghay Cit D 3 -1 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-100, Table community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant sample in the average.) All tests are performed in accordance with NELAC standards. Disinfectant Residual Analysis Method: DPD Coloimetric C Other: Person performing analysis is: Employed by a certified lab Employed by DEP or DOH Date PWS notified by lab of positive results: A certified operator (# □ Supervised by a cert operator (# Date State notified by lab of positive results Lab Signature Name and Mailing Address of Person to Receive Report Title: DEP/DOH USE ONLY □ Satisfactory 616 WENDER KERT PRD Dincomplete Collection Information Bepeat Samples Required ARASCTA FO EReplacement Samples Required Date Reviewed by DEP/DOH: 34240 DEP/DOH Reviewing Official: Page 1 of 1

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) Analysis Methods; MF = SM9222B & O; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B Results: A = coliforms are absent; P - coliforms are present; C = confluent growth; TNTC - too numerous to count

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



See Pages 4 for Ins	structions				
	ion for the Month/Year of: September, 2008				
	em (PWS) Information	and the second			
PWS Name:	Morningview			PWS Identification Number:	3350852
PWS Type:		Transient Non-Com	/	Consecutive	
	nections at End of Month: 39		Total I	Population Served at End of Month:	137
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			ct Person's Title: Area Manag	ger
Contact Person's Mailing	The second s		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho			Conta	ct Person's Fax Number: (352) 787-6	333
Contact Person's E-Mail					
B. Water Treatment					
Plant Name:	Morningview			Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road		City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment	nt by Plant: 🖉 Raw Ground Water 🗌 Purchased F	inished Water			
Permitted Maximum Day	y Operating Capacity of Plant, gallons per day:	306,000			
Plant Category (per subs	section 62-699.310(4), F.A.C.): V		Plant C	lass (per subsection 62-699.310(4), F.A.C	C.): C
Licensed Operator	Name	License Class	License Number	Day(s) / Shift	(s) Worked
Lead/Chief Operato	r: Will Fontaine	С	6813	Days 1st Shift	
Other Operators:	John Worrell	С	6597	Days 1st Shift	
	John Wyker	С	13803	Days 1st Shift	
in the second second					

II. Certification by Lead/Chief Operator

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

Will Fontaine

Signature and Date

DEP Form 62-555. 900(3)Alternate

Printed or Typed Name

C-6813

License Number

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

UI: During Data Graftles Neurolave construction Systemate: 2005 Mean of Anthering Ford-Log Vision Relationing memorial If rec Chairing	PWS Id	entificaitor	n Number:		3350852		Plant Name:	Morningview	N						
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* Refer to the instructions for this report to determine which plants must provide this information.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

			ental Protecti	on, Mail	Station 3551, 2600 Blair Stone Road			2399-240	U		
PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florid 1343 N E. 17th Rd. Ocala, Fl. 34470	la			PERMIT NUMBER: LIMIT: CLASS SIZE:	FLA Fina N/A			REP GRC	ORT	Monthly Domestic
FACILITY: LOCATION:	Palm Terrace Gard 7616 Arbordale Dri Port Richey, FL 346	ve			MONITORING GROUP NUMBER: MONITORING GROUP DESC. NO DISCHARGE FROM SITE:		01 and R-002 Ponds and S				
COUNTY	Pasco				MONITORING PERIODFrom:		10/01/2008	То		10/31/2008	
Parameter		Quantity o	of Loading	Units	Quality or Concent	ration		Units	No.	Frequency of	Sample Type
Flow, total plant to ponds	Sample Measurement	0.118	0.107	mgd					Ex.	Analysis Continuous	Flow meters and totalizers
PARM Code 50050 Y Man Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.108	0.094	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				87%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon Site No. FLW-01	Permit Requirement				Report (3MADF) ²			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2 6			MG/L	0	Every tw weeks	o Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0	MG/L	0	Every tw weeks	^o 8-hour FPC
PARM Code 80082 1 Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.2			MG/L	0	Every tw weeks	o Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				2.4		2.8	MG/L	0	Every tw weeks	
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Don Hostetler / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO 352-302-9713 REC

DATE (YY/MM/DD)

08/11/19

PA File No. FLA012773-002-DW2P Version 2-9-04

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER. FLA012773

MONITORING GROUP NUMBER: R-001 and R-002 Pasco

			MONITORING P	NUMBER OF STREET	10/01/2008	To:		10/31/2008	
Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
							Ex.	Analysis	
рН	Sample Measurement		7.4		7.7	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 1 Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		1.3			#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)			#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		4.4		19.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 Mon Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)		800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)			MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.4	MG/L	27	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No.EFA-01	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*	150			MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		140			MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

3 The 3MADE % Capacity is the 3MADE divided by the plant capacity multiplied by 100, Reported as a percent.

4 FPC - flow proportioned composite

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

PA File No. FLA012773-002-DW2P Version 2-9-04

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA012773

Facilty: County: Palm Terace Gardens WWTP Pasco

MONITORIN	G PERIO	DFrom:	10/01	/2008	To:	10/31	/2008	County:	Pasco	
t	Flow (MGD) otal plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.100	0.090			54598518	7.4		2.1		
2	0.101	0.000			55000402	7.5		2.0		
3	0.100	0.118			55554554	7.4		2.1		
4	0.165	0.183			56396842	7.4		1.9		
5	0.101	0.089								
6	0.101	0.089	2u		57317921	7.5	2.8	2.0	150	140
7	0.150	0.102		19.0	57875558	7.4		2.2		
8	0.136	0.115			58455580	7.5		2.0		
9	0.102	0.089			58995540	7.4		2.2		
10	0.110	0.115			59655660	7.5		2.0		
11	0.123	0.159			60348693					
12	0.109	0.130								
13	0.109	0.130			14396143	7.4		2.2		
14	0.108	0.127			62048609	7.5		2.0		
15	0.096	0.106			62633585	7.7		1.8		
16	0.101	0.088			63203570	7.4		2.2		
17	0.100	0.035			63647444	7.5		2.0		
18	0.096	0.078			64144497					
19	0.114	0.080			-64144					
20	0.114	0.080			51846518	7.4	2u	2.2		
21	0.099	0.090		1.0	65696512	7.5		2.0		
22	0.105	0.085			66219523	7.4		2.2		
23	0.087	0.089			66701482	7.4		2.2		
24	0.103	0.091			67218517	7.5		2.0		
25	0.110	0.095			67743525					
26	0.117	0.085			-67743					
27	0.117	0.085	×		88166881	7.4		2.2		
28	0.096	0.080			69284468	7.5		2.0		
29	0.102	0.086			69832548	7.4		2.2		
30	0.097	0.082			70339507	7.6		1.8		
31	0.053	0.045			70874535	7.6		2.0		
PLANT STA	FFING									
Lead Operat			Class	В		cation No.:	8035		Name	Don Hostetler
Day Shift Op			Class		<u></u>	cation No.:	-		Name:	
Day Shift Op Day Shift Op			Class: Class:		100 State	cation No.: cation No.:			Name	
Day Shint Op	Verator		01035		- Certilit	duon NO			Name	

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation Limited Wet Weather Discharge Activated: Yes____ No

Class:

Not Applicable: ves, cumulative days of wet weather discharge

Name

* Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

PA File No. FLA012773-002-DW2P Version 2-9-04

Chief Day Operator

Certification No.:



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

. Public water System	Construction of the owner own	North State of State					2261021
PWS Name	Piney Woods / Sprin					PWS Identification Number	3351021
PWS Type:	Community	Non-Transient Non-Commu	unity	Transient Non-Com	the second se	Consecutive	
Number of Service Connect	tions at End of Month	h. 180			T	otal Population Served at End of Mo	onth: 437
PWS Owner.	Aqua Utilities Florid	da					
Contact Person	Will Fontaine				C	ontact Person's Title: Fie	ld Coordinator
Contact Person's Mailing A	ddress	PO Box 490310			City: Leesburg	State: Florida	Zip Code 34749
Contact Person's Telephone	Number	(352) 787-0980			C	ontact Person's Fax Number: (35	52) 787-6333
Contact Person's E-Mail Ad	Idress	wmfontaine@aquaamerica	a.com				
. Water Treatment Pla	ant Information						
Plant Name	Piney Woods\Spring	g Lake Manor				Plant Telephone Number:	352-787-0980
Plant Address	2013 Spring Lake R	d / 2038 Live Oak Dr			City: Fruitland	Park State: Florida	Zip Code: 34731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		216,000			
Plant Category (per subsect	the second se					nt Class (per subsection 62-699.310	(4), F.A.C.): C
Licensed Operators		Name		License Class	License Num	ber Day(s)) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	John Worrell			С	6597	Days 1st Shift	
	John Wyker			С	13803	Days 1st Shift	
	Arthur House			С	16174	Days 1st Shift	
						-1	

II. Certification by Lead/Chief Operator

1, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 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. 1 also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

7.910 Signature and Date

Printed or Typed Name

Will Fontaine

C-6813

License Number

DEP Form 62-555 900(3)Alternate

Page 1

PWS II)			3351021		Plant Name	Piney Wood	\$						
IIII	aily Data	for the N	lonth/Year	of:		January, 2010					,	·····		
			g Virus Inactiv		11 July 10 Jul		Chlorine Di	1.1	F 0-					
						morme	Chlorine Di	oxide	□ Ozone	Comt	oined Chlori	ne (Chiorai	nines)	
+	traviolet R			rt (Describe)										
Type	of Disinfee	ctant Resid	lual Maintai		ibution System:	Free Chlo	and the second se	a 217 218 - 1.		(Chloramine		Chlorine l	Dioxide	
				(T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	¥		
1						CT Calc						Dose	1 - 12 - 12	
							1	[1	T	1.1.1.1	Essence en tra	1	
1							Lowest CT			1				
						Disinfectant	Provided						and the second	tor set
	Days Plant				Lowest Residual	Contact Time	Before or at	[[1	Minimum	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			No.		Required,	Concentration at	
Day of	Operator	Hours plant		6 1 5	Before or at First	Point During	During Peak	Temp of	all of Water	Minimum CT Required, mg		mW-	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg- min/L		if Applicable		mW-sec/cm ²	sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month	*X*)	Operation	gal 22,000	Rate, gpd	Peak Flow, mg/L	minutes	mitre	water, c	In Applicable	marc	in w-sec/cm	sectent	System, mg/L 0.8	Out of Operation
$\frac{1}{2}$	X X	24.0			J.J 1.1								0.8	
3	~	24.0			1.1									
4	X	24.0	32,500		10				<u> </u>	+			0.8	
5	X	24.0	and the second sec		1.2								0.8	
6	x	24.0	31,000		1.1				·				0.8	·
7	X	24.0	32,000		1.1								0.8	an
8	X	24.0	34,000		1.1								0.9	
9	X	24.0	21,000		1.2									·
10		24.0	56,000											••••••••••••••••••••••••••••••••••••••
11	X	24 0	56,000		1.3								1.0	
12	Х	24.0	36,000		1.2								1.0	
13	Х	24.0	31,000		1.2								1,0	
14	X	24.0	38,000		1.2								1.0	
15	Х	24.0	45,000		1.1								0.8	
16	Х	24.0	25,000		1.2									
17		24.0	38,500											
18	X	24.0	38,500		1.9						-		1.4	
19	X	24.0	51,000		1.5								1.2	
20	X	24 0	21,000		1.5								1.1	
21 22	X	24.0	43,000 23,000		1.6								10	
22	X X	24.0	40,000		1.5								1.0	Pulpoullinesses and a second
23	Δ	24.0	53,000		1.3									
25	X	24.0	53,000		1.4								1.1	
26	x	24.0	30,000		1.4						····		10	
27	X	24.0	38,000		1.3								1.1	••••••••••••••••••••••••••••••••••••••
28	X	24.0	21,000		1.2								0.9	
29	X	24.0	39,000		1.3								1.0	
30	X	24.0	45,000		1.2	and the second								
31		24.0	57,000											
Total			1,162,000										and the second	
Avgerage			37,484											
Maximu			57,000											

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

PWS II)			3351021		Plant Name	Spring Lake	Manor						
III. D	aily Data	for the N	lonth/Year	of:		January, 2010								
procession of the second se			g Virus Inactiv		al: 🔽 Free C	hlorine [Chlorine Di	oxide	⊂ Ozone	☐ Comb	ined Chlori	ne (Chlorar	nines)	
IT UI	raviolet R	adiation	[Othe	r (Describe):										•
Type o	d'Disinfe	ctant Resid	lual Maintair	ned in Distr	ibution System:	Free Chlo	rine Γ	Combin	ed Chlorine	(Chloramine	(s)	Chlorine I	Dioxide	
		ſ		C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if a	Applicable*	•		
						CT Calc					UVI]	
]	
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	 A state of the sta
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	min/L	mW-sec/cm ²	sec/cm	System, mg/L	Out of Operation
1	X	24 0			1.0			ļ					0.8	
2	X	24.0			1.1									
3		24 0			0.0								0.8	
4	X	24 0			0.9								0.8	
5	X	24 0			0.9								0.8	
6	X	24 0			1.0								0.8	
8	X	24.0			1.0								0.9	
9	<u> </u>	24 0			1.0									
10	<u>_</u>	24 0			and the second se									
11	Х	24.0			1.1								1.0	
12	Х	24.0			1.1								1.0	
13	Х	24.0			1.1								1.0	
14	Х	24.0			1.0								1.0	
15	Х	24 0			1.0			ļ					0.8	
16	X	24.0			1.0									
17		24 0											14	
18	X	24.0	200		1.5								1.2	
19 20	<u>X</u> X	24 0 24 0	200		1.3									
20	<u>X</u>	24.0			1.2								1.1	
22	X	24.0			1.2								10	
23	X	24.0												
24		24.0												
25	X	24.0			1.2								1.1	
26	Х	24.0			i.2								1.0	
27	Х	24 0			1.2								11	
28	Х	24.0			1.1								0.9	
29	X	24 0			1,1								10	
30	X	24.0			1.2									
31 Total		24.0	200			L	L	L	L	I				
Total			200											
Avgerag Maximu			200											
wiakiniu			-00											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finis	shed-Water Pro	duction for the	Month/Year of :		January 2010						
Communit	y Water System	(CWS) Name:	Piney Woods				and the second second second second	in the second second second second			
ublic Wa	ter System (PWS			3351021							
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
		Spring Lake									
	Piney Woods	Manor									
	Well 1	Well 2									
			Per	mitted Maximum	Day Operating Ca	apacity of Each F	Plant, gallons per	r dav	L		Total
Day of	432,000	201,600				[T T	I		633,600
Month	432,000	201,000		Net Quantity of	Finished Water F	Produced by Eac	h Plant, gallons	.	L		Total
1	22,000	0	[I	1	[T			22,000
2	38,000	0									38,000
3	32,500	0									32,500
4	32,500	0						<u>}</u>		1	32,500
5	41,000	0				1		[41,000
6	31,000	0									31,000
7	32,000	0									32,000
8	34,000	0									34,000
9	21,000	0									21,000
10	56,000	0				<u> </u>					56,000
11	56,000	0									56,000
12	36,000	0									36,000
13	31,000	0									31,000
14	38,000	0									38,000
15	45,000	0									45,000
16	25,000	0								1	25,000
17	38,500	0									38,500
18	38,500	0									38,500
19	51,000	200									51,200
20	21,000	0									21,000
21	43,000	0						1			43,000
22	23,000	0									23,000
23	40,000	0									40,000
24	53,000	0									53,000
25	53,000	0						1			53,000
26	30,000	0						1			30,000
27	38,000	0									38,000
28	21,000	0									21,000
29	39,000	0						1			39,000
30	45.000	0									45,000
31	57,000	0									57,000
otal	0.,000	· · · ·	L			L	N (MB)	1			1.162,200
vg.											37,490
ax.										1	57,000



See Pages 4 for Instructions. I. General Information for the Month/Year of: February, 2010 A. Public Water System (PWS) Information PWS Name: Piney Woods / Spring Lake Manor PWS Identification Number Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 180 Total Population Served at End of Month PWS Owner: Aqua Utilities Florida Contact Person: Will Fontaine Contact Person's Title: Field Coordinator Contact Person's Mailing Address: PO Box 490310 State: Florida City: Leesburg Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: wmfontaine@aquaamerica.com

1
1
1
4
A4444444444444444444444444444444444444

Arr 19 19 19 19 19 19 19 19 19 19 19 19 19

II. Certification by Lead/Chief Operator

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

3-9-10 Signature and Date

Printed or Typed Name

Will Fontaine

C-6813

3351021

Zip Code:

34749

437

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

Page 1

PWS I	D:			3351021		Plant Name:	Piney Wood	S						
THE D	aily Data	for the M	lonth/Year	of:		February, 2010								
particular second second			y Virus Inactiv		한 성격 김 영감의 것은 것을 가지 않는 것을 가지 않는 것을 했다.				F 0					
1						niorine	Chlorine Di	oxide) Ozone	J Com	bined Chlori	ne (Chlora	nines)	
H			☐ Othe		Manual Contraction of the State									
Type of	of Disinfe	ctant Resid	lual Maintai		bution System:	Free Chk			ed Chlorine			Chlorine I	Dioxide	
di di	Contration of the	In the sector of	All states and	C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if.	Applicable	*	100月10日10日	
· 如何的""。				and the state		CT Calc	ulations	1.2.1			UV	Dose	Strain R. B.	Provide a second second
No. 12.		A State of the second			an state of the	Act of the second		2.44			Station and	R. C. S.		
R. C. C.	And a second				A State of the state of the	Disinfectant	Lowest CT Provided				Server Server		Service and the service of the	a ballet of the second state of the
C. C. C. C.	Days Plant	A BARAN		and a state	Lowest Residual	Contact Time	Before or at	1. 19 . 19 . 19		A BARA		And Street and	Lowest Residual	
E.E.	Staffed or	and the light of	Net Quantity		Disinfectant	(T) at C	First	S. Carl				Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	S. S. Hall	Sec. Cha		Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	a and your	Constant State	Minimum	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	57,000		1.3					<u>.</u>			0.9	
2	X	24.0	47,000		1.3			ļ					0.9	
. # 3	X	24.0	48,000		1.2		[ļ				<u> </u>	0.9	
4	X	24.0	33,000		1.3								0.9	
6	X X	24.0	41,000 22,000		1.2						<u> </u>	+	0.8	
7	A	24.0	44,000		1.2									
8	X	24.0	44,000		1.1								0.8	
9	X	24.0	34,000		1.1							1	0.8	
10	X	24.0	30,000		0.7							1	0.6	
~11	X	24.0	34,000		1.3								0.7	
12	Х	24.0	30,000		1.3								0.9	
13	X	24.0	26,000		1.3									
14		24.0	43,000								Ļ			
15	X	24.0	43,000		1.3						ļ	ļ	1.0	
- 16	X	24.0	33,000		1.4								1.0	
17	X	24.0	18,000		1.3							<u> </u>	1.1	
18	X	24.0	45,000		1.3								1.1	
19 20	X	24.0	30,000		1.2								0.9	
20	X	24.0	23,000		1.2							<u> </u>		
22	X	24.0	45,500		1.3								0.9	
23	X	24.0	40,000	· ·	1.3						· · ·		0.9	<u> </u>
24	X	24.0	32,000		1.1								0.9	
25	X	24.0	30,000		1.2							1	0.8	
26	X	24.0	27,000		1.1							1	0.8	
27	X	24.0	24,000		1.1									
28		24.0	38,500											
29		24.0												
30		24.0												
31		24.0												1
Total	1 Janet	and the second	1,007,500											
Avgera	and the second se	e a de la cara	32,500											
Maximi	im 🦾	11月1日日 11月1日	57,000											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Public Wa	ter System (PWS	5) Identification N	lumber:	3351021							
ter sitar		Plant 2 Name:		Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
Sale Creek		diana and and a	Pen	mitted Maximum	Day Operating Ca	apacity of Each F	Plant, gallons per	day	a particular		Total
Day of	432,000	201,600									633,600
Month			Later Reality	Net Quantity of	Finished Water F	roduced by Eac	h Plant, gallons	THE WAR	a Producer of the		Total
1	57,000	0						I			57,000
2	47,000	0									47,000
3	48,000	0									48,000
4	33,000	0									33,000
5	41,000	200						1			41,200
6	22,000	0									22,000
7	44,000	0									44,000
8	44,000	0									44,000
9	34,000	0									34,000
10	30,000	0									30,000
11	34,000	0									34,000
12	30,000	0									30,000
13	26,000	0									26,000
14	43,000	0									43,000
15	43,000	0									43,000
16	33,000	0									33,000
17	18,000	0									18,000
18	45,000	700									45,700
19	30,000	0									30,000
20	23,000	0									23,000
21	45,500	0									45,500
22	45,500	0									45,500
23	40,000	0									40,000
24	32,000	0									32,000
25	30,000	0									30,000
26	27,000	0									27,000
27	24,000	0									24,000
28	38,500	0						-			38,500
29	0	0									0
30	0	0									0
31	0	0									0
tal	Carl Port Astro			a sugar	and the second	C. S. Physics and a	Long States Law	A CARGO AND A CARGO AND A	Desta in charling	State of the second	1,008,400
g.	a transferration						Kittan	TS- 4			32,529
Max.	m 62-555 900(11)										57,0



Public Water System PWS Name	Piney Woods / Sprin	No. of Concession, Name of Con				PWS Identification Number	3351021	
PWS Type:	Community	Non-Transient Non-C	ommunity	Transient Non-Com	munity	Consecutive	5551021	
Number of Service Connec	Contraction of the second seco					Population Served at End of	Month: 437	
PWS Owner:	Aqua Utilities Florid	Martin Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contra						
Contact Person:	Will Fontaine				Conta	ct Person's Title:	Field Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	NAME AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY.	(352) 787-0980			' Conta	ct Person's Fax Number	(352) 787-6333	
Contact Person's E-Mail Ac	idress:	wmfontaine@aquaam	erica.com					
Water Treatment Pla	ant Information							
Plant Name:	Piney Woods\Spring	g Lake Manor				Plant Telephone Number:	352-787-09	80
Plant Address:	2013 Spring Lake R	d / 2038 Live Oak Dr			City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased I	Finished Water		-		
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:		216,000	and a state of the second state of the			
Plant Category (per subsect	ion 62-699.310(4), F	.A.C.):	IV		Plant C	lass (per subsection 62-699.	310(4), F.A.C.): C	
Licensed Operators		Name	and the state of the second	License Class	License Number	Da	y(s) / Shift(s) Worked	言語の書
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	John Worrell			C	6597	Days 1st Shift		
	John Wyker			С	13803	Days 1st Shift	•	
and marked and the first	Arthur House			С	16174	Days 1st Shift		
The second s								
				And the second se	the second se	And and an other design of the local data and the l	the state of the s	The second se

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, toggther with copies of this report, at a convenient location for at least ten years.

4.8.10

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813 License Number

Page 1

PWS II):			3351021	•	Plant Name:	Piney Wood	s						
	aily Data	for the N	Ionth/Year	of		March, 2010							and a second	
			g Virus Inactiv		al: 🔽 Free C	and the second sec	CUL: D		F 0			(0) 1	· .	
		-	-			morine j	Chlorine Di	oxide	☐ Ozone	I Com	bined Chlori	ne (Chlorar	nines)	
E.	traviolet R		☐ Othe											
Type of	of Disinfe	ctant Resid	lual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	y Virus Inac	tivation, if	Applicable		and part the second	
1	1				and the second second	CT Calc	ulations			and the second second	UV	Dose		
		and the				West and the			Sugar .	Contraction of the		Charles and the		and the second states
Day of the Month	Days Plant Staffed or Visited by Operator' (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	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, ^O C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
1	X	24.0	38,500		1.1								0.8	
2	X	24.0	28,000		1.1			L					0.7	
3	X	24.0	31,000		1.1								0.7	
4	<u> </u>	24.0	29,000		1.3		ļ	ļ					0.7	
5	X	24.0	31,000		1.3		ļ					<u> </u>	0.7	
6	X	24.0	18,000		1.3								0.9	
7		24.0	46,000		1.3			<u> </u>	+	<u> </u>			1.1	
9	<u> </u>	24.0	46,000 31,000		1.3								1.1	
10	x	24.0	31,000		1.4						<u> </u>		1.0	
11	X	24.0	35,000		1.4				1		<u> </u>		1.0	
12	X	24.0	18,000		1.4								1.1	
13	X	24.0	31,000		1.4			1	1			1		
14		24.0	39,000					1		1				
15	X	24.0	39,000		1.3		1	1	1		1	1	1.0	
16	X	24.0	38,000		1.2			1					1.0	
17	X	24.0	29,000		1.1								0.8	
18	Х	24.0	46,000		1.3								0.8	
19	X	24.0	26,000		1.4								1.0	
20	<u> </u>	24.0	39,000		1.4									
21		24.0	44,000											
22	<u>X</u>	24.0	44,000		1.3							ļ	0.9	
23	X	24.0	· 30,000		• 1.2		•					•	0.9	•
24	X	24.0	31,000		1.3			ļ				ļ	0.9	
25 26	<u> </u>	24.0	44,000		1.3								0.9	
20	X	24.0	33,000		1.3								0.9	
28	X	24.0	22,000		1.5									· · · · · · · · · · · · · · · · · · ·
28	X	24.0	33,500		1.3								0.9	
30	X	24.0	46,000		1.3								0.9	
31	<u>X</u>	24.0	36,000		1.2								0.9	
Total		24.0	1,066,500		1.2			1		1		J	0.9	1
Avgerag		A AMAZIA	34,403											
Maximu			46,000											

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

PWS II):			3351021		Plant Name:	Spring Lake	Manor						
	aily Data	for the M	lonth/Year o	of:		March, 2010								
			g Virus Inactiv				Chlorine Di		☐ Ozone		bined Chlori	a (Chlores	minar)	
			- a state of the s			mornie j	Chiorine Di	oxide	1 02011¢	I Com	oined Chiori	ne (Chiorai	nuies)	
-	traviolet R			r (Describe):	styles and the second sec		-	·		(0)1		Chlorine I	<u></u>	
Type of	of Disinfee	ctant Resid	lual Maintair	ned in Distr	ibution System:	Free Chk			ned Chlorine				Jioxide	Martin Martin and Anna and Ann
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if	Applicable'		Res March	
		19			14	CT Calc					UV	Dose	Market Star	
				1	a post a substance	Sat West Rough	Del go an	1.11	PAL LANGE R	and the second	C. States			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water ' Producted, gal.	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		pH of Water, if Applicable		Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remôte Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
1	X	24.0	Land and the second s		0.9	an in a station of the second s		1			1		0.8	
2.16	X	24.0			0.9								0.7	
3	X	24.0			0.8								0.7	
4	Х	24.0			0.9						1	L	0.7	
5	X	24.0			1.0					<u> </u>		ļ	0.7	
6	X	24.0			1.1				1		1		0.9	
7		24.0	And and a second se				ļ	ļ		L		ļ	+	
8-	X	24.0	1	L	1.2		<u> </u>	ļ					1.1	
9	X	24.0	And the second s		1.2								1.0	
10	X	24.0	E		1.2			<u> </u>				<u> </u>	1.0	
11	X	24.0 24.0			1.1				+		+	<u> </u>	1.1	
12	X X	24.0			1.2			1	+		1			
.14		24.0						1	1		1		1	İ
15	x	24.0		<u> </u>	1,1			1	1		1		1.0	
16	X	24.0			1.0			1	1				1.0	
17	X	24.0	Concession and the party of the		1.0								0.8	
18	X	24.0	100		1,1				e .				0.8	
19.	X	24.0			1.2		1					ļ	1.0	
20	X	24.0			1.3									
21		24.0												
22	X	24.0			1.2		L			Į			0.9	
23	X	• 24.0			1.1				· .				0.9	
24	X	24.0	the second s	<u> </u>	1.2							+	0.9	
25	X	24.0			1.0				+				0.9	
26	X	24.0	Contraction of Contract Operation of Contract		1.0				+				5.9	
27	X	24.0 24.0			1,2			+	+				+	
28	x	24.0			1.1			1	1				0.9	
30	x	24.0			1.0			1	1			1	0.9	
31	x	24.0	L	1	1.0		1	1	1		1		0.9	
Total	A SUM OF MUSIC	M.C. SALE	100	1	Lange and the second second second second second second second second second second second second second second		1	1	1			A		
	gene Profile		3	1										
Maxim			100											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

ublic Wa	ter System (PWS	3) Identification N	lumber:	3351021							
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	A Standard And
	Piney Woods Well 1	Spring Lake Manor Well 2									
an an an an an an an an an an an an an a	on and the calls could		Pen	mitted Maximum	Day Operating Ca	apacity of Each F	Plant, gallons per	day	ACAR STREET	A REAL PROVIDENT	Total
Day of	432,000	201,600				1)	633,600
Month	No. of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract		Mille Marsh 24	Net Quantity of	Finished Water F	Produced by Eac	h Plant, gallons	College States	**21.24 34 20 20 10 20	All and the second second	Total
以天16月後	38,500	0									38,500
2	28,000	0									28,000
3	31,000	0									31,000
4	29,000	0									29,000
5	31,000	0									31,000
6	18,000	0									18,000
7	46,000	0									46,000
8	46,000	0									46,000
9	31,000	0	_								31,000
10	31,000	0									31,000
11	35,000	0	-					1		l .	35,000
12	18,000	0									18,000
13	31,000	0									31,000
14	39,000	0							1		39,000
15	39,000	0									39,000
16	38,000	0									38,000
17	29,000	0									29,000
18	46,000	100			-						46,100
- 19	26,000	0						(26,000
20	39,000	0									39,000
21	44,000	0									44,000
22	44,000	0						h			44,000
23	30,000	. 0		•			•		•		30;000
24	31,000	0									31,000
25	44,000	0									44,000
26	33,000	0								-	33,000
27	22,000	0									22,000
28	33,500	0									33,500
29	33,500	0									33,500
30	46,000	0									46,000
31	36,000	0									36,000
otal					and the second second second second second second second second second second second second second second second			Nor D. Charletter 1			1.066,600
/g.											34,406

DEP Form 62-555 900(11) Effective August 28 2003



See Pages 4 for Instructions.

I. General Information for the Month/Year of:	April, 2010
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A. Public Water System (PWS) Information

PWS Name:	Piney Woods / Sprin						PWS Identification Num	ber	3351021	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Com	munity		Consecutive			
Number of Service Connect	tions at End of Mont	th: 180				Total I	Population Served at End	of Month	437	
PWS Owner:	Aqua Utilities Flori	da								
Contact Person:	Will Fontaine					Conta	ct Person's Title:	Field Coordin	ator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: 1	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-633	33	
Contact Person's E-Mail Ad	Idress	wmfontaine@aquaameri	ica.com							
. Water Treatment Pla	ant Information	í.								
Plant Name:	Piney Woods\Sprin	g Lake Manor					Plant Telephone Number	r:	352-787-09	80
Plant Address	2013 Spring Lake R	Rd / 2038 Live Oak Dr			City: I	Fruitland Park	State: Florida		Zip Code:	34731
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water						
Permitted Maximum Day O	perating Capacity of	f Plant, gallons per day:		216,000						
Plant Category (per subsect	ion 62-699.310(4), F	F.A.C.):	V			Plant C	lass (per subsection 62-69			
Licensed Operators				License Class	Licen	ise Number	La set the Zer of	Day(s) / Shift(s	s) Worked	Was Frankler So
and a second second second second second second second second second second second second second second second	Will Fontaine			C		6813	Days 1st Shift			
Other Operators:	John Worrell			C		6597	Days 1st Shift			
	John Wyker			С		13803	Days 1st Shift			
	Arthur House			С		16174	Days 1st Shift			
S. Prairie M. B.S.										
					1					
Let the second second					1		1			
					1		1			
104								********		

11. Certification by Lead/Chief Operator

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

Signature and Date

5/7/2010

Will Fontaine

Printed or Typed Name

C-6813 License Number

Page 1

PWS II):			3351021		Plant Name	Piney Wood	s						
		for the N	lonth/Year	of:		April, 2010								
Personal division of the local division of t			g Virus Inactiv			herred herred and the second	Chlorine Di	avida	☐ Ozone	Com	ned Chlori	an (Chloror	ninac)	
			G Virus mach			morate 1	Chiorine Di	oxue	1 020110	I Com	bined Chiori	ne (Chiorai	nuies)	
-									- I China	(Chloramine		Chlorine I	Diavida	
Type of	of Disinfe	ctant Resid	Jual Maintai		ibution System:	Free Chl								5
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	y Virus Inac	tivation, if a				
						CT Cak	ulations				UV	Dose		
							Lowest CT						lana i	
						Disinfectant	Provided				· ·		he that he	
	Days Plant				Lowest Residual	Contact Time	Before or at					- Share	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	1.1.1		Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1 : 2	X	24.0			1.2			L				ļ	0.8	L
2	X	24.0			1.2			ļ	ļ			ļ	0.8	
3	X	24.0			1.2			<u> </u>			 	_		
4		24.0	49,000					<u> </u>			<u> </u>		0.8	
5	X	24.0	49,000		1.2				+			<u> </u>	0.8	
6	X X	24.0	52,000 42,000		1.2								0.9	
8.		24.0			1.2				1			+	1	
9	x	24.0	And and a state of the state of		1.3		1	1				1	1.0	
10	x	24.0	the second s		1.3		1	1				1		
11	x	24.0	26,000		1.3			1	1	1	1	1	1.0	
12	X	24.0	55,000		1.4			1	1				1.1	
13	X	24.0	46,000		1.5			1					1.0	
14	Х	24.0	32,000		1.4								1.1	
15	X	24.0	62,000		1.5								1.1	
16	Х	24.0	32,000		1.4								1.2	
17	Х	24.0	47,000		1.2		<u></u>	ļ	ļ		ļ	ļ	ļ	L
18		24.0	49,000					ļ	<u> </u>		<u> </u>			
19	X	24.0	49,000		1.2			<u> </u>			<u> </u>	<u> </u>	0.9	
20	X	24.0	31,000		1.1			<u> </u>	<u> </u>				0.9	
21	X	24.0	34,000		1.2								0.9	
22	X X	24.0	33,000 28,000		1.1				+			+	0.9	
24	x	24.0	41,000		1.1			1			+			
25	<u>^</u>	24.0	45,000		t				1		1	+		
26	X	24.0	45,000		1.1						1		0.8	
27	X	24.0	21,000		1.2						1	1	0.8	
28	X	24.0	45,000		1.2				1		1	1	0.7	
29	Х	24.0	44,000		1.2		1				1		0.8	
30	Х	24.0	32,000		1.1								0.7	
31														
Total	Sec. Salar		1,215,000											
Avgerag			39,194											
Maximu	m		62,000											

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

PWS I):			3351021		Plant Name	Spring Lake	Manor						
	aily Data	for the N	lonth/Year	of:		April, 2010								
Contraction and the second									-					
			g Virus Inactiv		al 🔽 Free C	hiorine	Chlorine Di	oxide	☐ Ozone	[Comb	oined Chloru	ne (Chlorar	nines)	
-	traviolet R		☐ Othe											
Type of	of Disinfee	ctant Resid	lual Maintair	ned in Distri	ibution System:	Free Chlo	rine $\[\]$	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
		Γ		C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inact	tivation, if a	Applicable*	k		
					and the second second second	CT Calc		<u>v</u>			UVI		1	
								[Γ	in the second second	
							Lowest CT		1.10					
						Disinfectant	Provided		6 - K 50 - K				and Market	
	Days Plant				Lowest Residual	Contact Time	Before or at		11.1821-0	561		Minimum	Lowest Residual Disinfectant	
	Staffed or Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	1	1.3	Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	mg-min/L.	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	x	24.0	5ui.	Ture, Spa.	1.0	minutes	Inter Co			D and a	in the boundary		0.8	
2	x	24.0			1.0								0.8	
3	X	24.0			1.0									
4		24.0				,								
5	X	24.0			1.1						1		0.8	
. 6	Х	24.0			1.1		Ì						0.9	
7	Х	24.0			1.0								0.9	
8		24.0										L		
9	Х	24.0			1.1								1.0	
10	X	24.0			1.1									
11	X	24.0			1.2								1.0	
12	X X	24.0 24.0			1.2								1.0	
13	X	24.0			1.2								1.1	
15	X	24.0			1.3						[1.1	
16	x	24.0	200		1.3								1.2	
17	X	24.0			1.2									
18		24.0				an an an an an an an an an an an an an a								
19	Х	24.0			1.0								0.9	
20	Х	24.0			0.9								0.9	
21	Х	24.0			1.0								09	
22	X	24.0			0.9								0.8	
23	X	24.0			0.9								0.9	
24	X	24.0			1.0									
25	· · · · · · · · · · · · · · · · · · ·	24.0												
26	<u>X</u>	24.0			0.9								08	
27 28	X X	24.0 24.0			0.9								0.8	· · · · · · · · · · · · · · · · · · ·
28	X	24.0			0.9								0.7	
30	X	24.0			0.9								0.7	er en se se se se se se se se se se se se se
31	~	24.0			5.7								V.7	
Total	1. 19942	17. Andrews	200				1							
Avgerag			6											
Maximu			200											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

ublic Wa	ter System (PWS	3) Identification N	lumber:	3351021							
ilminest Areas			Plant 3 Name:		Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Piney Woods Well 1	Spring Lake Manor Well 2				-					
	te san ing di ba	Same and	Pen	mitted Maximum	Day Operating C	apacity of Each I	Plant, gallons per	r day	abitra chito - alleria d	and Constants	Total
Day of	432,000	201,600						[633,600
Month	Start and Second	ate minister works		Net Quantity of	Finished Water I	Produced by Eac	h Plant, gallons,	and the second second	Alter Contract		Total
-1	36,000	0									36,000
0.2	41,000	0									41,000
3	33,000	0									33,000
4	49,000	0									49,000
5	49,000	0									49,000
6	52,000	0									52,000
7	42,000	0									42,000
8	35,500	0									35,500
9	35,500	0									35,500
10	45,000	0				T	1				45,000
11	26,000	0							· .		26,000
. 12	55,000	0									55,000
13	46,000	0									46,000
14	32,000	0							-		32,000
15	62,000	0				1		1			62,000
16	32,000	200				-					32,200
17	47,000	0			1			I			47,000
18	49,000	0			1						49,000
19	49,000	0						1			49,000
20	31,000	0					1				31,000
21	34,000	0							1		34,000
22	33,000	0						1			33,000
23	28,000	0									28,000
24	41,000	0				1		1			41,000
25	45,000	0				1					45,000
26	45,000	0				1		1			45,000
27	21,000	0									21,000
28	45,000	0				1					45,000
29	44,000	0									44,000
30	32,000	0									32,000
31	0	0							İ		0
otal					And the second s	L	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1			1,215,200
/g.											39,200
ax.											62,000



See Pages 4 for Inst	ructions.						
. General Informatio	on for the Month/	Year of: October	, 2008				
A. Public Water System PWS Name	Ravenswood	1000				DWG LL CO C AL L	22510/2
PWS Type:	Community	Non-Transient Non-Com	munit.	Transient Non-Com	munitur []	PWS Identification Number:	3351062
Number of Service Conne			munity			Consecutive	1/1
PWS Owner:	Aqua Utilities Florid				Total	Population Served at End of Month:	161
Contact Person:	Edward Pellenz	14			Conta	ct Person's Title: Manage	er of Operations
Contact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon		(352) 787-0980				ct Person's Fax Number: (352) 78	
Contact Person's E-Mail A	the second second second second second second second second second second second second second second second s	ejpellenz@aquaamerica.	.com			(552) 70	07-0355
. Water Treatment P	lant Information						
Plant Name:	Ravenswood					Plant Telephone Number:	352-787-0980
Plant Address:	US Hwy 27				City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment	by Plant:	✓ Raw Ground Water	Purchas	ed Finished Water			L A
Permitted Maximum Day				56,160			
Plant Category (per subse			7		Plant C	lass (per subsection 62-699.310(4), F	F.A.C.): D
Licensed Operators		Name		License Class	License Number	Day(s) / Sl	hift(s) Worked
Lead/Chief Operator				С	6813	Days 1st Shift	
Other Operators:	John Worrell			С	6597	Days 1st Shift	
	John Wyker			С	13803	Days 1st Shift	
					estado		
		anau Alanta Ita		A			

II. Certification by Lead/Chief Operator

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

Will Fontaine

Printed or Typed Name

C-6813

License Number

PWS I	lentificaitor	n Number:		3351062		Plant Name:	Ravenswood	ł						
III. D	aily Data	for the N	lonth/Year	of:		October, 2008								
			g Virus Inactiv		val: 🔽 Free C		Chlorine Di	ovido	⊂ Ozone			(011	•	
	traviolet R		·	r (Describe):	10 P. 10 P.	, include of	Chiornie Di	Oxide	1 020110	I Com	bined Chlori	ne (Chiorai	nines)	
F					ibution System:	Free Chlo	orina T	Combir	ned Chlorine	(Chloramine	es)	Chlorine l	Dioxida	
Type	T Distilled	I	I I I I I I I I I I I I I I I I I I I											
				(CT Calculations, or	All the second se		Four-Log	y Virus Inac	tivation, if	1			
			Contraction of the			CT Calo	culations		1		UV.	Dose	A CONTRACTOR	
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	The second second second second second
Month	"Х")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	17,700		1.3								1.0	
2		24.0	19,550											
3	X	24.0	19,550		1.5				- The second				1.3	
4		24.0	9,133 9,133											
6	X	24.0	9,133		1.4								1.2	
7	X	24.0	7,600		1.4								1.2	
8	X	24.0	18,800		1.6								1.4	
9		24.0	7,450											
10	Х	24.0	7,450		1.6								1.4	
11		24.0	9,067											
12		24.0	9,067											
13	X	24.0	9,067		1.5								1.3	
14		24.0	10,000											
15 16	X	24.0	10,000 8,550		2.0								1.8	
10	X	24.0 24.0	8,550		2.2								2.0	
17	A	24.0	9,033		2.2								2.0	
19		24.0	9,033											
20	X	24.0	9,033		1.1								0.9	
21		24.0	12,550										0.7	1.12 1.12
22	Х	24.0	12,550		0.9								0.8	
23		24.0	9,000											
24	Х	24.0	9,000		1.0								0.8	
25		24.0	8,133											
26		24.0	8,133											
27	Х	24.0	8,133		1.8								1.6	
28		24.0	7,700											
29	X	24.0	7,700		1.1								1.0	
30 31	X	24.0	6,100		1.0			-					0.9	
Total	X	24.0	10,100		0.7								0.6	
Avgerag	e		316,000 10,194											
Maximu			19,550											

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

DEP Form 62-555.900(3)Alternate



See Pages 4 for Inst							
. General Information	n for the Month/	Year of: Augus	t, 2009				
A. Public Water System	n (PWS) Informa	ation					
PWS Name:	Silver Lake Oaks					PWS Identification Number:	2544258
PWS Type:	Community	Non-Transient Non-Co	mmunity	Transient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Month	h: 46			Tota	Population Served at End of Mor	nth: 94
PWS Owner:	Aqua Utilities Florid	da					
Contact Person:	Paul Thompson				Cont	act Person's Title: Fiel	d Coordinator
Contact Person's Mailing A		PO Box 490310	-		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	the second second second second second second second second second second second second second second second s	(352) 787-0980			Cont	act Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail A		pdthompson@aquaam	erica.com				
B. Water Treatment Pl							
Plant Name:	Silver Lake Oaks					Plant Telephone Number:	(352) 787-0980
Plant Address:	7017 Silver Lake D	the second second second second second second second second second second second second second second second s			City: Palatka	State: Florida	Zip Code: 32177
Type of Water Treatment b	-	Raw Ground Water	Purcha	sed Finished Water			
Permitted Maximum Day (100,800			
Plant Category (per subsec			IV		and the second se	Class (per subsection 62-699.310(
Licensed Operators		Name		License Class	License Numbe		/ Shift(s) Worked
Lead/Chief Operator:				A	7251	Days 1st Shift	
Other Operators:	David Haring	(mail)		С	14091	Days 1st Shift	
	Ralph Marriott		*	С	7527	Days 1st Shift	
		a na sana ang sana ang sana ang sana ang sana ang sana ang sana ang sana ang sana ang sana ang sana ang sana a	·····				
							a transmissioner and the second second second second second second second second second second second second s
		-					

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 Printed or Typed Name A7251

License Number

DEP Form 62-555. 900(3)Alternate

Page 1

PWS I	dentificatio	n Number:		2544258		Plant Name:	Silver Lake	Oaks						
111. D	Daily Data	a for the N	lonth/Year	of:		August, 2009								
and the second se			g Virus Inactiv		val: 🔽 Free C		Chlorine Di							
	ltraviolet R			r (Describe):			Chlorine Di	loxide	☐ Ozone	Com	bined Chlori	ne (Chlora	mines)	
-								- <u> </u>	1.011	(011	. –			
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chle				(Chloramine		Chlorine I	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate	Four-Log	g Virus Inac	tivation, if	Applicable	*		and the second second second second second
	A CONTRACTOR					CT Cal	culations			Sector Street	UV	Dose		and the second sec
1 and	Albert Provident						Lowest CT	Service and						
		College A				Disinfectant	Provided		Service Se					
	Days Plant	I SCREW TO DE LA CARA			Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	and the second second second
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water	The states	Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0												
2		24.0												
3	X	24.0	the second second second second second second second second second second second second second second second se		0.6			1	<u> </u>				0.3	
4	X X	24.0			0.6		1						0.4	
6	X	24.0			0.0				+				0.3	
7	X	24.0			0.7								0.3	
8		24.0			0.0								0.3	
9		24.0	2,567				1	1	1					
10	X	24.0			0.6	1.11.11							0.3	
11	X	24.0			0.6				1				0.3	
12	X	24.0			0.6								0.3	
13	X	24.0			0.6			1.00					0.3	
14	X	24.0			0.6								0.2	
15		24.0				1		1.00						
16		24.0					1.11		L					
17	X	24.0			0.6				ļ				0.2	
18	X	24.0			0.6				<u> </u>				0.3	
19	X	24.0			0.7				<u> </u>				0.3	
20	X X	24.0			0.3				+				0.2	
21	A	24.0			0.5								0.3	
23		24.0												
24	X	24.0			0.4								0.2	
25	X	24.0			0.4								0.2	
26	X	24.0			0.4								0.2	
27	X	24.0			0.5				1			-	0.2	
28	X	24.0			0.5								0.2	
29		24.0												
30		24.0												
31	X	24.0			0.8								0.5	
Total			88,900						01					
Avgera		P.G.B.P.B.C.	2,868											
Maxim	um		4,367											

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

AQUA UTILITIES FLORIDA, INC.

100330-WS

ATTACHMENT 4



Charlie Crist Governor

Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

May 27, 2010 CS/BREEZE HILL MHP PWS: Id. No. 3532355 RECEIVED

JUN -7 2010

Aqua Utilities Florida Inc.

BREEZE HILL MHP PO BOX 1408 LAKE WALES, FL 33859-1408

Dear Water System Owner:

A sanitary survey of your system conducted on May 25, 2010 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida* Administrative Code.

- 1. The well seal is leaking. <u>Chapter 62-555.350(2)</u> indicates that all equipment must be maintained in good operating condition.
- 2. The top of the well casing is less than twelve inches above the finished grade. <u>Chapter 62-532.500(3)(b)(4)</u> indicates that the upper terminus of the well casing shall project at least twelve inches above the pump house floor, pump pit floor, or concrete apron around the well. Please ensure that this is corrected whenever any component of the well is renovated.
- The air relief values on the tanks need to be elbowed down. Chapter 62-555.320(8)(c) and 3.2.7.5. in Recommended Standards for Water Works, 1997 Edition requires screened, downward facing vents.

Second notice:

4. The bacteriological sampling plan on file (see attached) dated 2/1/99 and the sampling locations currently used do not match. <u>Chapter 62-550.518(1)</u> requires public water systems to collect total coliform samples at sites that are representative of water throughout the distribution system and in accordance with a written sampling plan that addressed location, timing, frequency, and rotation period. Future results must show the system is adhering to its bacteriological sampling plan. If changes have been made to the system's bacteriological sampling plan, please submit them to the Department for review.

Reminder: Please submit a copy of the tank inspection performed on 12/8/2009 to our office.

	POLK COUNTY HEALTH DEPARTMENT	
Daniel O. Haight, MD, FACP Director	OFFICE OF THE DIRECTOR 1290 Golfview Avenue, 4 th Floor, Bartow, FL 33830-6740 Phone (863) 519-7900 FAX (863) 534-0293 <u>www.mypolkchd.org</u>	Lynne M. Saddler, MD, MPH Assistant Director

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice, unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 ext. 12148.

Sincerely,

mule Shan

Daniela Sloan Environmental Specialist II

Xc: Dan Sherwood, Aqua Utilities

POLK COUNTY HEALTH DEPARTMENT

OFFICE OF THE DIRECTOR

Daniel O. Haight, MD, FACP Director 1290 Golfview Avenue, 4th Floor, Bartow, FL 33830-6740 Phone (863) 519-7900 FAX (863) 534-0293 www.mypolkchd.org Lynne M. Saddler, MD, MPH Assistant Director Bre & Hill Bacteriological Sampling Pl. RWS, IP# 3932355

PECEIVED

FEB . . 1009

Jan	Wen	Lot # 135	Club House	TER ATTA
Feb	Well	Lot # 212	Lat # 354	ENVIRON LENTAL ENGINEERING
March	Well	LoT# 132	LOT# 211	
April 1	Well	LOT#135	Club House	
May	Well	Lot # 212	Lot# 354	and the second second second second second second second second second second second second second second second
June	Well	LOT# 1.32	LOT # 211	
July	Well	LOT# 1:35	Ed the House	
Aug.	Well	2017212	Lot # 354	
Sept.	Well	Lot# 132	LOT# 211	
Oct.	Well	Lot#135	Club House	
Nou	Well	LOT#212	LOT # 354	
Deci	Well	Lot# 132	LOT# 211	
		<i>v</i> .		
	1 Sec. 1			

. ..

1.75

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-734

Map Attach

AQUA

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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

July 7, 2010

Daniela Sloan Polk County Health Department 1290 Golfview Ave. 4th Floor Bartow, FL 33830-6740

RE: Reply to Sanitary Survey Breeze Hill MHP PWS ID No. 3532355 Polk County

Dear Ms. Sloan:

This letter is in response to your inspection of the facility referenced above on May 25, 2010.

- 1. Aqua personnel visited this site after your inspection and did not find the well seal leaking as indicated by your letter. This is a vertical turbine well, which does not have the typical well seal. The vertical turbine has a packing gland on the shaft which is designed to leak a small amount of water. This water should drain from the bottom of the body of the pump as it accumulates. Our operator has cleaned the inside of the body of the pump to ensure the water from the packing gland can drain properly.
- 2. Noted, this will be addressed whenever any component of the well is renovated.
- 3. The air relief valves have been elbowed down.
- 4. The previous owner/operator used lot numbers on the bacteriological plan. Attached is the updated plan with the correct addresses.

Also attached is a copy of the hydropneumatic tank inspection.

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

Sincerely,

third Jamis

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

Enclosure: Bacteriological Sampling Plan Hydropneumatic Tank Inspection



Breeze Hill WTP PWS ID # 3532355 Drinking Water System Bacteriological Sampling Plan

Routine Bacteriological Monitoring:

- Bacteriological Monitoring samples taken within the <u>Breeze Hill</u> distribution system are representative of water throughout the entire distribution system.
- The <u>Breeze Hill</u> system is a <u>community</u> public water system which serves a population less than 3,300. <u>Two</u> distribution samples will be taken every month (Rule 62-550.518(2).
- The sampling locations and the annual rotation schedule are listed in the table below. The locations are depicted on the attached map.

	Bacteriological Monitoring Sample Locations							
Sample Location Number	Exact Address	Sampling Schedule						
1	9183 Lake Point Blvd	January, April, July, October						
2	8527 Breeze Way	January, April, July, October						
3	9186 Lake Point Blvd	February, May, August, November						
4	Club House	February, May, August, November						
5	9012 Lake Point Blvd	March, June, September, December						
6	3540 Breezeway	March, June, September, December						
FFFFFFFFFFFFFFFFFF		• • • • • • • • • • • • • • • • • • •						

- All production wells shall be sampled monthly <u>on the same day as distribution samples</u>. Free chlorine residual is to be measured at each sampling point before sampling. All bacteriological samples shall be analyzed by a certified lab using the Colilert test (SM9223B) within 24 hours.
- During collection of the Bacteriological Monitoring samples, the remote sampling tap is to be measured for a free chlorine residual on each day that operator attendance is required.
- In addition to the designated distribution samples, Aqua Utilities Florida may elect to perform additional bacteriological monitoring within the distribution system to confirm the reliability of the water quality.

Water Main Break/Malfunction:

In the event of a water main break or other system malfunction, after repairs/replacements
are made the operator must take two consecutive days of passing bacteriological samples
prior to placing the area of repair back into normal service.

Distribution Sample Failure:

- In the event of a <u>single</u> distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. If raw water samples were not taken on the same day as the distribution samples, the operator must collect one raw water sample from each well and point of entry.
- In the event of more than one distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. In addition, the operator must collect the same number of raw water samples as there were of failed distribution samples and one sample from the point of entry. (i.e. if 2 distribution failed, then the operator must have 2 raw samples from each well; if raw samples were obtained the same day as the initial routine samples, then only one additional raw sample from each well is needed)





United States Environmental Protection Agency Office of Water (4606) EPA 816-F-01-035 November 2001 www.epa.gov/safewater

Total Coliform Rule: A Quick Reference Guide

Overview of the Rule Total Coliform Rule (TCR) Title 54 FR 27544-27568, June 29, 1989, Vol. 54, No. 1241 Improve public health protection by reducing fecal pathogens to minimal levels Purpose through control of total coliform bacteria, including fecal coliforms and Escherichia coli (E. coli). Establishes a maximum contaminant level (MCL) based on the presence or absence General of total coliforms, modifies monitoring requirements including testing for fecal Description coliforms or E. coli, requires use of a sample siting plan, and also requires sanitary surveys for systems collecting fewer than five samples per month. Utilities The TCR applies to all public water systems. Covered

Public Health Benefits

Implementation of the TCR has resulted in . . .

Reduction in risk of illness from disease causing organisms associated with sewage or animal wastes. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and associated headaches and fatigue.

What are the Major Provisions?

ROUTINE Sampling Requirements

- Total coliform samples must be collected at sites which are representative of water quality throughout the distribution system according to a written sample siting plan subject to state review and revision.
- Samples must be collected at regular time intervals throughout the month except groundwater systems serving 4,900 persons or fewer may collect them on the same day.
- Monthly sampling requirements are based on population served (see table on next page for the minimum sampling frequency).
- A reduced monitoring frequency may be available for systems serving 1,000 persons or fewer and using only ground water if a sanitary survey within the past 5 years shows the system is free of sanitary defects (the frequency may be no less than 1 sample/quarter for community and 1 sample/year for non-community systems).
- Each total coliform-positive routine sample must be tested for the presence of fecal coliforms or E. coli.
- If any routine sample is total coliform-positive, repeat samples are required.

REPEAT Sampling Requirements

- Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least3 REPEAT samples must be collected and analyzed for total coliforms:
- One REPEAT sample must be collected from the same tap as the original sample.
- One REPEAT sample must be collected within five service connections upstream.
- One REPEAT sample must be collected within five service connections downstream.
- Systems that collect 1 ROUTINE sample per month or fewer must collect a 4th REPEAT sample.
- If any REPEAT sample is total coliform-positive:
- The system must analyze that total coliform-positive culture for fecal coliforms or E.coli.
- The system must collect another set of REPEAT samples, as before, unless the MCL has been violated and the system has notified the state.

Additional ROUTINE Sample Requirements

A positive ROUTINE or REPEAT total coliform result requires a minimum of five ROUTINE samples be collected the following month the system provides water to the public unless walved by the state.

¹ The June 1989 Rule was revised as follows: Corrections and Technical Amendments, 6/19/90 and Partial Stay of Certain Provisions (Variance Criteria) 56 FR 1556-1557, Vol 56, No 10.

Note The TCR is currently undergoing the 6 year review process and may be subject to change.

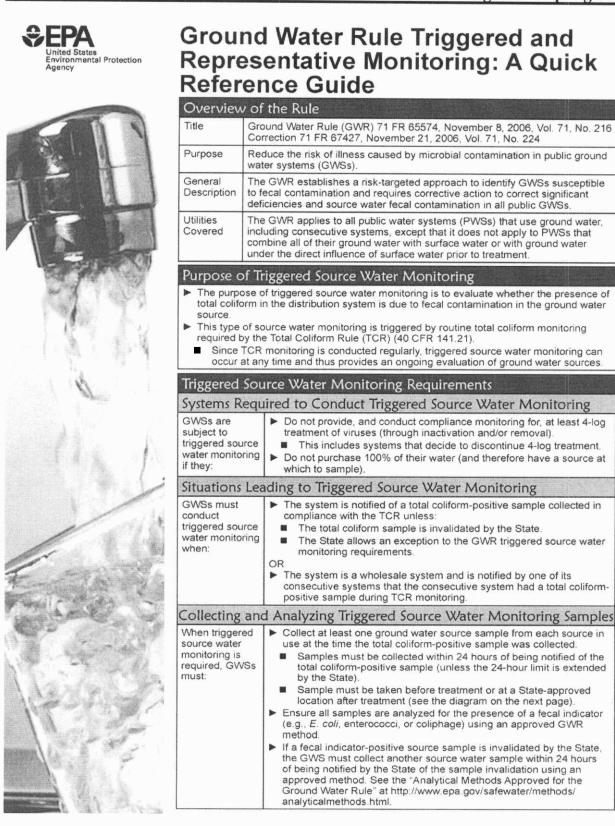
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For additional	information on
the TCR	

Call the Safe Drinking Water Hotline at 1-800-426-4791; visit the EPA web site at www.epa.gov/safewater/mdbp/ mdbp.html; or contact your state drinking water representative.

² The revised Public Notification Rule will extend the period allowed for public notice of monthly violations to 30 days and shorten the period for acute violations to 24 hours. These revisions are effective for all systems by May 6, 2002 and are detailed in 40 CFR Subpart Q.

	Minimum			T. CONTRACTOR OF TAXABLE PARTY OF TAXABL	toring Freq	
Population	Samples/Month	Popula	tion	Minimum Samples/ Month	Population	Minimum Samples/ Mor
25-1,000*	1	21,501-25,000		25	450,001-600,000	210
1,001-2,500	2	25,001-33,0	000	30	600,001-780,000	240
2,501-3,300	3	33,001-41,0	000	40	780,001-970,000	270
3,301-4,100	4	41,001-50,	000	50	970,001-1,230,000	300
4,101-4,900	5	50,001-59,0	000	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,0	000	70	1,520,001-1,850,000	360
5,801-6,700	7	70,001-83,000		80	1,850,001-2,270,000	390
6,701-7,600	8	83,001-96,000		90	2,270,001-3,020,000	420
7,601-8,500	9	96,001-130,000		100	3,020,001-3,960,000	450
8,501-12,900	10	130,001-220,000		120	≥ 3,960,001	480
12,901-17,200	15	220,001-32	220,001-320,000			
17,201-21,500	20	320,001-45	0,000	180		
*Includes PWSs v	which have at least 15	i service con	nections	, but serve <25 peep	le.	
What a	re the Oth	ier Pro	ovis	ions?		
Systems usin water under t	acting fewer than sples per month . g surface water of he direct influence (GWUDI) and me	or ground	year prote Mus each	s if it is a non-con acted and disinfe t collect and have day the turbidity	survey every 5 year mmunity water syste cted ground water). analyzed one colifo y of the source water	rm using rm sample r exceeds 1
filtration avoi " As per the IES category every 3	dance criteria WTR, states must con years (unless reduced	duct sanitary f by the state	first surveys based o	service connection for community surfact in outstanding perform	e water and GWUDI syste	
 Complianc Complianc calendar m The result 	e is determined e conth that sampli s of ROUTINE and	presence each calend ng occurs i REPEAT	or abs dar mo for sy sampl	sence of total col onth the system s stems on reduced	erves water to the p d monitoring). Iculate compliance.	ublic (or eact
	ecting fewer than	40 Has gi	reater		REPEAT sample per	month which
	ecting at least 40	Has gi	eater		of the ROUTINE/REP	PEAT samples
		iolatic	on i	s Trigger	ed if:	
Any public wa	ter system	has a t	fecal c	oliform-or E. col	coli-positive REPEA li-positive ROUTINE ositive REPEAT sam	sample
What are	e the Public	: Notifi	icati	on and Re	porting Requ	irement
For a Monthly	MCL Violation	end o violat	of the tion.		ted to the state no la y after the system le within 14 days ²	
For an Acute N	ICL Violation	The vend of violat	violatio of the tion.	on must be report next business da	ted to the state no la y after the system le	
		The p	ublic	must be notified	within 72 hours. 2	

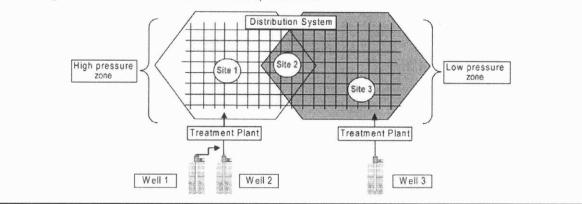


Aqua Utilities Florida Breeze Hill WTP

The diagram below represents an appropriate sampling location for triggered source water monitoring. GWSs should have a sample tap at each source that enables triggered source water monitoring. Treatment Distribution System Ground Water SAMPLING LOCATION Source Additional Sampling If the initial triggered source water sample is fecal indicator-positive, and the State does not require corrective action in response, GWSs must conduct additional source water monitoring. GWSs must collect five additional source water samples (from the source(s) that contained the original fecal indicator-. positive samples) within 24 hours of being notified of the fecal indicator-positive sample The additional samples must be tested for a fecal indicator using an approved GWR method. If any one of the five additional samples is fecal indicator-positive, the system must take corrective action. If any additional sample is found to be fecal indicator-positive but is subsequently invalidated by the State, the GWS must resample for the same fecal indicator within 24 hours of being notified of the invalidation. Note: If the GWS is a wholesale system, it must notify all consecutive systems served by a source of any fecal indicator-positive samples from that source within 24 hours of being notified of the sample result. Sampling at Representative Sources and Triggered Source Water Monitoring Plans Representative Source Sampling If a GWS has multiple sources, the State may allow the GWS to conduct representative source sampling. Representative source water sampling allows systems to collect samples from the sources that represent (serve) the TCR monitoring site rather than from all sources. These representative ground water sources must be approved by the State. Systems must still Sample within 24 hours of total coliform-positive sample Analyze using an approved GWR method. Triggered Source Water Monitoring Plan If the State allows representative site sampling, the State may require the GWS to submit a triggered source water monitoring plan for approval before the GWS starts conducting representative source sampling A triggered source water monitoring plan may include A map of the water system (including location of ground water sources, location of pressure zones, and location of storage facilities). A written explanation of how the GWS knows which source feeds which section of the distribution system, and Seasonal or intermittent ground water sources and when they are used. Regardless of whether or not the State requires a plan to be submitted, all representative source sampling locations must be approved by the State.

Aqua Utilities Florida Breeze Hill WTP

The diagram below provides an example of a system schematic that could be used to determine representative sources and develop a triggered source water monitoring plan, based on where in the distribution system the total coliformpositive sample is found. If approved by the State, the system could sample sources 1 and 2 after a total coliform-positive at Site 1 since Site 1 is in the zone served by those sources. A total coliform-positive at Site 2 would require source sampling from all sources since this area is served by all sources.



Variations in Requirements Based on System Size

GWSs Serving Fewer than 1,000 Persons

GWSs that serve fewer than 1,000 persons may be able to meet TCR repeat monitoring requirements and GWR triggered source water monitoring requirements together if the State allows:

- Repeat TCR monitoring at the source
 - AND
- E. coli to be used as a fecal indicator under the GWR.

If the State allows this situation, then the GWS can use a TCR repeat sample collected at the source to meet the triggered source water monitoring requirement of the GWR. The fourth TCR repeat sample is collected at the source. Upstream and downstream samples and a sample at the TCR site are still needed to meet TCR requirements.

Labs must use an approved GWR method to test for E. coli.

Note: If the TCR repeat sample collected at the source is TCR-positive but *E. coli* is not found, the GWR does not require further action but the system is in violation of the TCR MCL.

Consecutive Systems and Wholesale Systems

Consecutive Systems	Consecutive systems that purchase 100% of their water (and therefore do not have a source from which to sample) must.
	 Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	Upon hearing from the wholesale system of a fecal indicator-positive source water sample (either initial triggered samples or additional samples), notify the public within 24 hours.
	Consecutive systems that purchase only some of their water must:
	 Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	Collect GWR triggered source water monitoring samples and additional samples as required.
	 Upon receipt of notification from the laboratory about a fecal indicator-positive source water sample at the system's source(s) take corrective action, if required, and notify the public within 24 hours.
	 Upon receipt of notification from the wholesale system of a fecal indicator-positive sample (either initial triggered samples or additional samples) at the wholesale system's source(s), notify the public within 24 hours.
Wholesale Systems	 Wholesale systems that are notified by a consecutive system of a total coliform-positive sample must. Within 24 hours of being notified, collect at least one ground water source sample from each source in use (unless representative sampling is allowed) when the total coliform-positive sample was collected. Notify the public and ALL consecutive systems served by the source within 24 hours of learning that a
	source water sample is fecal-indicator positive

Invalidation of Fecal Indicator-Positive Samples

- ▶ The State can invalidate a fecal indicator-positive triggered source water sample if.
 - The system provides the State with written notice from the laboratory that improper sample analysis occurred or
 - The State determines there is substantial evidence that the sample does not reflect source water quality.
 - The State must document in writing there is substantial evidence that the fecal indicator-positive ground water source sample is not related to source water quality.
- If any sample is found to be fecal indicator-positive and is subsequently invalidated by the State, the GWS must resample for the same indicator within 24 hours of being notified of the invalidation.

Exceptions to the Triggered Source Water Monitoring Requirements

Extension of the 24-hour collection limit

- The State may extend the 24-hour limit for collecting source water samples on a case-by-case basis if the State determines the system cannot collect the ground water source water sample within 24 hours due to circumstances beyond its control.
- In the case of an extension, the State must specify how much time the system has to collect the sample.

Total Coliform-Positive Sample Is The Result of Distribution System Conditions

► A GWS is not required to conduct triggered source water monitoring under one of the following circumstances:

- The State determines and documents in writing that the total coliform-positive TCR sample is caused by a distribution system deficiency.
- The GWS determines the total coliform-positive TCR sample was collected at a location that meets State criteria for distribution conditions that will cause total coliform-positive samples and notifies the State within 30 days.

If a GWS receives notice of a fecal indicator-positive source water sample collected under the GWR, the system must:	 Consult with the State within 24 hours. Notify the public within 24 hours. Tier 1 Public Notification. If the system is a community GWS, they must provide Special Notice of the fecal indicator-positive sample in their CCR.
If a GWS fails to conduct required triggered or additional monitoring, the system must:	 Notify the public within 12 months. Tier 3 Public Notification. Community GWSs may be able to use their CCR.
Wholesale and consecutive systems are subject to:	The same notification requirements outlined above, in addition to the requirements to notify the wholesale or consecutive systems.

November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
	GWSs must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.

Office of Water (4606)

EPA 815-F-08-004

www.epa.gov/safewater

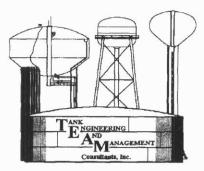
July 2008

HYDROPNEUMATIC TANK INSPECTION REPORT

BREEZE HILL LAKE WALES, FLORIDA

4,500-GALLON HORIZONTAL HYDROPNEUMATIC WATER TANK 8'-0" DIAMETER X 11'-9" LONG

DECEMBER 2009





JAN 2 9 2010

Aqua Utilities Florida Inc.

PO BOX 889 \$4000 STATE ROAD 60 EAST MULBERRY, FLORIDA 33860 (863) 354-9010 \$ (863) 648-4988 FAX

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	Consultants, Inc.	

HYDROPNEUMATIC TANK INSPECTION REPORT

DECEMBER 2009

BREEZE HILL POLK COUNTY, FLORIDA

4,500-GALLON HYDROPNEUMATIC HORIZONTAL TANK 8'-0" DIAMETER x 11'-9" LONG

PREPARED FOR:

AQUA UTILITIES FLORIDA

PREPARED BY:

TANK ENGINEERING AND MANAGEMENT CONSULTANTS, INC. P.O. Box 889 Mulberry, Florida 33860 Phone (863) 354-9010 Fax (863) 648-4988

CARANT PER

Jeff W. Kitchen Vice President API Certification No. 22467

Reviewood Robert A. Herz, PF

P.E. No. 33147

P.O. Box 889 • Mulberry, Florida 33860-0889 • (863) 354-9010 • Fax (863) 648-4988 www.tankteam.com RE: Inspection Report 4,500-Gallon Hydropneumatic Tank Aqua Utilities Florida – Ocala, FL TEAM Project No. 09-0961 2009

On December 8 2008 Jeff Kitchen of *Tank Engineering and Management Consultants, Inc.*, performed a condition assessment inspection on the above referenced water tank. The tank was emptied and an internal and external inspection was performed. The purpose of this inspection was to assess the tank condition as required by Florida Department of Environmental Protection (FDEP) Rule 62-555, F.A.C.

EXECUTIVE SUMMARY

The tank shell appears to be in good structural condition. Ultrasonic Thickness Measurements (UTM's) taken on the shell indicate it was likely constructed of 3/8"-thick steel. The minimum thickness of the overall shell at the time of inspection was 0.370". The heads appear to be in good structural condition. UTM's taken on the formed heads indicate they were likely constructed of 1/2"-thick steel. The minimum head thickness is 0.463". The exterior coating system is in good overall condition. The tank can be returned to service at the specified pressure found in this report.

INSPECTION METHODOLOGY AND PROCEDURES

The inspection was performed in accordance with American Water Works Association (AWWA) Manual M42, App. "C", "Inspecting and Repairing Steel Water Tanks, Standpipes, Reservoirs, and Elevated Tanks for Water Storage" and American Society of Mechanical Engineers (ASME) design standards. Where no AWWA or ASME Standards were available, American Petroleum Institute (API) standards for tank construction, inspection and repair were utilized. Also, Tank Engineering And Management Consultants' written inspection procedures were followed.

DEFINITIONS:

Throughout this report, certain subjective terms will be used to describe the condition of various items. These terms are typically meant to imply the following definitions:

- Good Currently in nearly new condition. Minor defects may be present, but do not present a hindrance to the operation of the item.
- Fair Slightly less-than ideal condition. This item has not failed, but is in a state of degradation that will likely result in failure in the near future.

Poor - The item has failed, or is near failure.

FIELD INSPECTION

• Inspection Personnel Jeff Kitchen, Certified API-653 Inspector No. 22467, of TEAM Consultants.

• Inspection Procedures and Equipment

The inspection procedures included:

- 1. Tank layout and physical measurements.
- 2. Visual inspection of the Heads, Shell, and Accessories.
- 3. A visual inspection of the site and the tank exterior surface was performed, checking for: leaks, shell distortions, signs of settlement, corrosion, and condition of the concrete cradles, coatings, accessories, and appurtenances.
- 4. Ultrasonic Thickness Measurements (UTMs) were taken on the shell and heads. UTMs were taken with an Olympus MG2-XT, ultrasonic test instrument operating on a transmit/receive transducer, using the "pulse echo" technique with "coating eliminator" software. The instrument calibration was verified before and after the testing was performed.
- 5. Color photographs are taken of the tank exterior and of all essential structures, appurtenances and deficiencies.

ENGINEERING ANALYSIS

The field inspection notes were reviewed by a Florida Licensed Professional Engineer. The tank structure was analyzed in accordance with ASME Section VIII. The coatings were analyzed in accordance with National Association of Corrosion Engineers (NACE) standards.

TANK INFORMATION:

MANUFACTURER:	Unknown
YEAR BUILT:	Unknown
DIAMETER:	8'-0''
SHELL LENGTH:	11'-9"
HEAD TYPE:	Torospherical
JOINT DESIGN:	Entire tank is butt-welded
SADDLES:	(2) Steel saddles
MANWAY:	(1) 14" x 18" Oval, pressure-type

TEAM Consultants

09-0961

The site and cradles supporting the tank were found to be in good condition. This tank rests on two steel saddles. The saddles are not sealed from moisture intrusion. The tank exterior surfaces between the shell and the saddles could not be inspected. Corrosion may be present in these areas.

The exterior metal is in good condition. The exterior coating is in good condition.

UTM's were taken over the entire tank. The minimum thickness of the shell was found to be 0.370". The minimum thickness of the heads was found to be 0.463".

The interior coating is in good condition in this tank.

p = pressure (psi)

ENGINEERING ANALYSIS:

There is no nameplate or ASME code stamp on this tank. Therefore, this is not a "code stamp" tank. The allowable pressure calculations are based on ASME Section VIII. Since the design weld joint efficiency is unknown, the lowest efficiency factor in the ASME code is used.

Heads:

p = pressure (psi) E = joint efficiency (100%) (1-piece head) L = diameter (96") t = minimum thickness (0.463") S = allowable Stress (15,000 psi)

 $p = \frac{SEt}{0.885L + 0.1t} = \frac{(15,000)(1)(0.463)}{84.96 + 0.1(0.463)} = 81.70 \text{ psi}$

Shell:

E = joint efficiency (70%) (butt-welded joint) t = minimum shell thickness (0.370") S = allowable Stress (15,000 psi) R= tank Radius (48")

$$p = \underbrace{SEt}_{R+0.6t} = \underbrace{(15,000)(.70)(0.370)}_{48+(0.6)(0.370)} = 80.56 \text{ psi}$$

ASME offers a calculation for circumferential and for longitudinal stresses in the shell. The code requires using the lesser pressure of the two calculations. The above calculation is the circumferential calculation, which was less than the longitudinal calculation in this instance. The shell is butt welded, but the level of radiographic testing is unknown. Therefore, the ASME minimum joint efficiency must be used, which is 70%.

In this case the shell is the limiting factor for maximum pressure. This information indicates a maximum working pressure of 80.56 psi.

TEAM Consultants

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09-0961

CONCLUSIONS:

The tank is in good overall structural condition and can be placed back into service. Based on the measured remaining thickness, the engineering evaluation for the entire tank requires the maximum working pressure be limited to 80.56 psi. The pressure relief valves should be checked and maintained at 80 psi or lower.

RECOMMENDATIONS:

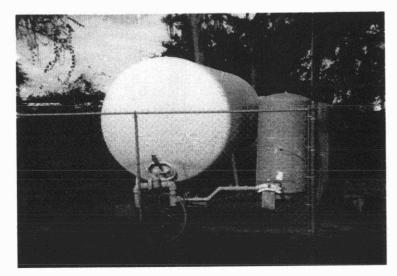
- 1. The pressure relief valves should be tested and maintained at 80 psi or lower.
- 2. If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water within five. Typical coating systems are detailed in AWWA D102.
- 3. It is recommended that the tank is lifted from the saddles and the area between the saddles and tank be inspected, prepared, and painted to prevent corrosion.

We appreciate the opportunity of performing this inspection. If you should have any questions, please give us a call.

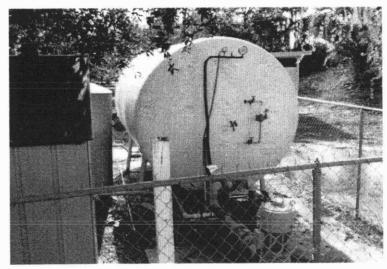
Sincerely, Tank Engineering and Management Consultants, Inc.



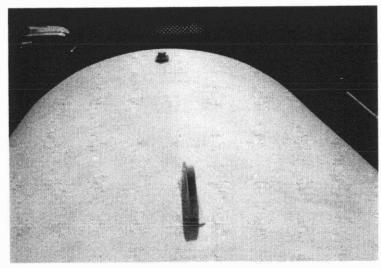
1. Tank Overall.



2. Tank Head and Manway.



3. Tank Head and Nozzles.



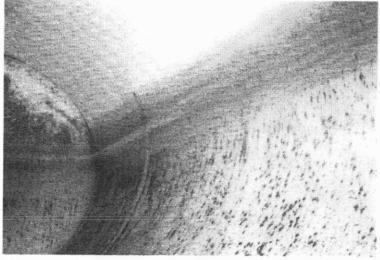
4. Tank Top.

TEAM's Project # 09-0961

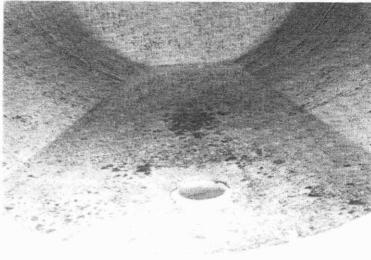


5. Tank Saddle.

6. Tank Interior Overall.

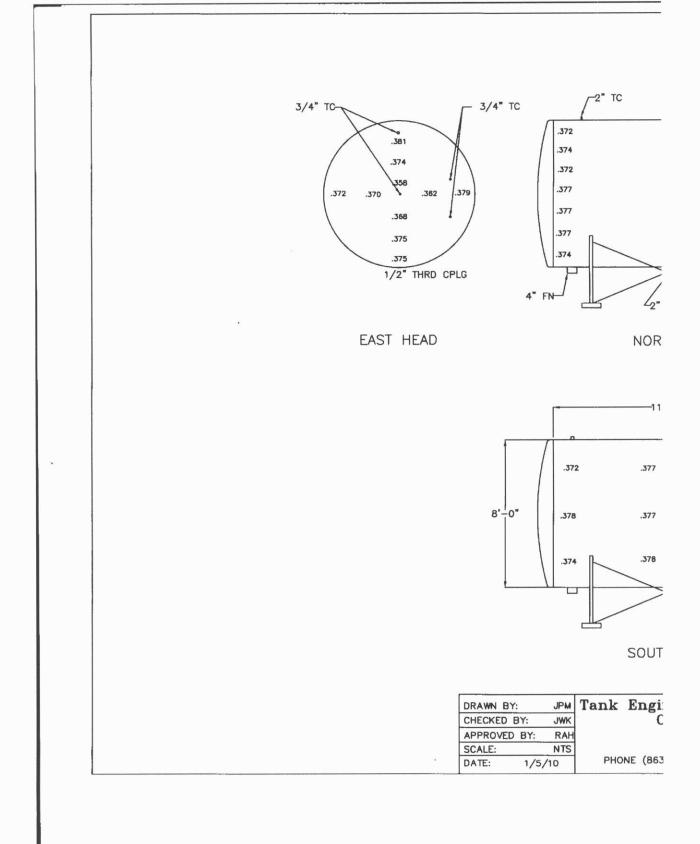


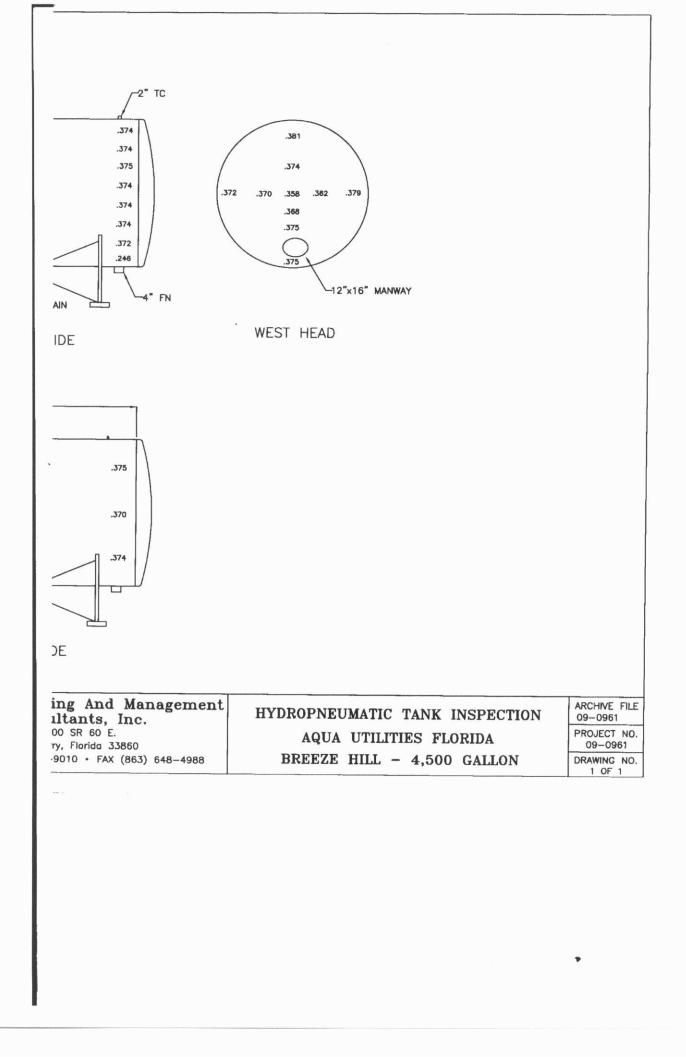
7. Tank Interior Side.



8. Tank Interior Bottom.

December 2009







Florida Department of Environmental Protection Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

April 7, 2010

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Patrick Farris, Environmental Compliance Specialist Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 PAFarris@aquaamerica.com

Re: Compliance Evaluation Inspection Breeze Hill WWTF Facility ID No. FLA011034 Polk County

Dear Mr. Farris:

On March 18, 2010, Department staff conducted a Compliance Evaluation Inspection of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items marked with an asterisk which require your attention.

PERMIT

*Domestic Wastewater Permit No. FLA011034 was issued October 18, 2005 and expires October 17, 2010. In order to be considered timely, a permit renewal application and fee must be submitted to the Department no later than April 20, 2010. Please indicate if this deadline will be met.

COMPLIANCE SCHEDULE

*Section VI, Schedules of the wastewater permit, required the permittee to develop an Operation and Maintenance Manual and submit notice of completion to the Department's Southwest District by April 30, 2006. A letter from Aqua Utilities dated May 20, 2009 indicated that this item would be completed within 60 days. To date, the Department has not received a notification of completion.

LABORATORY

Laboratory methods were not evaluated during the inspection.

SAMPLING

Sampling methods were not evaluated during the inspection.

RECORDS AND REPORTS

1. Records available for review at the time of inspection included the operator's logbook, the operator's license, a current laboratory certification, the current permit, an operation and maintenance manual, and Discharge Monitoring Reports (DMRs).

"More Protection, Less Process" www.dep.state.fl.us Mr. Patrick A. Farris Breeze Hill WWTF FLA011034-Polk County Page 2 of 3

- *The Reduced Pressure Zone (RPZ) Backflow Prevention Device was last certified on January 28, 2009. The RPZ device must be certified annually. Please submit a current certification record, and place a copy onsite.
- 3. *A review of monthly DMRs submitted for the period of August 2008 through February 2010 revealed the following errors and/or omissions:
 - a. For the months of April 2009 through February 2010, the percent capacity was reported as a decimal on Part A of the DMR. Please convert to a percentage when reporting in the future. Revised DMRs are not requested.
 - b. During months that sampling for influent carbonaceous biochemical oxygen demand and total suspended solids was not required nothing is being entered in those fields on Part A of the DMR. Please begin using the code "MNR" for Monitoring Not Required on Part A for the months in which sampling is not required. Revised DMRs are not requested.

FACILITY SITE REVIEW

*The cover for the lift station wet well was not secure. Please note that the lift station wet well cover must be locked or the station must be fenced and locked.

FLOW MEASUREMENT

*Calibration of the flow measuring device was last performed on February 26, 2009, according to the facility's records. The flow measuring device is required to be calibrated annually. Please submit a copy of the current calibration record, and place a copy onsite.

OPERATION AND MAINTENANCE

- 1. *The second aeration basin in the north train appeared to be receiving an inadequate air supply.
- 2. *The clarifier in the north train contained pop-ups, surface scum, and leaf litter. The north clarifier weir also contained leaf litter.
- 3. *The stilling well in the south train was caked with solids.
- 4. *There was a leak along the exterior wall of the south clarifier at the connection point for the pipe from the weir to the chlorine contact chamber.
- 5. *The chlorine contact chamber contained three feet of solids.
- 6. *There were plant screenings lying on top of the plant. Please keep screenings in a closed container until they can be disposed of properly.

EFFLUENT QUALITY

- 1. The effluent was turbid. The total chlorine residual was 0.6 mg/L at 1140 hours, as measured by Department personnel.
- 2. DMRs were reviewed for the months of August 2008 through February 2010. The review revealed no effluent quality excursions.

EFFLUENT DISPOSAL

Mr. Patrick A. Farris Breeze Hill WWTF FLA011034-Polk County Page 3 of 3

*Both percolation/evaporation ponds were primarily dry at the time of inspection. Both ponds contained a small amount of overgrown interior vegetation and solids. <u>RESIDUALS MANAGEMENT</u>

Residuals hauling records were not inspected.

GROUND WATER

Groundwater monitoring is not required at this time.

The Department requests a written response addressing the items which are marked with an asterisk within 20 days of your receipt of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes.

Please direct any responses or questions to the undersigned by telephone at (813) 632-7600, extension 302, or by e-mail at Jamie.L.Lewis@dep.state.fl.us.

Sincerely,

Jamie Lewis Environmental Specialist Domestic Wastewater Program

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTRY	V AVI	IER COMPLEIA	navi KVC	16/1088	PECTION	<u>DR</u>	ip)	ORT
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Name and Physical Location of Fa	cility	WAFR ID:			County	E	ntry	Date/Time
Breeze Hill WWTP		FLA011034			Polk	3	-18-10	0/ 1135 hours
152 Breeze Hill								
Lake Wales, FL 33853								
Names of Field Representatives		Title				I	Phone	
Dan Sherwood		Operator						
· · · · · · · · · · · · · · · · · · ·								
Name and Address of Permittee or	Designa	ated Representative Ti	tle		Phone	(e) Op	erator Certification #
Mr. Patrick Farris			vironm	iental ce Specialis				
Aqua Utilities Florida, Inc.			мпрпап	ce opectatis				
1100 Thomas Avenue								
Leesburg, FL 34748								
Inspection Type C E 1	Sample	es Taken(Y/N): N	(a)	Sample ID#		Sa	mples	Split (Y/N):
Domestic Ind	ustrial	Were Photos Taken(Y/N	N): Y		@ Log book Volume	:		@ Page
IC: In Compliance; NC: O	it of Co	TTY COMPLIAN mpliance; SC: Significant ou ia Should be Reviewed when	t of Co	ompliance;	NA: Not Applicable	NE o		
PERMITS/ORDERS		SELF MONITORING			OPERATIONS			FLUENT/DISPOSAL
IC 1. • Permit	NE	PROGRAM 3. Laboratory	NC	6. Facility	Site Review	IC	9.	Effluent Quality
NC 2. Compliance Schedules	NE	4. Sampling	NC	7. Flow N	leasurement	NC	10.	Effluent Disposal
	NC	5. • Records & Reports	NC	8. • Operat	ion & Maintenance	NE	· · · · · · · · · · · · · · · · · · ·	Residuals/Sludge
13. Other:						NA	12.	Groundwater
Facility and/or Order Compliance Statu	s: [] I	n-Compliance Out-	-Of-Com	pliance	Significant-Ou	nt-Of-Coi	nplian	ce
Recommended Actions: Letter								
Names and Signatures of Inspectors	7				District Office/Phone N	lumber		Date
Jamie Lewis	Jame	Lenes			813-632-7600 ex	t. 302		4-5-10
Joe Graham/ Nangellie SanIn	A)						
Signature of Reviewer Joe Squitieri	10-				District Office/Phone N 813-632-7600 ex			Date 4/6/18
					A. 101. 107.			



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

May 18, 2010

Jamie Lewis FDEP SWD 13051 North Telecom Parkway Temple Terrace, FL 33637-0926

RE: Reply to Compliance Evaluation Inspection Breeze Hill WWTF Facility ID No. FLA011034 Polk County

Dear Ms. Lewis:

This letter is in response to your inspection of the facility referenced above on March 18, 2010.

Permit:

Aqua hired MBV Engineering to handle the permit renewal.

Compliance Schedule:

The notification of completion for the O+M manual is attached for your records.

Records and Reports:

- 2. A copy of the current RPZ certification is attached for your records.
- 3. The errors noted in the report will be corrected on all future DMR submittals.

Facility Site Review:

A new lock will be installed on the lift station cover within 14 days of this letter.

Flow Measurement:

A copy of the current flow measuring device is attached for your records.

Operation and Maintenance:

1. The blowers will be checked to ensure they are operating properly and the diffusers will be checked to inspect for trash/debris.

- 2. The clarifier is skimmed routinely for debris. This will all be cleaned within 14 days of this letter.
- 3. The caked solids will be removed within 14 days of this letter and will be maintained thereafter.
- 4. The leak at the joint of the pipe will be repaired within 14 days of this letter.
- 5. The solids will be removed within 14 days of this letter.
- 6. A covered container has been purchased and the operators will remove the screenings from the top of the plant and will continue to do so in the future.

EFFLUENT DISPOSAL:

The vegetation is routinely maintained by an outside lawn maintenance contractor. We will have this addressed upon their next visit.

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

Sincerely,

anis thick

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

Enclosures: DEP Form 62-620.910(13) RPZ Certification Flow Calibration

cc: Steve Fuller, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail

An Aqua America Company



NOTIFICATION OF AVAILABILITY OF RECORD DRAWINGS AND FINAL OPERATION AND MAINTENANCE MANUALS

1. Instructions

- a. In accordance with Rule 62-620.410, F.A.C., this form must be submitted to the appropriate Department district office or approved local program within six months after placing a newly constructed facility or modified portion of an existing facility into operation.
- b. Each applicable item must be completed in full. Where attached sheets or other technical documentation are used in lieu of the blank spaces provided, indicate appropriate cross-references in the spaces.
- c. Three (3) copies of this notification with supporting documentation shall be submitted with this form.
- d. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format.

2. Facility Information

a.	Permit Number	FLA011034
b.	Project/Facility Name	Breeze Hill WWTF
c.	Facility Identification Number	_FLA011034
d.	Contact Name	John M. Lihvarcik
	Number and Street	P.O. Box 2480
	City/State/Zip Code	Lady Lake, FL 32158-2480
	Telephone	352-787-0980

3. Description of facilities for which Record Drawings, and for domestic wastewater facilities final Operation and Maintenance Manuals, are available

An existing 0.040 mgd 3MADF Type III extended aeration domestic WWTF consisting of 9 aeration basins 2 clarifiers, 2 chlorine contact chambers and one digester. The facility is operated to achieve secondary treatment with liquid chlorine providing basic disinfection.

4. Description of substantial deviations from the permit, approved Preliminary Design Report, and application materials

N/A

5. Certifications

a. Applicant or Authorized Representative

I certify that the statements made in this notification and all attachments are true, correct and complete to the best of my knowledge and belief. I agree to operate and maintain these facilities in such a manner as to comply with the provisions of Chapter 403, F.S., and all applicable rules of the Department. A copy of the record drawings or other plans, as applicable, showing the newly constructed facilities or modified portion

of the existing facilities, as applicable, is available at

Signature of Applicant or Author	orized Representative	Date	
Name (Please Type)	Company Name		
Title	Company Address		
Phone	City/State/Zip Code		

b. Applicant or Authorized Representative (For Domestic Wastewater Facilities Only)

I certify that an appropriate final operation and maintenance manual for these domestic wastewater facilities, which has been examined by a professional engineer as certified below, is available and located

at WWIF & AUF office	and can be submitted upon request.
XMAN	5-11-2010
\$ignature of Applicant or Authorized Rep	Date
Name (Please Type) John M. Lihvarcik	Company Name Aqua Utilities Florida, Inc
Title President & COO	Company Address P.O. Box 2480
Phone 352-787-0980	City/State/Zip Code Lady Lake, FL 32158-2480

c. Professional Engineer Registered in Florida

I certify that record drawings for the facilities have been reviewed by me or by individual(s) under my direct supervision for completeness and adequacy, and have been provided to the permittee. I further certify that the record drawings identify those substantial deviations noted above.

Name (please type):	
Company Name:	
Company Address:	
City/State/Zip Code:	
Phone Number	

(Seal, Signature, Date, and Registration Number)

¹ If signed by the authorized representative, attach a letter of authorization.

d. Professional Engineer Registered in Florida (For Domestic Wastewater Facilities Only)

I certify that the final operation and maintenance manual for these domestic wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and maintained in accordance with this manual, will comply with all applicable statutes of the State of Florida and rules of the Department.

Name (please type):	
Company Name:	
Company Address:	
City/State/Zip Code:	
Phone Number	

(Seal, Signature, Date, and Registration Number)

DEP Form 62-620.910(13) Effective October 23, 2000

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Customer Signature:				Date:	

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

June 30, 2010

Sent to: Owen Devine@doh.state.fl.us

Owen Devine Environmental Engineering 2090 East Clower Street Bartow, FL 33830-6741

RE: Reply to Tank Inspection Letter Gibsonia Estates Facility ID No. 6530079 Polk County

Dear Mr. Devine:

Enclosed is the tank inspection which was performed at the above referenced facility. Please note our Sarasota office has closed. To avoid delay in mail delivery, please send all correspondence to PO BOX 2480, Lady Lake, FL 32158-2480.

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

Sincerely,

hatrick Jamis

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

Enclosure: Tank Inspection

cc: Steve Fuller, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail

SSEE .	T ANK	1.000
		SEMENT
	Consultants, Inc.	

WATER STORAGE TANK INSPECTION REPORT

OCTOBER 2006

GIBSONIA

5,000 GALLON HORIZONAL HYDROPNEUMATIC WATER TANK 8' DIAMETER x 12'- LONG

PREPARED FOR:

AQUA UTILITIES FLORIDA Lakeland, Florida

PREPARED BY:

TANK ENGINEERING AND MANAGEMENT CONSULTANTS, INC. 5808 Breckenridge Pkwy, Suite Tampa, Florida 33610 Phone (813) 620-2022 Fax (813) 620-2050

By:

(Larry Edwards C. Larry Edwards

API Certified Tank Inspector

Reviewed By: That and

David Nickl, P.E.

5808 Breckenridge Pkwy • Suite A • Tampa, FL 33610 • (813) 620-2022 • Fax (813) 620-2050 www.tankteam.com

Aqua Utilities Florida	Gibsonia	October 2006
Lakeland, FL		Page No. 2

RE: Inspection Report 5,000 Gallon Hydropneumatic Tank Aqua Utilities Florida, Lakeland, FL TEAM Project No. 06-0811

On September 12, 2006, C. Larry Edwards and Darrin Laughlin of *Tank Engineering and Management Consultants, Inc.*, performed a condition assessment inspection on the above referenced water tank. The tank was empty and an internal and external inspection was performed. The purpose of this inspection was to assess the tank condition as required by Florida Department of Environmental Protection (FDEP) Rule 62-555.

EXECUTIVE SUMMARY

The tank shell and heads appear to be in good structural condition. The manufacturer's data report indicates the tank was constructed of 5/16" steel plate. Ultrasonic Thickness Measurements (UTM's) were taken on the shell and heads. The average thickness of the shell at this time is .326". It appears there has been insignificant metal loss since construction. UTM's taken on the formed heads indicate they were constructed with a minimum thickness of 11/32" steel. The average remaining thickness is .345". Again indicating very little metal loss. The exterior coating system is in good condition.

INSPECTION METHODOLOGY AND PROCEDURES

The tank inspection was performed in accordance with American Water Works Association (AWWA) Standards. Where no AWWA Standards were available, American Petroleum Institute (API) standards for tank construction, inspection and repair were utilized. Also, Tank Engineering And Management Consultants' written inspection procedures were followed.

DEFINITIONS:

Throughout this report, certain subjective terms will be used to describe the condition of various items. These terms are typically meant to imply the following definitions:

- Good Currently in nearly new condition. Minor defects may be present, but do not present a hindrance to the operation of the item.
- Fair Slightly less-than ideal condition. This item has not failed, but is in a state of degradation that will likely result in failure in the near future.

Poor – The item has failed, or is near failure.

06-0811

Aqua Utilities Florida Lakeland, FL

× .4

- 4

· ____

Gibsonia

FIELD INSPECTION:

The field inspection was performed in general accordance with AWWA M42 Appendix "C" (formerly D101-53), API Standard 653 and TEAM Aboveground Storage Tank Inspection Procedure.

Inspection Personnel

Larry Edwards, Certified API-653 Inspector No. 21365 and Darrin Laughlin of TEAM Consultants, performed this inspection.

Inspection Procedures and Equipment

The inspection procedures included:

- 1. Tank layout and physical measurements.
- 2. Visual inspection of the Shell, Heads and Accessories.
- A visual inspection of the site and the tank exterior surface was performed, checking for: leaks, shell distortions, signs of settlement, corrosion, and condition of the saddles, coatings, accessories, and appurtenances.
- 4. Ultrasonic Thickness Measurements (UTMs) were taken on the nozzles, shell and heads. UTMs were taken with a Panametric 26DL+, ultrasonic test instrument operating on a transmit/receive transducer, using the "pulse echo" technique with "coating eliminator" software. The instrument calibration was verified before and after the testing was performed.
- Color photographs are taken of the tank exterior and interior and of all essential structures, appurtenances and deficiencies.

TANK INFORMATION:

MANUFACTURER:Evans & Sons Process Tank Co., Inc.YEAR BUILT:1998DIAMETER:8 feetSHELL LENGTH:12'-0"HEAD TYPE:EllipsoidalJOINT DESIGN:Entire tank is Butt-weldedSADDLES:Two steel saddles on concrete piersMANWAY:(2) 18"x24" Oval, pressure-type

INSPECTION RESULTS:

The site and saddles supporting the tank were found to be in good condition. This tank rests on two steel saddles. The saddles are not sealed from moisture intrusion.

The exterior metal condition is good. UTM's were taken over the entire tank. The average thickness of the shell was found to be 0.326". The average thickness of the heads was found to be 0.345". The exterior coating is in good condition.

The interior coating is in good condition with minor isolated rust.

TEAM Consultants

Aqua Utilities Florida	Gibsonia	October 2006
Lakeland, FL		Page No. 4

ENGINEERING ANALYSIS:

There was a nameplate and ASME code stamp on this tank. Therefore, this is a "code stamp" tank. The allowable pressure calculations are based on ASME Section VIII. The allowable maximum working pressure is stamped as 100 psi. The average measured thicknesses acquired at the time of inspection were used for the calculations.

Heads:

p = pressure (psi) E = Joint Efficiency (100%) (1-piece head) D = Tank Diameter (96") t = Average Thickness (0.349") S = AWWA Allowable Stress (17,500 psi)

$$p = 2SEt = (17500)(1)(0.345) = 125.69 \text{ psi}$$

D + 0.2t 96 + 0.1(0.345)

Shell:

p = pressure (psi) E = Joint Efficiency (100%) (butt welded joint/fully radiographed) t = average shell thickness (0.326") S = Allowable Stress (17,500 psi) R= Tank Radius (48")

 $p = \underbrace{SEt}_{R + 0.6t} = \underbrace{(17500)(1)(0.326)}_{48 + (0.6)(0.326)} = 118.37 \text{ psi}$

ASME offers a calculation for circumferential and for longitudinal stresses in the shell. The code requires using the lesser pressure of the two calculations. The above calculation is the circumferential calculation, which was less than the longitudinal calculation in this instance. The shell is butt welded, and the welds were fully radiographed. Therefore, a joint efficiency of 100% may be used.

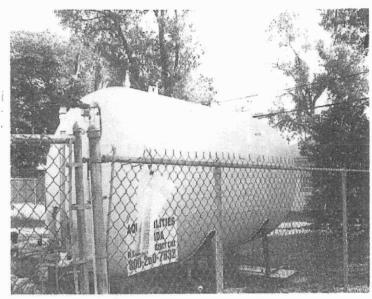
In this case, the shell is the limiting factor for maximum pressure. This information indicates a maximum working pressure of 118.37 psi. The manufacturer, however, limits the maximum working pressure to 100 psi. Therefore, this tank should be limited to 100 psi.

CONCLUSIONS:

The tank is in overall good structural condition. Very little, if any, metal loss has occurred since the original construction. The engineering evaluation for the entire tank requires the maximum working pressure be limited to the code stamped pressure of 100 PSI. The pressure relief valves should be checked and maintained at **100 psi** or lower.

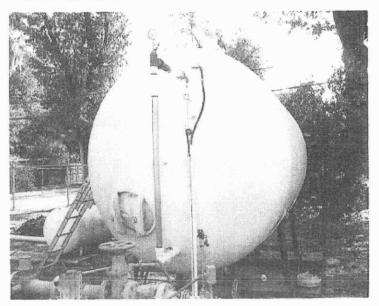
TEAM Consultants

Aqua Utilities Florida Lakeland, FL	Gibsonia	October 20 Page No
RECOMMENDATIONS:		
1. The pressure relief va	alves should be tested and maint	ained at 100 PSI or lower
We appreciate the opportunity please give us a call.	y of performing this inspection. I	f you should have any questi
Thank you, Tank Engineering and Manag	gement Consultants, Inc.	
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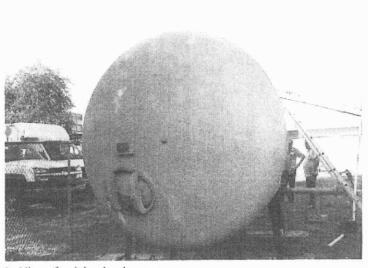


1. Overall view of tank.

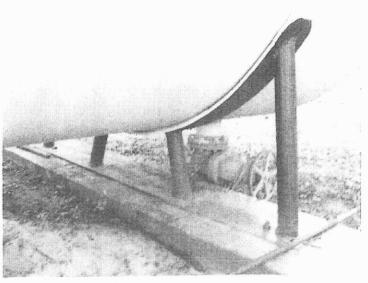
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3. View of tank head.



2. View of tank head and manway.

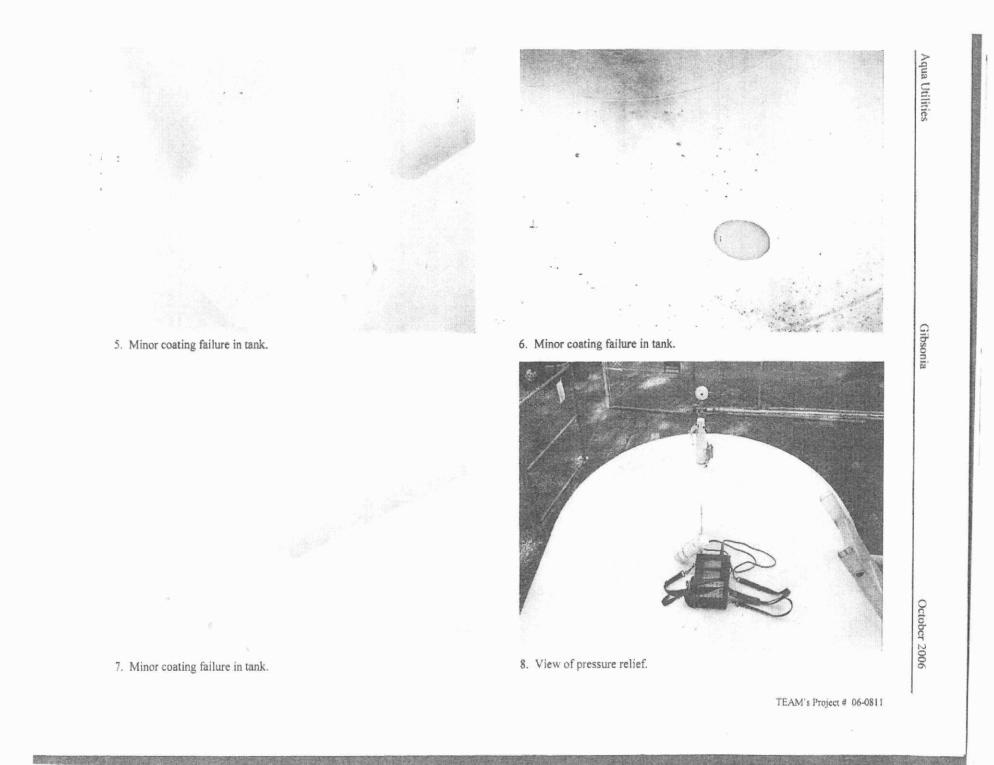


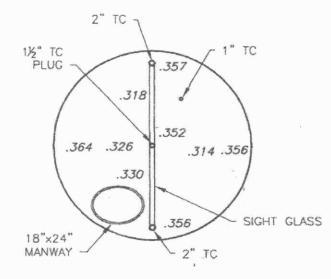
4. View of typical saddle.

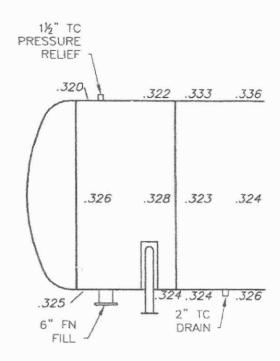
TEAM's Project # 06-0811

Gibsonia

October 2006

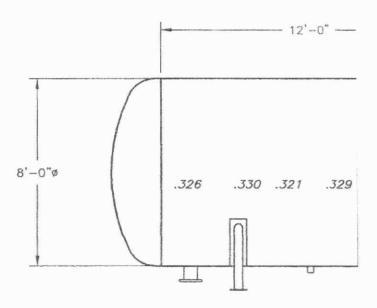






WEST HEAD

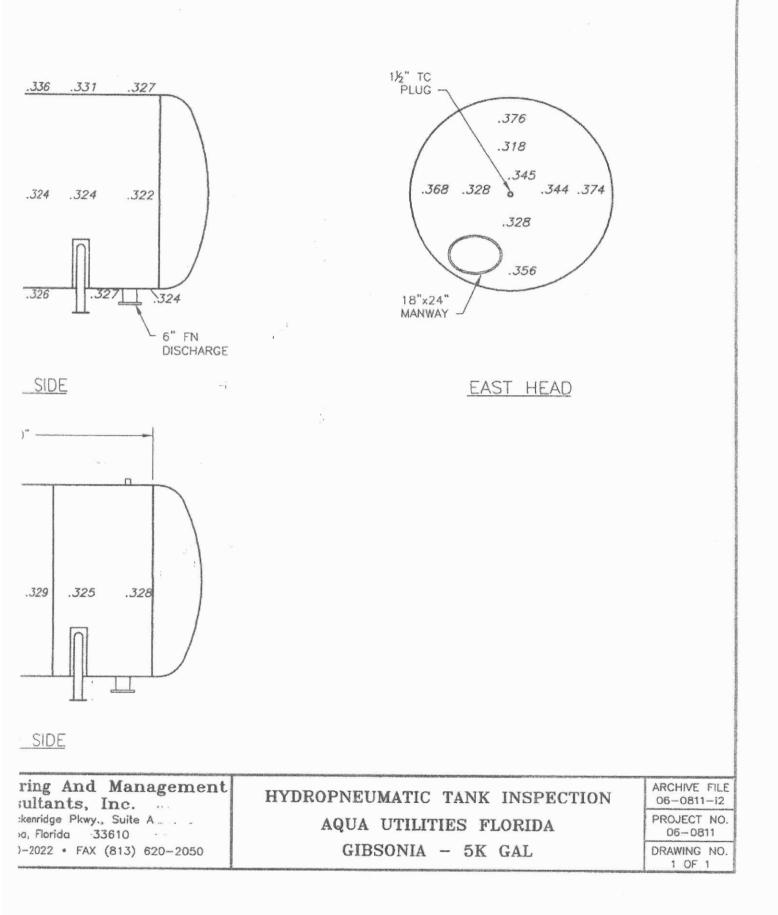
SOUTH SIE



.XXX = ULTRASONIC THICKNESS MEASUREMENT IN INCHES

NORTH SIE

DRAWN BY:	DAL	Tank	Engineering
CHECKED BY:	CLE		Consulta
APPROVED BY:	JWK		5808 Breckenride
SCALE:	NTS		Tampe, Flor
DATE: 9/	13/06	РНО	NE (813) 620-2022



Charlie Crist Governor



May 26, 2010

Aqua America Utilities 6960 Professional Parkway East Suite 400 Sarasota, FL 34240 Ana M. Viamonte Ros, M.D., MPH State Surgeon General

JUN - 1 2010

RECEIVED

Aqua Utilities Florida Inc.

RE: Gibsonia Estates PWS ID No. 6530079

Dear Public Water System Owner:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

• <u>Chapter 62-555,350(2)</u> requires that finished-drinking-water storage tanks be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. All tank inspection reports must be signed and sealed by the responsible professional engineer to be valid.

Upon receipt of this letter you are requested to provide a copy of the latest tank inspection report or provide the following information: inspection date, name of professional engineer who signed and sealed the report, findings, recommendations and conclusions. If you have any questions please contact (863) 519-8330 Ext 12151.

Sincerely,

Owen Devine Devine Devine Devine, o. ou-Polk County Health Department, mail-Owen Devine doh.state.Fl.ux, c=US Date: 2010.05.25 16:43:42 -04:00'

Owen Devine Environmental Engineering

Copy to:

Roland Reis, Legal Counsel Polk County Health Department 1290 Golfview Avenue, 4th floor Bartow, Florida 33833

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD, FACP Director Environmental Engineering Division 2090 East Clower Street, Bartow, FL 33830-6741 Phone (863) 519-8330 FAX (863) 534-0245

Lynne M. Saddler, MD, MPH Assistant Director





Charlie Crist Governor

Ana M. Viamonte Ros, M.D., MPH State Surgeon General

Page 2 Aqua America Utilities - Gibsonia Estates

> Aqua Utilities Florida Inc. PO Box 2480 Lady Lake, FL 32158-2480

Email copy to:

[Dennis Mulldun] ctimcfalls@aguaamerica.com

[Steve Fuller] slfuller@aquaamerica.com

Daniel O. Haight, MD, FACP Director

POLK COUNTY HEALTH DEPARTMENT

Environmental Engineering Division 2090 East Clower Street, Bartow, FL 33830-6741 Phone (863) 519-8330 FAX (863) 534-0245 primed on recycled paper Lynne M. Saddler, MD, MPH Assistant Director



Charlie Crist Governor Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

December 30, 2009

RE-MAILED 1/12/2010 TO NEW ADDRESS

LAKE GIBSON ESTATES PWS: Id. No. 6532347

RECEIVED

AQUA AMERICA UTILITIES 6960 PROFESSIONAL PKWY E. SUITE 400 SARASOTA, FL 34240

JAN 1820m

Aqua Utilities Florida Inc.

Dear Water System Owner:

A sanitary survey of your system conducted on December 21, 2009 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida* Administrative Code.

- 1. The well seal for well AAC3686 has a slight leak. <u>Chapter 62-555.350(2)</u> indicates that all equipment must be maintained in good operating condition.
- 2. Some of the components show signs of corrosion. <u>Chapter 62-555.350(2)</u> indicates that all equipment must be maintained in good operating condition.
- 3. The check valve on well AAC3686 discharge line is malfunctioning. <u>Chapter 62-555.350(2)</u> requires that all public water system components be maintained in good operating condition so that the components may function as intended. The check valve must be repaired or replaced.
- 4. The sight glass on the 9,000 gallon hydropneumatic tank is leaking <u>Chapter 62-555.350(2)</u> requires that all public water system components be maintained in good operating condition so that the components may function as intended. The check valve must be repaired or replaced.
- 5. The air release valve on the 18,000 gallon hydropneumatic tank is not downward facing. <u>Chapter 62-555.320(8)(c)</u> and 3.2.7.5. in Recommended Standards for Water Works, 1997 Edition require that wells be equipped with a screened downward facing vents.
- 6. The pressure relief valve on 18,000 gallon hydropneumatic tank is unscreened. <u>Chapter 62-555.350(2)</u> requires that all public water system components be maintained in good operating condition so that the components may function as intended. Use 20-mesh screen to protect the opening.
- 7. Some of the bacteriological sampling locations listed on the plan in our files are not followed. Please submit an updated sampling plan with the locations you are currently

Daniel O. Haight Director POLK COUNTY HEALTH DEPARTMENT ENVIRONMENTAL ENGINEERING DIVISION 2090 East Clower Street, Bartow, FI 33830 Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH Assistant Director

m w

using. <u>Chapter 62-550.518(1)</u> requires all public water suppliers to have a current bacteriological sampling plan available for review and possible revision, on the occasion of a sanitary survey conducted by the Department. The plan should be representative of the entire water system and should indicate on a map or system overview, the address with specific sampling site locations, timing, frequency, and rotation periods of sites where total coliform samples are to be taken.

<u>Recommendation</u>: The 9,000 gal. hydropneumatic tank at well AAC3686 does not have an appropriate bypass. The chlorine injection point should be relocated so that the raw water may be thoroughly disinfected when the tank is bypassed. <u>Chapter 62-555.320(20)</u> and Section 7.2 in *Recommended Standards for Water Works*, 1997 Edition require that all hydropneumatic storage tanks be equipped with bypass piping to allow operation of the system whenever tank repairs or painting is needed. Please ensure that this is corrected whenever the tank is repaired or replaced.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame.

If you have any questions, please contact me at (863) 519-8330 ext. 1148.

Sincerely,

Donale Solyon

Daniela Schiopu Environmental Specialist II

Xc: Dennis Mulldun, Aqua America Utilities Steve Fuller

AQUA

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

March 8, 2010

Daniela Schiopu Environmental Specialist II Polk County Health Department Environmental Engineering Division 2090 East Clower Street Bartow, FL 33830

RE: Reply to Sanitary Survey Lake Gibson Estates PWS ID No. 6532347 Polk County

Dear Ms. Schiopu:

This letter is in response to your inspection of the facility referenced above on December 21, 2009. Please update your records and address all future correspondence to John Lihvarcik, President & COO, Aqua Utilities Florida, Inc. 1100 Thomas Ave, Leesburg FL, 34748 or by e-mail at <u>JMLihvarcik@aquaamerica.com</u>.

Deficiencies:

- 1. The well seal has been repaired.
- 2. The corrosion has been removed and painted.
- 3. The check valve has been repaired.
- 4. The sight glass has been repaired.
- 5. The air release valve is now screened and downward facing.
- 6. The pressure relief valve is has been screened.
- 7. Attached is the current bacteriological sampling plan for the facility.

Recommendation:

Aqua's staff will relocate the chlorine injection point so that the bypass can be utilized should the need be.

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

Sincerely,

atricia in

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

Enclosure: Bacte Plan

cc: Steve Fuller, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail



LAKE GIBSON ESTATES PWS ID # 6532347 Drinking Water System Bacteriological Sampling Plan

Routine Bacteriological Monitoring:

- Bacteriological Monitoring samples taken within the <u>Lake Gibson Estates</u> distribution system are representative of water throughout the entire distribution system.
- The <u>Lake Gibson Estates</u> system is a <u>community</u> public water system which serves a population less than 3,300. <u>Two</u> distribution samples will be taken every month (Rule 62-550.518(2).
- The Bacteriological Monitoring sampling event shall be initiated the first week of each month.
- The sampling locations and the annual rotation schedule are listed in the table below. The locations are depicted on the attached map.

Bacteriological Monitoring Sample Locations				
Sample Location Number	Exact Address	Sampling Schedule		
<u>1</u>	143 Shannon	January, April, July, October		
2	921 Shirley Ann	January, April, July, October		
3	5815 Oleander	February, May, August, November		
4	5702 Jacaranda	February, May, August, November		
<u>-</u>				
5	171 Shannon	March, June, September, December		
6	5737 Crafton	March, June, September, December		

- In addition to the designated distribution samples, all production wells will be sampled monthly <u>on the same day as distribution samples</u>. Free chlorine residual is to be measured at each sampling point before sampling. All bacteriological samples shall be analyzed by a certified lab using the Colilert test (SM9223B) within 24 hours.
- In addition to the Bacteriological Monitoring samples, the remote sampling tap is to be measured for a free chlorine residual on each day that operator attendance is required.
- In addition to the designated distribution samples, Aqua Utilities Florida may elect to perform additional bacteriological monitoring within the distribution system to confirm the reliability of the water quality.

Water Main Break/Malfunction:

• In the event of a water main break or other system malfunction, after repairs/replacements are made the operator must take two consecutive days of passing bacteriological samples prior to placing the area of repair back into normal service.

Distribution Sample Failure:

- In the event of a <u>single</u> distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. If raw water samples were not taken on the same day as the distribution samples, the operator must collect one raw water sample from each well and point of entry.
- In the event of more than one distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. In addition, the operator must collect the same number of raw water samples as there were of failed distribution samples and one sample from the point of entry. (i.e. if 2 distribution failed, then the operator must have 2 raw samples from each well; if raw samples were obtained the same day as the initial routine samples, then only one additional raw sample from each well is needed)





United States Environmental Protection Agency Office of Water (4606) EPA 816-F-01-035 November 2001 www.epa.gov/safewater

Total Coliform Rule: A Quick Reference Guide

Overvi	ew of the Rule
Title	Total Coliform Rule (TCR) 54 FR 27544-27568, June 29, 1989, Vol. 54, No. 1241
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and <i>Escherichia</i> coli (E. coli).
General Description	Establishes a maximum contaminant level (MCL) based on the presence or absence of total coliforms, modifies monitoring requirements including testing for fecal coliforms or <i>E. coli</i> , requires use of a sample siting plan, and also requires sanitary surveys for systems collecting fewer than five samples per month.
Utilities Covered	The TCR applies to all public water systems.

Public Health Benefits

Implementation of the TCR has resulted in . . .

Reduction in risk of illness from disease causing organisms associated with sewage or animal wastes. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and associated headaches and fatigue.

What are the Major Provisions?

ROUTINE Sampling Requirements

- Total coliform samples must be collected at sites which are representative of water quality throughout the distribution system according to a written sample siting plan subject to state review and revision.
- Samples must be collected at regular time intervals throughout the month except groundwater systems serving 4,900 persons or fewer may collect them on the same day.
- Monthly sampling requirements are based on population served (see table on next page for the minimum sampling frequency).
- A reduced monitoring frequency may be available for systems serving 1,000 persons or fewer and using only ground water if a sanitary survey within the past 5 years shows the system is free of sanitary defects (the frequency may be no less than 1 sample/quarter for community and 1 sample/year for non-community systems).
- Each total collform-positive routine sample must be tested for the presence of fecal collforms or E. coll.
- If any routine sample is total coliform-positive, repeat samples are required.

REPEAT Sampling Requirements

- Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least 3 REPEAT samples must be collected and analyzed for total coliforms:
- One REPEAT sample must be collected from the same tap as the original sample.
- One REPEAT sample must be collected within five service connections upstream.
- One REPEAT sample must be collected within five service connections downstream
- Systems that collect 1 ROUTINE sample per month or fewer must collect a 4th REPEAT sample.
- If any REPEAT sample is total coliform-positive:
- The system must analyze that total coliform-positive culture for fecal coliforms or E.coli.
- The system must collect another set of REPEAT samples, as before, unless the MCL has been violated and the system has notified the state.

Additional ROUTINE Sample Requirements

A positive ROUTINE or REPEAT total coliform result requires a minimum of five ROUTINE samples be collected the following month the system provides water to the public unless walved by the state.

change.

1 The June 1989 Rule was

revised as follows: Corrections and Technical Amendments, 6/19/90

and Partial Stay of Certain Provisions (Variance Criteria) 56 FR 1556-1557, Vol 56, No 10.

Note: The TCR is currently undergoing the 6 year review

process and may be subject to

		Ň

For	additional information on	
the	TCR	

Call the Safe Drinking Water Hotline at 1-800-426-4791; visit the EPA web site at www.epa.gov/safewater/mdbp/ mdbp.html; or contact your state drinking water representative.

² The revised Public Notification Rule will extend the period allowed for public notice of monthly violations to 30 days and shorten the period for acute violations to 24 hours. These revisions are effective for all systems by May 6, 2002 and are detailed in 40 CFR Subpart Q.

			U I	INE Moni	toring Freq	uencies
Population	Minimum Samples/Month	Populatio	on	Minimum Samples/Month	Population	Minimum Samples/Mont
25-1,000*	1	21,501-25,00	00	25	450,001-600,000	210
1,001-2,500	2	25,001-33,00	00	30	600,001-780,000	240
2,501-3,300	3	33,001-41,00	00	40	780,001-970,000	270
3,301-4,100	4	41,001-50,00	00	50	970,001-1,230,000	300
4,101-4,900	5	50,001-59,00	00	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,00	00	70	1,520,001-1,850,000	360
5,801-6,700	7	70,001-83,00	00	80	1,850,001-2,270,000	390
6,701-7,600	8	83,001-96,00	00	90	2,270,001-3,020,000	420
7,601-8,500	9	96,001-130,0	000	100	3,020,001-3,960,000	450
8,501-12,900	10	130,001-220,	,000	120	≥ 3,960,001	480
12,901-17,200	15	220,001-320,	,000	150	建设的学习 》译	
17,201-21,500	20	320,001-450,	,000	180		
*includes PWSs	which have at least 1	5 service conne	ections	s, but serve <25 peop	le.	
What a	re the Oth	ner Pro	vis	ions?		
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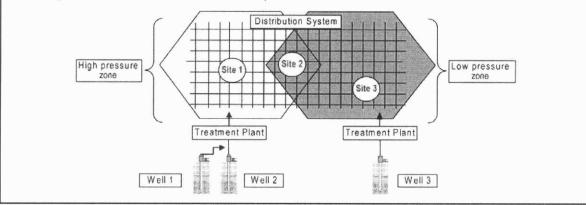
Ground Water Rule Triggered and Representative Monitoring: A Quick Reference Guide

Overview	of the Rule	
Title	Ground Water Rule (GWR) 71 FR 65574, November 8, 2006, Vol. 71, No. 216 Correction 71 FR 67427, November 21, 2006, Vol. 71, No. 224	
Purpose	Reduce the risk of illness caused by microbial contamination in public ground water systems (GWSs).	
General Description	The GWR establishes a risk-targeted approach to identify GWSs susceptible to fecal contamination and requires corrective action to correct significant deficiencies and source water fecal contamination in all public GWSs.	
Utilities Covered	The GWR applies to all public water systems (PWSs) that use ground water, including consecutive systems, except that it does not apply to PWSs that combine all of their ground water with surface water or with ground water under the direct influence of surface water prior to treatment.	
 The purportion total collifor source. This type required be source. Since the source of t	of Triggered Source Water Monitoring ose of triggered source water monitoring is to evaluate whether the presence of orm in the distribution system is due to fecal contamination in the ground water of source water monitoring is triggered by routine total coliform monitoring by the Total Coliform Rule (TCR) (40 CFR 141.21). TCR monitoring is conducted regularly, triggered source water monitoring can be provided and the regularly triggered by the total coliform and the regularity triggered source water monitoring can	
Triggered	at any time and thus provides an ongoing evaluation of ground water sources. Source Water Monitoring Requirements equired to Conduct Triggered Source Water Monitoring	
GWSs are subject to triggered sou water monito if they;	 Do not provide, and conduct compliance monitoring for, at least 4-log treatment of viruses (through inactivation and/or removal). This includes systems that decide to discontinue 4-log treatment. 	
Situations	Leading to Triggered Source Water Monitoring	
GWSs must conduct triggered sou water monito when:		
Collecting	and Analyzing Triggered Source Water Monitoring Samples	
When trigger source water monitoring is required, GW must:	 Collect at least one ground water source sample from each source in use at the time the total coliform-positive sample was collected. Samples must be collected within 24 hours of being notified of the 	

The diagram below represents an appropriate sampling location for triggered source water monitoring GWSs should have a sample tap at each source that enables triggered source water monitoring Treatment Distribution System Ground Water SAMPLING LOCATION Source Additional Sampling If the initial triggered source water sample is fecal indicator-positive, and the State does not require corrective action in response, GWSs must conduct additional source water monitoring. GWSs must collect five additional source water samples (from the source(s) that contained the original fecal indicator-. positive samples) within 24 hours of being notified of the fecal indicator-positive sample. The additional samples must be tested for a fecal indicator using an approved GWR method. If any one of the five additional samples is fecal indicator-positive, the system must take corrective action. ▶ If any additional sample is found to be fecal indicator-positive but is subsequently invalidated by the State, the GWS must resample for the same fecal indicator within 24 hours of being notified of the invalidation. Note: If the GWS is a wholesale system, it must notify all consecutive systems served by a source of any fecal indicator-positive samples from that source within 24 hours of being notified of the sample result. Sampling at Representative Sources and Triggered Source Water Monitoring Plans Representative Source Sampling If a GWS has multiple sources, the State may allow the GWS to conduct representative source sampling. Representative source water sampling allows systems to collect samples from the sources that represent (serve) the TCR monitoring site rather than from all sources. These representative ground water sources must be approved by the State. Systems must still Sample within 24 hours of total coliform-positive sample. Analyze using an approved GWR method. . Triggered Source Water Monitoring Plan If the State allows representative site sampling, the State may require the GWS to submit a triggered source water monitoring plan for approval before the GWS starts conducting representative source sampling A triggered source water monitoring plan may include: A map of the water system (including location of ground water sources, location of pressure zones, and location of storage facilities). · A written explanation of how the GWS knows which source feeds which section of the distribution system, and · Seasonal or intermittent ground water sources and when they are used. . Regardless of whether or not the State requires a plan to be submitted, all representative source sampling locations must be approved by the State

Aqua Utilities Florida Lake Gibson Estates

The diagram below provides an example of a system schematic that could be used to determine representative sources and develop a triggered source water monitoring plan, based on where in the distribution system the total coliformpositive sample is found. If approved by the State, the system could sample sources 1 and 2 after a total coliform-positive at Site 1 since Site 1 is in the zone served by those sources. A total coliform-positive at Site 2 would require source sampling from all sources since this area is served by all sources.



Variations in Requirements Based on System Size

GWSs Serving Fewer than 1,000 Persons

- GWSs that serve fewer than 1,000 persons may be able to meet TCR repeat monitoring requirements and GWR triggered source water monitoring requirements together if the State allows:
 - Repeat TCR monitoring at the source
 - AND
- E. coli to be used as a fecal indicator under the GWR.

If the State allows this situation, then the GWS can use a TCR repeat sample collected at the source to meet the triggered source water monitoring requirement of the GWR. The fourth TCR repeat sample is collected at the source. Upstream and downstream samples and a sample at the TCR site are still needed to meet TCR requirements.

Labs must use an approved GWR method to test for E_coli.

Note: If the TCR repeat sample collected at the source is TCR-positive but *E. coli* is not found, the GWR does not require further action but the system is in violation of the TCR MCL.

Consecutive S	ystems and	Wholesa	le Systems

e provide the state of the stat	
Consecutive Systems	 Consecutive systems that purchase 100% of their water (and therefore do not have a source from which to sample) must: Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	 Upon hearing from the wholesale system of a fecal indicator-positive source water sample (either initial triggered samples or additional samples), notify the public within 24 hours.
	Consecutive systems that purchase only some of their water must:
	 Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	 Collect GWR triggered source water monitoring samples and additional samples as required.
	Upon receipt of notification from the laboratory about a fecal indicator-positive source water sample at the system's source(s) take corrective action, if required, and notify the public within 24 hours.
	 Upon receipt of notification from the wholesale system of a fecal indicator-positive sample (either initial triggered samples or additional samples) at the wholesale system's source(s), notify the public within 2² hours.
Wholesale Systems	 Wholesale systems that are notified by a consecutive system of a total coliform-positive sample must: Within 24 hours of being notified, collect at least one ground water source sample from each source in use (unless representative sampling is allowed) when the total coliform-positive sample was collected. Notify the public and ALL consecutive systems served by the source within 24 hours of learning that a source water sample is fecal-indicator positive.

Invalidation of Fecal Indicator-Positive Samples

- The State can invalidate a fecal indicator-positive triggered source water sample if:
 - The system provides the State with written notice from the laboratory that improper sample analysis occurred or
 - The State determines there is substantial evidence that the sample does not reflect source water quality.
 The State must document in writing there is substantial evidence that the fecal indicator-positive ground water
 - source sample is not related to source water quality.

Exceptions to the Triggered Source Water Monitoring Requirements

Extension of the 24-hour collection limit

- The State may extend the 24-hour limit for collecting source water samples on a case-by-case basis if the State determines the system cannot collect the ground water source water sample within 24 hours due to circumstances beyond its control.
- In the case of an extension, the State must specify how much time the system has to collect the sample.

Total Coliform-Positive Sample Is The Result of Distribution System Conditions

- A GWS is not required to conduct triggered source water monitoring under one of the following circumstances:
 - The State determines and documents in writing that the total coliform-positive TCR sample is caused by a distribution system deficiency.
 - The GWS determines the total coliform-positive TCR sample was collected at a location that meets State criteria for distribution conditions that will cause total coliform-positive samples and notifies the State within 30 days.

If a GWS receives notice of a fecal indicator-positive source water sample collected under the GWR, the system must:	 Consult with the State within 24 hours. Notify the public within 24 hours. Tier 1 Public Notification. If the system is a community GWS, they must provide Special Notice of the fecal indicator-positive sample in their CCR.
If a GWS fails to conduct required triggered or additional monitoring, the system must.	 Notify the public within 12 months. Tier 3 Public Notification. Community GWSs may be able to use their CCR.
Wholesale and consecutive systems are subject to:	 The same notification requirements outlined above, in addition to the requirements to notify the wholesale or consecutive systems.

Critical Deadlin	es for Triggered Source Water Monitoring for Drinking Water Systems
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
December 1, 2009	GWSs must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.

Office of Water (4606)

EPA 815-F-08-004

www.epa.gov/safewater

July 2008

If any sample is found to be fecal indicator-positive and is subsequently invalidated by the State, the GWS must resample for the same indicator within 24 hours of being notified of the invalidation.

AQUA

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

July 8, 2010

Daniela Sloan Polk County Health Department 1290 Golfview Ave. 4th Floor Bartow, FL 33830-6740

RE: Reply to Sanitary Survey Orange Hill/Sugar Creek PWS ID No. 6531305 Polk County

Dear Ms. Sloan:

This letter is in response to your inspection of the facility referenced above on May 26, 2010.

- 1. The well seals will be repaired within 30 days of the date of this letter. In addition to the repair, the operator is also installing pipe stands to relieve the water hammer pressure from the well seals.
- 2. The check valve will be repaired/replaced within 30 days of the date of this letter.
- 3. The leak at the eye wash has been repaired.
- 4. The well at Orange Hill currently has a downward facing, screened vent installed which can also be used as an access port by unscrewing the elbow. The well at Sugar Creek cannot be fitted with a vent or access port without major alteration to the well. These items will be installed during the next major well alteration.

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

Sincerely,

Samo

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

An Aqua America Company



Charlie Crist Governor

Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

May 28, 2010

ORANGE HILL/ SUGAR CREEK PWS: Id. No. 6531305

RECEIVED

JUN -7 2010

Aqua Utilities Florida Inc.

ORANGE HILL/ SUGAR CREEK 6960 PROFESSIONAL PKWY. EAST SUITE 400 SARASOTA, FL 34240

Dear Water System Owner:

A sanitary survey of your system conducted on May 26, 2010 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

- 1. The well seal is not watertight (both wells). <u>Chapter 62-555.350(2)</u> indicates that all equipment must be maintained in good operating condition.
- 2. The check valve on well AAG3811 does not work. <u>Chapter 62-555.350(2)</u> requires that all public water system components be maintained in good operating condition so that the components may function as intended. The valve must be repaired or replaced.
- 3. The eyewash at the Sugar Creek plant is leaking. <u>Chapter 62-555.350(2)</u> requires that all public water system components be maintained in good operating condition so that the components may function as intended.
- 4. During any well alteration for well AAG3811 ascertain that the following well appurtenances are in compliance with <u>Chapter 62-555.320</u>, <u>Chapter 62-532.500</u>, and Section 3 in *Recommended Standards for Water Works*, 1997 Edition.
 - a. Vent
 - b. Access port

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice, unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 ext. 12148.

POLK COUNTY HEALTH DEPARTMENT OFFICE OF THE DIRECTOR Daniel O. Haight, MD, FACP Director Director Light of the terminal of the terminal of te

Sincerely,

Daniele Slow

Daniela Sloan Environmental Specialist II

Xc: Dan Sherwood, Aqua Utilities

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist Governor Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General

RECEIVED

JUN - 7 2010

Aqua Utilities

Florida Inc.

May 27, 2010

C/ROSALIE OAKS PWS: Id. No. 3531546

AQUA SOURCE INC. 6960 PROFESSIONAL PKWY E STE #400. SARASOTA, FL 34240

Dear Water System Owner:

A sanitary survey of your system conducted on May 25, 2010 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Second notice:

The bacteriological sampling plan in our files, dated 2/11/2004 (see attached) does not correspond to the sampling location currently used. <u>Chapter 62-550.518</u> requires all public water systems to have a written sampling plan that addresses location, timing, frequency, and rotation. Sampling locations must be specific and representative of water throughout the distribution system. Please submit new sampling plan.

<u>Reminder</u>: please submit a copy of the hydropneumatic tank inspection done on 12/8/09 to our office.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice, unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 ext. 12148.

Sincerely,

much an

Daniela Sloan Environmental Specialist II

Xc: Dan Sherwood, Agua Utilities

POLK COUNTY HEALTH DEPARTMENT

OFFICE OF THE DIRECTOR

Daniel O. Haight, MD, FACP Director 1290 Golfview Avenue, 4th Floor, Bartow, FL 33830-6740 Phone (863) 519-7900 FAX (863) 534-0293 www.mypolkchd.org

Lynne M. Saddler, MD, MPH Assistant Director



Bacteriological Sampling Plan

: P

Rosalie Oaks PWS Number 3531546

FEB 11 2004

RECEIVED

ENVIRONMENTAI ENGINEERING

- <u>Purpose:</u> The purpose of this bacteriological sampling plan is to identify specific bacteriological sample locations which are representative of the water quality throughout the distribution system, as well as ensuring compliance with Florida Administrative Code (FAC) 62-550.
- Sampling Requirement: The Rosalie Oaks Water Facility is currently required to collect one (1) bacteriological sample per well per month and two (2) distribution samples per month.
- Sampling Location: All distribution samples will be drawn from hose bibs located outside homes. Alternate sites will be used if, for any reason, a normally scheduled site cannot be used.

Sample Site Rotation and Frequency

1

January, April, July, October

Well #1 Lot 1 Lot 59

February, May, August, November

Well #1 Lot 5 Lot 65

March, June, September, December

Well #1 Lot 10 Lot 70

(*) Lot 15 – Alternate (*) Lot 75 - Alternate



Department of Environmental Protection SOUTHWEST DISTRICT BY

AQUA

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

July 7, 2010

Daniela Sloan Polk County Health Department 1290 Golfview Ave. 4th Floor Bartow, FL 33830-6740

RE: Reply to Sanitary Survey Rosalie Oaks MHP PWS ID No. 3531546 Polk County

Dear Ms. Sloan:

This letter is in response to your inspection of the facility referenced above on May 25, 2010.

1. Attached is the updated bacteriological sampling plan for your review.

Also attached is a copy of the hydropneumatic tank inspection.

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

Sincerely,

anio atrick .-

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

Enclosure: Bacteriological Sampling Plan Hydropneumatic Tank Inspection



Rosalie Oaks WTP PWS ID # 3531546 Drinking Water System Bacteriological Sampling Plan

Routine Bacteriological Monitoring:

- Bacteriological Monitoring samples taken within the <u>Rosalie Oaks</u> distribution system are representative of water throughout the entire distribution system.
- The <u>Rosalie Oaks</u> system is a <u>community</u> public water system which serves a population less than 3,300. <u>Two</u> distribution samples will be taken every month (Rule 62-550.518(2).
- The sampling locations and the annual rotation schedule are listed in the table below. The locations are depicted on the attached map.

Bacteriological Monitoring Sample Locations				
Sample Location Number	Exact Address	Sampling Schedule		
1	Lot 10	January, April, July, October		
2	Lot 34	January, April, July, October		
3	Lot 55	February, May, August, November		
4	WWTF Tap	February, May, August, November		
5	Lot 3	March, June, September, December		
6	Lot 60	March, June, September, December		

- All production wells shall be sampled monthly <u>on the same day as distribution samples</u>. Free chlorine residual is to be measured at each sampling point before sampling. All bacteriological samples shall be analyzed by a certified lab using the Colilert test (SM9223B) within 24 hours.
- During collection of the Bacteriological Monitoring samples, the remote sampling tap is to be measured for a free chlorine residual on each day that operator attendance is required.
- In addition to the designated distribution samples, Aqua Utilities Florida may elect to perform additional bacteriological monitoring within the distribution system to confirm the reliability of the water quality.

Water Main Break/Malfunction:

• In the event of a water main break or other system malfunction, after repairs/replacements are made the operator must take two consecutive days of passing bacteriological samples prior to placing the area of repair back into normal service.

Distribution Sample Failure:

- In the event of a <u>single</u> distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. If raw water samples were not taken on the same day as the distribution samples, the operator must collect one raw water sample from each well and point of entry.
- In the event of more than one distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. In addition, the operator must collect the same number of raw water samples as there were of failed distribution samples and one sample from the point of entry. (i.e. if 2 distribution failed, then the operator must have 2 raw samples from each well; if raw samples were obtained the same day as the initial routine samples, then only one additional raw sample from each well is needed)



United States Environmental Protection Agency Office of Water (4606) EPA 816-F-01-035 November 2001 www.epa.gov/safewater

Total Coliform Rule: A Quick Reference Guide

Overview of the Rule		
Title	Total Coliform Rule (TCR) 54 FR 27544-27568, June 29, 1989, Vol. 54, No. 1241	
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and <i>Escherichia coli</i> (E. coli).	
General Description	Establishes a maximum contaminant level (MCL) based on the presence or absence of total coliforms, modifies monitoring requirements including testing for fecal coliforms or <i>E. coli</i> , requires use of a sample siting plan, and also requires sanitary surveys for systems collecting fewer than five samples per month.	
Utilities Covered	The TCR applies to all public water systems.	

Public Health Benefits

Implementation R of the TCR has se resulted in . . . na

Reduction in risk of illness from disease causing organisms associated with sewage or animal wastes. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and associated headaches and fatigue.

What are the Major Provisions?

ROUTINE Sampling Requirements

- Total coliform samples must be collected at sites which are representative of water quality throughout the distribution system according to a written sample siting plan subject to state review and revision.
- Samples must be collected at regular time intervals throughout the month except groundwater systems serving 4,900 persons or fewer may collect them on the same day.
- Monthly sampling requirements are based on population served (see table on next page for the minimum sampling frequency).
- A reduced monitoring frequency may be available for systems serving 1,000 persons or fewer and using only ground water if a sanitary survey within the past 5 years shows the system is free of sanitary defects (the frequency may be no less than 1 sample/quarter for community and 1 sample/year for non-community systems).
- Each total collform-positive routine sample must be tested for the presence of fecal collforms or E. coll.
- If any routine sample is total coliform-positive, repeat samples are required.

REPEAT Sampling Requirements

- Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least3 REPEAT samples must be collected and analyzed for total coliforms:
- One REPEAT sample must be collected from the same tap as the original sample.
- One REPEAT sample must be collected within five service connections upstream.
- One REPEAT sample must be collected within five service connections downstream.
- Systems that collect 1 ROUTINE sample per month or fewer must collect a 4th REPEAT sample.
- If any REPEAT sample is total coliform-positive:
- The system must analyze that total coliform-positive culture for fecal coliforms or *E.coli*.
 The system must collect another set of REPEAT samples as before unless the MCL has been
- The system must collect another set of REPEAT samples, as before, unless the MCL has been violated and the system has notified the state.

Additional ROUTINE Sample Requirements

A positive ROUTINE or REPEAT total coliform result requires a minimum of five ROUTINE samples be collected the following month the system provides water to the public unless walved by the state.

¹ The June 1989 Rule was revised as follows: Corrections and Technical Amendments, 6/19/90 and Partial Stay of Certain Provisions (Variance Criteria) 56 FR 1556-1557, Vol 56, No 10.

Note: The TCR is currently undergoing the 6 year review process and may be subject to change.

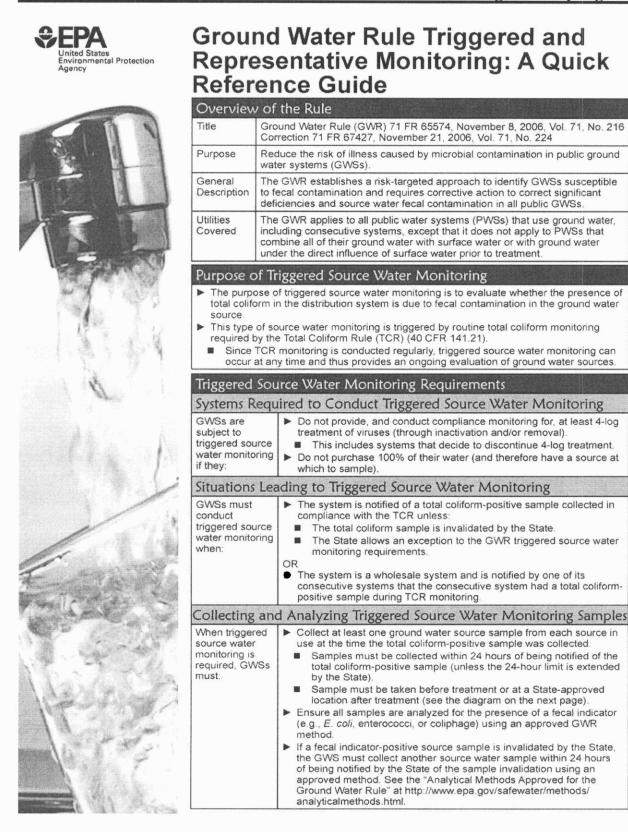


For	additional	information on
the	TCR	

Call the Safe Drinking Water Hotline at 1-800-426-4791; visit the EPA web site at www.epa.gov/safewater/mdbp/ mdbp.html; or contact your state drinking water representative.

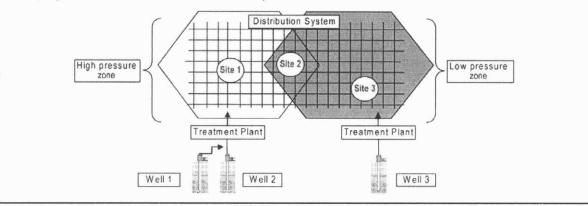
² The revised Public Notification Rule will extend the period allowed for public notice of monthly violations to 30 days and shorten the period for acute violations to 24 hours. These revisions are effective for all systems by May 6, 2002 and are detailed in 40 CFR Subpart Q.

	Minimum	Populat	ion	Minimum	toring Freq	Minimum
25-1,000*	Samples/Month	Population		Samples/Month		Samples/ Mon
1,001-2,500	2	21,501-25,000		25	450,001-600,000	210
2,501-3,300	3	33,001-41,0		30	600,001-780,000	240
3,301-4,100	4			40 50	780,001-970,000	270
4,101-4,900	5	41,001-50,000		60	970,001-1,230,000 1,230,001-1,520,000	300
4,901-5,800	6	59,001-70,000		70		360
5,801-6,700	7	70,001-83,000		80	1,520,001-1,850,000	390
6,701-7,600	8			90	2,270,001-3,020,000	420
7,601-8,500	9	83,001-96,000		100	3,020,001-3,960,000	420
8,501-12,900	10	96,001-130,000 130,001-220,000		120	≥ 3,960,001	430
12,901-17,200	15	220,001-320	<u> </u>	150	23,300,001	400
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The diagram below represents an appropriate sampling location for triggered source water monitoring GWSs should have a sample tap at each source that enables triggered source water monitoring. Treatment 39) B Distribution System Ground Water SAMPLING LOCATION Source Additional Sampling If the initial triggered source water sample is fecal indicator-positive, and the State does not require corrective action in response, GWSs must conduct additional source water monitoring. GWSs must collect five additional source water samples (from the source(s) that contained the original fecal indicatorpositive samples) within 24 hours of being notified of the fecal indicator-positive sample. The additional samples must be tested for a fecal indicator using an approved GWR method. If any one of the five additional samples is fecal indicator-positive, the system must take corrective action. ▶ If any additional sample is found to be fecal indicator-positive but is subsequently invalidated by the State, the GWS must resample for the same fecal indicator within 24 hours of being notified of the invalidation. Note: If the GWS is a wholesale system, it must notify all consecutive systems served by a source of any fecal indicatorpositive samples from that source within 24 hours of being notified of the sample result. Sampling at Representative Sources and Triggered Source Water Monitoring Plans **Representative Source Sampling** If a GWS has multiple sources, the State may allow the GWS to conduct representative source sampling. Representative source water sampling allows systems to collect samples from the sources that represent (serve) the TCR monitoring site rather than from all sources. These representative ground water sources must be approved by the State. Systems must still Sample within 24 hours of total coliform-positive sample. Analyze using an approved GWR method. Triggered Source Water Monitoring Plan If the State allows representative site sampling, the State may require the GWS to submit a triggered source water monitoring plan for approval before the GWS starts conducting representative source sampling A triggered source water monitoring plan may include: A map of the water system (including location of ground water sources, location of pressure zones, and location of storage facilities). A written explanation of how the GWS knows which source feeds which section of the distribution system, and Seasonal or intermittent ground water sources and when they are used. Regardless of whether or not the State requires a plan to be submitted, all representative source sampling locations must be approved by the State.

The diagram below provides an example of a system schematic that could be used to determine representative sources and develop a triggered source water monitoring plan, based on where in the distribution system the total coliformpositive sample is found. If approved by the State, the system could sample sources 1 and 2 after a total coliform-positive at Site 1 since Site 1 is in the zone served by those sources. A total coliform-positive at Site 2 would require source sampling from all sources since this area is served by all sources.



Variations in Requirements Based on System Size

GWSs Serving Fewer than 1,000 Persons

- GWSs that serve fewer than 1,000 persons may be able to meet TCR repeat monitoring requirements and GWR triggered source water monitoring requirements together if the State allows:
 Repeat TCR monitoring at the source
 - Repeat TCR monitoring at the source AND
- E. coli to be used as a fecal indicator under the GWR.
- If the State allows this situation, then the GWS can use a TCR repeat sample collected at the source to meet the triggered source water monitoring requirement of the GWR. The fourth TCR repeat sample is collected at the source. Upstream and downstream samples and a sample at the TCR site are still needed to meet TCR requirements.
- Labs must use an approved GWR method to test for E. coli.

Note: If the TCR repeat sample collected at the source is TCR-positive but *E. coli* is not found, the GWR does not require further action but the system is in violation of the TCR MCL.

Consecutive Systems and Wholesale Systems

Consecutive	Consecutive systems that purchase 100% of their water (and therefore do not have a source from which to
Systems	sample) must:
	 Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	 Upon hearing from the wholesale system of a fecal indicator-positive source water sample (either initial triggered samples or additional samples), notify the public within 24 hours.
	Consecutive systems that purchase only some of their water must:
	 Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
	 Collect GWR triggered source water monitoring samples and additional samples as required.
	 Upon receipt of notification from the laboratory about a fecal indicator-positive source water sample at the system's source(s) take corrective action, if required, and notify the public within 24 hours.
	 Upon receipt of notification from the wholesale system of a fecal indicator-positive sample (either initial triggered samples or additional samples) at the wholesale system's source(s), notify the public within 24 hours.
Wholesale Systems	 Wholesale systems that are notified by a consecutive system of a total coliform-positive sample must: Within 24 hours of being notified, collect at least one ground water source sample from each source in use (unless representative sampling is allowed) when the total coliform-positive sample was collected.
	Notify the public and ALL consecutive systems served by the source within 24 hours of learning that a source water sample is fecal-indicator positive.

Invalidation of Fecal Indicator-Positive Samples

- The State can invalidate a fecal indicator-positive triggered source water sample if:
 - The system provides the State with written notice from the laboratory that improper sample analysis occurred or
 - The State determines there is substantial evidence that the sample does not reflect source water quality.
 - The State must document in writing there is substantial evidence that the fecal indicator-positive ground water source sample is not related to source water quality.

Exceptions to the Triggered Source Water Monitoring Requirements

Extension of the 24-hour collection limit

The State may extend the 24-hour limit for collecting source water samples on a case-by-case basis if the State determines the system cannot collect the ground water source water sample within 24 hours due to circumstances beyond its control.

In the case of an extension, the State must specify how much time the system has to collect the sample.

Total Coliform-Positive Sample Is The Result of Distribution System Conditions

► A GWS is not required to conduct triggered source water monitoring under one of the following circumstances:

- The State determines and documents in writing that the total coliform-positive TCR sample is caused by a distribution system deficiency.
- The GWS determines the total coliform-positive TCR sample was collected at a location that meets State criteria for distribution conditions that will cause total coliform-positive samples and notifies the State within 30 days.

If a GWS receives notice of a fecal indicator-positive source water sample collected under the GWR, the system must.	 Consult with the State within 24 hours. Notify the public within 24 hours. Tier 1 Public Notification. If the system is a community GWS, they must provide Special Notice of the fecal indicator-positive sample in their CCR.
If a GWS fails to conduct required triggered or additional monitoring, the system must:	 Notify the public within 12 months. Tier 3 Public Notification. Community GWSs may be able to use their CCR.
Wholesale and consecutive systems are subject to:	The same notification requirements outlined above, in addition to the requirements to notify the wholesale or consecutive systems.

Critical Deadlin	es for Triggered Source Water Monitoring for Drinking Water Systems
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
December 1, 2009	GWSs must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.

Office of Water (4606)

EPA 815-F-08-004

www.epa.gov/safewater

July 2008

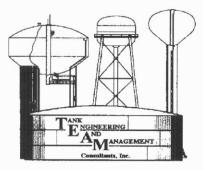
If any sample is found to be fecal indicator-positive and is subsequently invalidated by the State, the GWS must resample for the same indicator within 24 hours of being notified of the invalidation.

HYDROPNEUMATIC TANK INSPECTION REPORT

ROSALIE OAKS LAKE WALES, FLORIDA

5,000-GALLON HYDROPNEUMATIC HORIZONTAL WATER TANK 8'-0" DIAMETER X 12'-0" LONG

DECEMBER 2009



RECEIVED

JAN 2 9 2010

Aqua Utilities Florida Inc.

4000 STATE ROAD 60 EAST MULBERRY, FLORIDA 33860-0889 (863) 354-9010 ♦ (863) 648-4988 FAX

	- 1998 1995
ANAGEMENT	
IVI Consultants, Inc.	

HYDROPNEUMATIC TANK INSPECTION REPORT

DECEMBER 2009

ROSALIE OAKS LAKE WALES, FLORIDA

5,000-GALLON HYDROPNEUMATIC HORIZONTAL TANK 8'-0" DIAMETER x 12'-0" LONG

PREPARED FOR:

AQUA UTILITIES FLORIDA

PREPARED BY:

TANK ENGINEERING AND MANAGEMENT CONSULTANTS, INC. P.O. Box 889 Mulberry, Florida 33860 Phone (863) 354-9010 Fax (863) 648-4988

Jeff W. Kitchen Vice President API Certification No. 22467

Reviewed/B

Robert A. merz, P. P.E. No. 33147

P.O. Box 889 • Mulberry, Florida 33860-0889 • (863) 354-9010 • Fax (863) 648-4988 www.tankteam.com

CONCLUSIONS:

The tank is in poor overall structural condition and should be repaired by a certified ASME repair shop or replaced. Based on the measured remaining thickness, the engineering evaluation for the entire tank requires the maximum working pressure be limited to 22.08 psi. The pressure relief valves should be checked and maintained at 22 psi or lower.

RECOMMENDATIONS:

- 1. It is recommended that the tank be replaced.
- 2. If the tank is to remain in service, the pressure relief valves should be tested and maintained at 22 psi or lower.
- 3. If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water. Typical coating systems are detailed in AWWA D102.

We appreciate the opportunity of performing this inspection. If you should have any questions, please give us a call.

Sincerely,

Tank Engineering and Management Consultants, Inc.

RE: Inspection Report 5,000-Gallon Hydropneumatic Tank Aqua Utilities Florida TEAM Project No. 09-0961

On December 8, 2009, Jeff W. Kitchen of *Tank Engineering and Management Consultants, Inc.*, performed a condition assessment inspection on the above referenced water tank. The tank was emptied and an internal and external inspection was performed. The purpose of this inspection was to assess the tank condition as required by Florida Department of Environmental Protection (FDEP) Rule 62-555, F.A.C.

EXECUTIVE SUMMARY

The tank shell appears to be in poor structural condition. Ultrasonic Thickness Measurements (UTM's) taken on the shell indicate it was likely constructed of 1/4"-thick steel. The minimum thickness of the overall shell at the time of inspection was 0.102". The heads appear to be in good structural condition. UTM's taken on the formed heads indicate they were likely constructed of 3/8"-thick steel. The minimum head thickness is 0.351". The exterior coating system is in fair overall condition. There is no interior coating system in this tank. With the severe amount of metal loss in the shell, it is recommended that this tank be replaced.

INSPECTION METHODOLOGY AND PROCEDURES

The inspection was performed in accordance with American Water Works Association (AWWA) Manual M42, App. "C", "Inspecting and Repairing Steel Water Tanks, Standpipes, Reservoirs, and Elevated Tanks for Water Storage" and American Society of Mechanical Engineers (ASME) design standards. Where no AWWA or ASME Standards were available, American Petroleum Institute (API) standards for tank construction, inspection and repair were utilized. Also, Tank Engineering And Management Consultants' written inspection procedures were followed.

DEFINITIONS:

Throughout this report, certain subjective terms will be used to describe the condition of various items. These terms are typically meant to imply the following definitions:

- Good Currently in nearly new condition. Minor defects may be present, but do not present a hindrance to the operation of the item.
- Fair Slightly less-than ideal condition. This item has not failed, but is in a state of degradation that will likely result in failure in the near future.

Poor – The item has failed, or is near failure.

FIELD INSPECTION

• Inspection Personnel Jeff W. Kitchen, Certified API-653 Inspector No. 22467, of TEAM Consultants.

• Inspection Procedures and Equipment

The inspection procedures included:

- 1. Tank layout and physical measurements.
- 2. Visual inspection of the Heads, Shell, and Accessories.
- 3. A visual inspection of the site and the tank exterior surface was performed, checking for: leaks, shell distortions, signs of settlement, corrosion, and condition of the concrete cradles, coatings, accessories, and appurtenances.
- 4. Ultrasonic Thickness Measurements (UTMs) were taken on the shell and heads. UTMs were taken with an Olympus MG2-XT, ultrasonic test instrument operating on a transmit/receive transducer, using the "pulse echo" technique with "coating eliminator" software. The instrument calibration was verified before and after the testing was performed.
- 5. Color photographs are taken of the tank exterior and of all essential structures, appurtenances and deficiencies.

ENGINEERING ANALYSIS

The field inspection notes were reviewed by a Florida Licensed Professional Engineer. The tank structure was analyzed in accordance with ASME Section VIII. The coatings were analyzed in accordance with National Association of Corrosion Engineers (NACE) standards.

TANK INFORMATION:

MANUFACTURER:	Unknown
YEAR BUILT:	Unknown
DIAMETER:	8'-0"
SHELL LENGTH:	12'-0"
HEAD TYPE:	Torospherical
JOINT DESIGN:	Entire tank is butt-welded
SADDLES:	(2) Steel saddles
MANWAY:	(1) 12" x 16" Oval, pressure-type

TEAM Consultants

09-0961

INSPECTION RESULTS:

The site and cradles supporting the tank were found to be in good condition. This tank rests on two steel saddles. The saddles are not sealed from moisture intrusion. The tank exterior surfaces between the shell and the saddles could not be inspected. Corrosion may be present in these areas.

The exterior metal has no pitting or visable metal loss. The interior has severe corrosion and metal loss.

UTM's were taken over the entire tank. The minimum thickness of the shell was found to be 0.102". The minimum thickness of the heads was found to be 0.351".

The exterior coating is in fair condition. There is no interior coating in this tank.

ENGINEERING ANALYSIS:

There is no nameplate or ASME code stamp on this tank. Therefore, this is not a "code stamp" tank. The allowable pressure calculations are based on ASME Section VIII. Since the design weld joint efficiency is unknown, the lowest efficiency factor in the ASME code is used.

Heads:

Shell:

p = pressure (psi)E = joint efficiency (100%) (1-piece head)L = diameter (96")t = minimum thickness (0.351")S = allowable Stress (15,000 psi) $\mathbf{p} =$ SEt (15,000)(1)(0.351)= 61.94 psi 0.885L + 0.1t $84.96 \pm 0.1(0.351)$ p = pressure (psi)E = joint efficiency (70%) (butt-welded joint)t = minimum shell thickness (0.102") S = allowable Stress (15,000 psi) R= tank Radius (48")

$$p = \underbrace{SEt}_{R + 0.6t} = \underbrace{(15,000)(.70)(0.102)}_{48 + (0.6)(0.102)} = 22.08 \text{ psi}$$

ASME offers a calculation for circumferential and for longitudinal stresses in the shell. The code requires using the lesser pressure of the two calculations. The above calculation is the circumferential calculation, which was less than the longitudinal calculation in this instance. The shell is butt welded, but the level of radiographic testing is unknown. Therefore, the ASME minimum joint efficiency must be used, which is 70%.

In this case the shell is the limiting factor for maximum pressure. This information indicates a maximum working pressure of 22.08 psi.

TEAM Consultants

CONCLUSIONS:

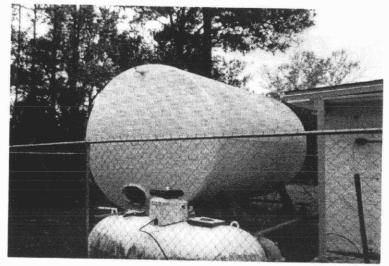
The tank is in poor overall structural condition and should be repaired by a certified ASME repair shop or replaced. Based on the measured remaining thickness, the engineering evaluation for the entire tank requires the maximum working pressure be limited to 22.08 psi. The pressure relief valves should be checked and maintained at 22 psi or lower.

RECOMMENDATIONS:

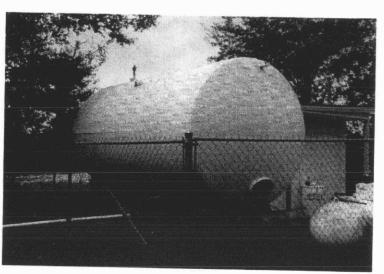
- 1. It is recommended that the tank be replaced.
- 2. If the tank is to remain in service, the pressure relief valves should be tested and maintained at 22 psi or lower.
- 3. If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water. Typical coating systems are detailed in AWWA D102.

We appreciate the opportunity of performing this inspection. If you should have any questions, please give us a call.

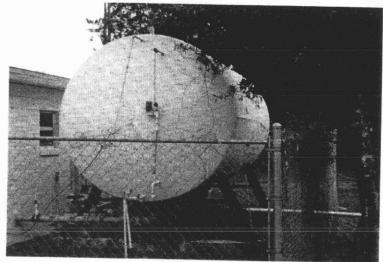
Sincerely, Tank Engineering and Management Consultants, Inc.



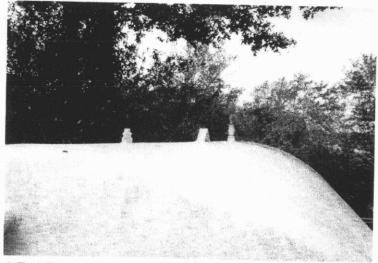
1. Tank Overall.



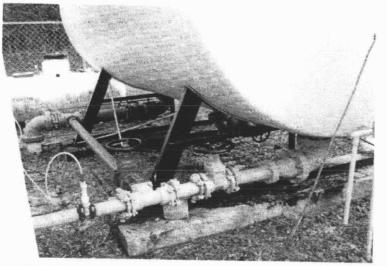
2. Tank Head and Manway.



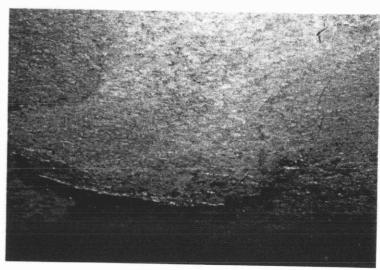
3. Tank Head and Nozzles.



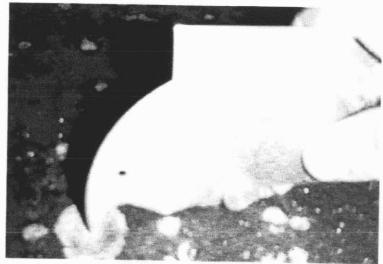
4. Tank Top.



5. Tank Saddle.



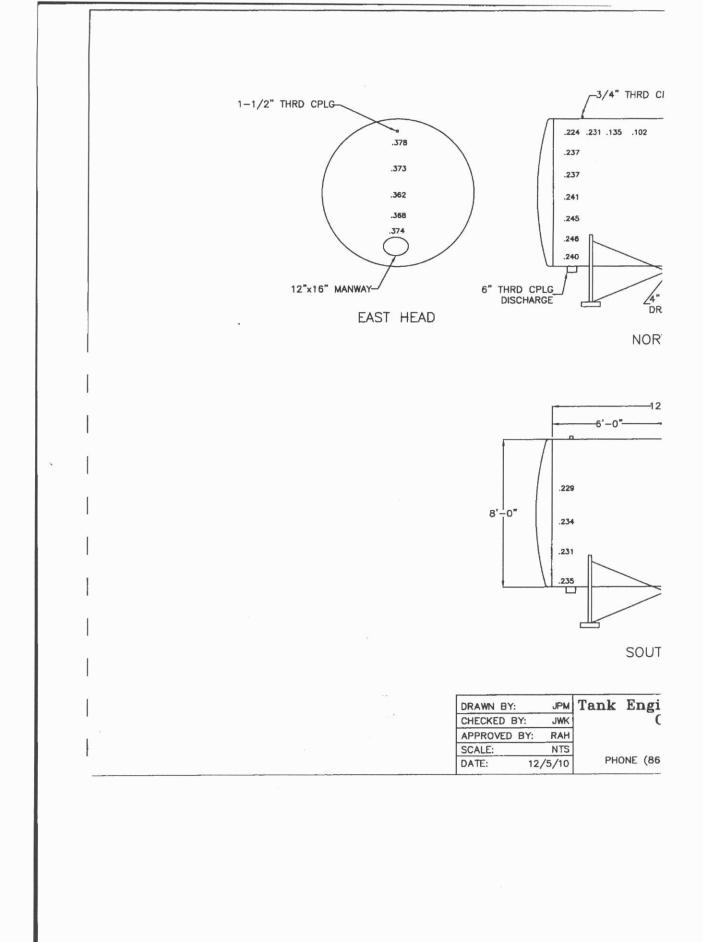
6. Tank Interior Top with Severe Metal Loss.

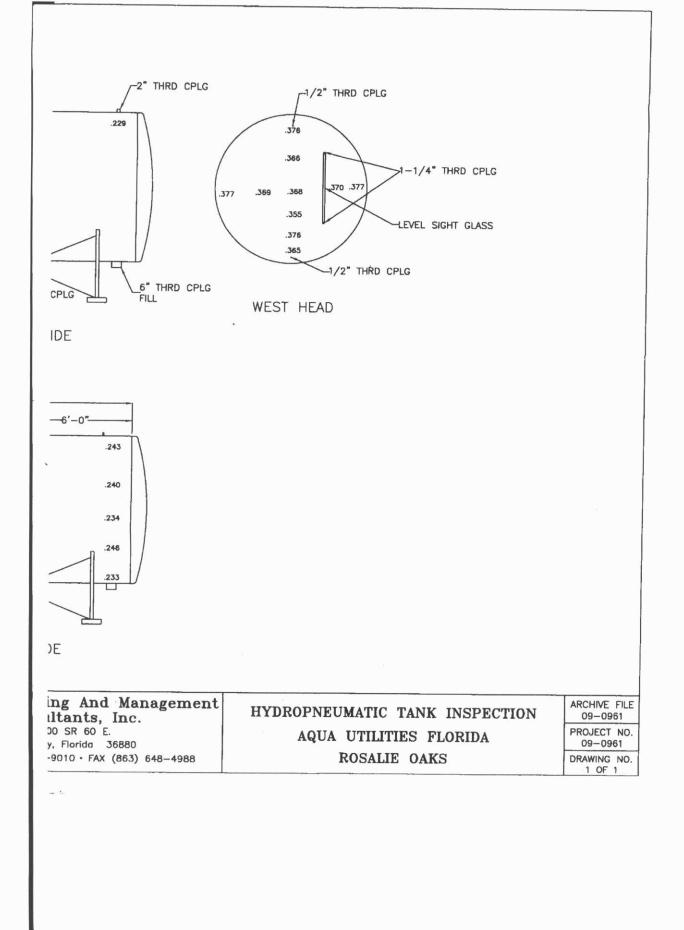


7. Tank Interior Pit at 3/16"



8. Tank Interior Pit at 5/32"





.



Charlie Crist Governor Ana M. Viamonte Ros, MD, MPH State Surgeon General

March 02, 2010

CS/Village Water/Aqua Source Consecutive Public Water System PWS: Id. No. 6532779

Steve Fuller Senior Facilities Operator 415 West Daughtery Road Lakeland, FL 33809

Dear Mr. Fuller:

A sanitary survey of the water system conducted on February 25, 2010, indicated that the public water system serving Village Water is substantially in compliance with the requirements listed in *Chapter 62 of the Florida Administrative Code*.

If you have any questions, please contact me at (863) 519-8330 extension 12134.

Sincerely,

eres

Rafael Reyes Engineering Specialist III XC: PWS # 6532779 Correspondence File

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD, FACP Director Environmental Engineering Division 2090 East Clower Street, Bartow, FL 33830-6741 Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245 www.mypolkchd.org

Lynne Saddler, MD, MPH Assistant Director

AQUA UTILITIES FLORIDA, INC.

100330-WS

ATTACHMENT 5



Certification of Delivery of Consumer Confidence Report

GENERAL INSTRUCTIONS: This form shall be completed by all community water systems (CWSs) that have prepared a Consumer Confidence Report (CCR) in accordance with Rule 62-550.824, F.A.C., Consumer Confidence Reports. At the end of this form is a certification in which a system's authorized representative shall certify that the reported information is accurate and is in conformance with Rule 62-550.824, F.A.C. COMPLETE THIS FORM AND SUBMIT IT BY AUGUST 10, together with a copy of your system's CCR, and any newspaper notice(s) and posted notice(s) of your CCR, to the appropriate DEP district office or Approved County Health Department (ACHD). Systems serving 100,000 or more persons posting their CCRs on publicly accessible Internet sites shall provide the information on the appropriate Internet link(s). All information provided on this form must be typed or printed in ink.

I. General Water System Information. (To be completed by all	community water systems.)
System name: Bellaire Subdivision	Contact person: Patrick Farris
PWS Identification number (PWS-ID): 3424000	Contact phone number: 352-435-4029
Mailing address: P.O. Box 2480	City: Lady Lake
State: FL Zip: 32158 Population served (not the number	er of "service connections"): 763

II. CCR Distribution Method. (To be completed by all community water systems. Choose A or B as appropriate.)

A. We mailed or otherwise directly delivered a copy of our CCR to each customer on (enter date(s) of mailing or delivery.) 06/21/10 (Systems that do not use the mailing waiver must mail or otherwise directly deliver a copy of their CCR to each customer.)

B. We were eligible to use a mailing waiver and used a mailing waiver. (Systems are eligible to use a mailing waiver <u>only</u> if they serve fewer than 10,000 persons, have not had any MCL or monitoring and reporting (M/R) violations, nor have been issued any formal Notices of Violations (NOVs), Consent Orders, Administrative Orders, or court-ordered civil actions during the calendar year before the year the CCR is due to the customers.)

Answer a. b. and c below.)

a. Date of newspaper:

b. Name of newspaper/newsletter that published our CCR:

c. A copy of our notice to customers, informing them that our CCR will <u>not</u> be mailed to them, is attached. This notice was: mailed with bill; published in newspaper/newsletter; or dother (describe)

III. Posting of CCR on the Internet. (To be completed by all CWSs serving 100,000 or more persons.)

We posted our CCR on this publicly accessible Internet Site: www.aquautilitiesflorida.com

IV. Report on Your Effort to Distribute Your CCR to Your Water Consumers

a strate compare exalteness sender all relieve concernzation improvements

In addition to the methods selected in Part II,

X A. We posted our CCR on this publicly accessible Internet

www.aquautilitiesflorida.com

B. We published our CCR in the local newspaper(s). The name(s) and date(s) of the newspaper(s) are:

C. We advertised the availability of our CCR as a press release, radio announcement, or TV announcement. The type(s) and date(s) of the advertisement(s) are:

D. We delivered multiple copies of our CCR to single bill addresses serving several persons.

E. We delivered multiple copies of our CCR to the following community organizations:

F. Our CCR was posted in the following public locations: Posted on fence at our water facility.

G. Our CCR was distributed by other methods (e.g., additional copies placed in entrance hall to facility). Describe.

V. Use of Non-English Language in CCR. (To be completed by all community water systems.)
Information in a non-English language was included in our CCR because 20% or more of our customers do not
speak English but speak The method we used to determine the proportion of
non-English speaking customers is
X This requirement does not apply to our system, because we have no non-English speaking group among our
customers equal to or exceeding 20% of our total number of customers.
VI. Other Delivery Requirements. (To be completed by all community water systems.)
(A) Was a copy of your CCR sent to your county health department, as required by rule?
(B) Is your system regulated by the Public Service Commission (PSC)? XYes No
If Yes, was a copy of your CCR sent to the PSC, as required by rule? XYes No
(C) If your system sells water to other systems, have you provided them with either a copy of your CCR or the required
consumer confidence information? 🛛 Yes 🖾 Not Applicable
VII. Certification of Delivery of CCR and Compliance with Regulations. (To be completed by all CWSs.)
This statement certifies that the above named community public water system has distributed its CCR for the time
period starting January 1, 09, and ending December 31, 09, to its customers on (mm/dd/yy) 6/21/10 and
provided the appropriate notices of availability according to the requirements listed in this form, which are also found in Rule 62-550.824, F.A.C. This statement also certifies that the reported information is correct and consistent with the
compliance monitoring data for the same period previously submitted to the Department, and that the report has been
delivered to the agencies identified in Rules 62-550.824(3)(e)3., and 4., F.A.C.
SIGNATURE OF AUTHORIZED REPRESENTATIVE: Provide Summer
NAME (please print): Patrick Farris
TITLE: Environmental Compliance Specialist DATE: 7/15/10

X A copy of our CCR is attached.

.

,

Aqua Utilities Florida P.O. Box 490310 Leesburg, FL 34749

2009 Annual Drinking Water Quality Report Bellaire, PWSID # FL3424000

Este informe contiene información importante sobre la calidad de su agua de beber. Hable con alguien que lo entienda o llame al 877.WTR.AQUA (877.987.2782).

We're pleased to present to you this year's Annual Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. If you have any questions about this report or concerns about your water utility, please contact us at 877.WTR.AQUA (877.987.2782) or visit us at www.aquautilitiesflorida.com.

Bellaire obtains its water from a groundwater source, which comes from the Floridan Aquifer. The water is chlorinated for disinfection purposes. The Florida Department of Environmental Protection (DEP) performed a Source Water Assessment on our system in 2009. Information provided by this assessment indicated no potential sources of contamination near our wells. The assessment results are available on the DEP Source Water Assessment and Protection Program website at www.dep.state.fl.us/swapp.

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- A) Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- B) Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- C) Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- D) Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also, come from gas stations, urban stormwater runoff, and septic systems.
- E) Radioactive contaminants, which can be naturally occurring or result from oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, the EPA prescribes regulations, which limit the amount of certain contaminants in water provided by public water systems. The Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protection for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 800.426.4791.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbiological contaminants are available from the SAFE DRINKING WATER HOTLINE 800.426.4791.

Terms and Abbreviations

Action Level (AL): The concentration of a contaminant that, if exceeded, triggers treatment or other requirements that a water system must follow.

Maximum Contaminant Level or MCL: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

Maximum Contaminant Level Goal or MCLG: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Maximum residual disinfectant level or MRDL: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum residual disinfectant level goal or MRDLG: The level of drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

NA: Not applicable

ND: means not detected and indicates that the substance was not found by laboratory analysis.

Parts per million (ppm) or Milligrams per liter (mg/l): one part by weight of analyte to 1 million parts by weight of the water sample. Parts per billion (ppb) or Micrograms per liter (µg/l): one part by weight of analyte to 1 billion parts by weight of the water sample. Picocurie per liter (pCi/L): measure of the radioactivity in water.

2009 ANNUAL DRINKING WATER QUALITY TEST RESULTS

Aqua Utilities Florida routinely monitors for contaminants in your drinking water according to Federal and State laws, rules, and regulations. Except where indicated otherwise, this report is based on the results of our monitoring for the period of January 1 to December 31, 2009 for Bellaire - PWS ID # FL3424000. The Environmental Protection Agency (EPA) requires monitoring of over 80 drinking water contaminants. Those contaminants listed in the table below are the only contaminants detected in your drinking water. The state allows us to monitor for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

Radiological Conta	iminants						
Contaminant and Unit of Measurement	Dates of Sampling (mo./yr.)	MCL. Violation Y/N	Level Detected*	Range of Results	MCLG	MCL	Likely Source of Contamination
Alpha Emitters (pCi/L)	06/09	N	2.4	NA	0	15	
Radium 226 + 228 or Combined Radium (pCi/l)	06/09	N	2.1	NA	0	5	Erosion of natural deposits
Inorganic Contamii	nants						
Barium (ppm)	06/09	N	0.012	NA	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Beryllium (ppb)	06/09	N	0.6	NA	4	4	Discharge from metal refineries and coal burning factories; discharge from electrical, aerospace, and defense industries
Lead (point of entry) (ppb)	06/09	N	1.5	NA	NA	15	Erosion of natural deposits; corrosion of plumbing
Nitrate (as Nitrogen) (ppm)	06/09	Ν	2.66	NA	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits
Sodium (ppm)	06/09	N	38	NA	NA	160	Salt water intrusion, leaching from soil

Stage I Disinfectants and Disinfection By-Products - *For Chlorine, the level detected is the average of all distribution system samples tested over the year. The Range of Results is the range of all results (lowest to highest) for all sites. For Haloacetic Acids and TTHMs, the Level Detected is the result for the one sample required in 2009.

Contaminant and Unit of Measurement	Dates of Sampling (mo./yr.)	MCL Violation Y/N	Level Detected*	Range of Results	MCLG/ MRDLG	MCL/ MRDL	Likely Source of Contamination
Chlorine (ppm)	2009	N	1.23	1.0 - 1.4	MRDLG =4	MRDL =4	Water additive used to control microbes
TTHMs [Total Trihalomethanes] (ppb)	09/09	N	0.88	NA	NA	80	Byproduct of drinking water disinfection
Total Haloacetic Acids (ppb)	09/09	Ν	1.6	NA	NA	60	disintection

Lead and Cop	per (Tap W	ater)						
Contaminant and Unit of Measurement	Dates of Sampling (mo./yr.)	AL Violation Y/N	90 th Percentile Result	No. of sites exceeding the AL	MCLG	AL (Action Level)	Likely Source of Contamination	
Copper (ppm)	07/08	N	1	0	1.3	1.3	Comparing of bound and a lumbing	
Lead (ppb)	07/08	N	1.1	0	0	15	 Corrosion of household plumbing 	

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Aqua is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

MCLs are set at very stringent levels. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for 70 years to have a one-in-a-million chance of having the described health effect.

Our water systems are designed and operated to deliver water to our customers' plumbing systems that complies with state and federal drinking water standards. This water is disinfected using chlorine, but it is not necessarily sterile. Customers' plumbing, including treatment devices, might remove, introduce or increase contaminants in tap water. All customers, and in particular operators of facilities like hotels and institutions serving susceptible populations (like hospitals and nursing homes), should properly operate and maintain the plumbing systems in these facilities. You can obtain additional information from the EPA's Safe Drinking Water Hotline at 800.426.4791.



10865 East State Road 40 • Silver Springs, Florida 34488-2349

Bellaire

On October 6,2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 0912128 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes – Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

- Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).
- Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

Y	DEP Central District	DOH Marion County
0	DEP Southwest District	DOH Lake County
	DEP Northeast District	DOH Sumter County
	DEP	DOH
	Other	Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

		#0912128		
PUBLIC WATER SYSTEM INFORMATION	V (to be completed by sampler - Please type	e or print legibly)		
System Name: Bellane	PWSID	# 3924000		
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity		
Address:	323/			
City: <u>Ocole</u> Phone #: <u>35230307/</u> E-Mail Address:	State: F-4 Fax #:	C_ ZIP Code: <u>34471</u> 732 32/3		
SAMPLE INFORMATION (to be completed	by sampler)			
Sample Number: Bellaire 7				
Sample Date: 9.2.2.(29	Sample Time: (
Sample Location (be specific): 5132		AM PM (Circle One)		
Disinfectant Residual (Required when reporting		0.9 mail Field pH 7.		
in in the second s	na na serie na marene en en en en en en en en en en en en			
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)		
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?)		
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)		
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution		
Raw (at well or intake)		Replacement (of Invalidated Sample)		
Max Residence Time	Other:			
Ave Residence Time	Sampling Procedure Used or Other Co	omments:		
Near First Customer				
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attach	2-550.550(4) for requirements and a results page for each site		
Sampler's Name: 1/1ark/11	arch			
Sampler's Phone #: 352 303	0718 Sampler's Fax #:	7323213		
Sampler's E-Mail Address:	· · · · · · · · · · · · · · · · · · ·			
CERTIFICATION (to be completed by 1. Mark Mark (Print Name) do HEREBY CERTIFY that the abo complete and correct.	E OP	Print Title) (Print Title) ple collection information is		
Signature: Mark MI	arch	Date:22.09		

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

Page 1



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

Page 2 of 4; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3424000 System Name: Bellaire Sample Location: 5132 SE 27 ST #1 Laboratory Assigned Submission Number: 0912128

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E83079 PA

Analyte Sheet(s) Attached

Sample Number: #1

Date Sample(s) Received: 9/22/09

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature:

LinkKsaupp

Date: October 6, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: QYes QNo 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: Reporting Format 62-550 730 Effective January 1995, Revised January 2007



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 0912128

Disinfectant Residual (mg/L): 0.9

DISINFECTION BYPRODUCTS 62-550.310(3)

Prep Date: 10/1/09

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	0.61	U	EPA552 2	0 6 1	10/2/09		E83079
2451	Dichloroacetic Acid	N/A	µg/L	0.61	U	EPA552.2	0.61	10/2/09		E83079
2452	Trichloroacetic Acid	N/A	µg/L	0.61	U	EPA552.2	0.61	10/2/09		E83079
2453	Monobromoacetic Acid	N/A	µg/L	0.61	U	EPA552.2	0.61	10/2/09		E83079
2454	Dibromoacetic Acid	N/A	µg/L	16		EPA552.2	0.61	10/2/09		E83079
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.6		EPA552.2	0.61	10/2/09		E83079

Contam				Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
2941	Chloroform	N/A	µg/L	0.61		EPA524 2	0.25	9/25/09		E83079
2942	Bromoform	N/A	µg/L	0.25	U	EPA524.2	0.25	9/25/09		E83079
2943	Bromodichloromethane	N/A	Hð/L	0.25	U	EPA524.2	0.25	9/25/09		E83079
2944	Dibromochloromethane	N/A	µg/L	0.27	1	EPA524.2	0 25	9/25/09		E83079
2950	Total Trihalomethanes	80	µg/L	0.88		EPA524.2	0 25	9/25/09		E83079

U - The parameter was analyzed but not detected

I - Analyte detected below quantitation limits

Page 3 of 4: including Chain of Custody

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349	Drinking Water Time Received / Da Chain of Custody 1: 20 P		4 - 22 - 04	
(352) 625-2822 · FAX (352) 625-6638 Client: aqua Utilities	Submission Number:	0912128		
Report to: (Name & Mailing Address)	Parameter(s) Requested	anna ann ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an	Sample Number	
on File	Inorganic Contaminants			
	NO ₃ NO ₂ F			
	CN			
Copy to: DEP Central DEP Southwest	All Metals Sb As	Ba Be Cd		
DEP Northeast DEP Other:				
DOH Marion County DOH Other:	Asbestos	Surgenova Surgenova		
N/A (for information only)	Secondary Contaminants			
kanagat 10 (200		Color		
PO Number: Mark March	Odor	kanana i	Set of the set	
Contact Name: 11/0/2/11/0/04	Foaming Agents			
Contact Phone: 376 50 30 // 8	himmed hummed human	Fe Mn Ag Zn		
System Information	Automotion Automotio			
System Name: 1242 4000	Disinfection Byproducts	Ke		
System ID Number: 5424000			0.613 (35 A	
Sample Information			0912128-1	
Sample Location: 5132 F: 4151	Other:			
Sampler Name: ///ank///ank	Radionuclides		[]	
Date Sample Collected: 70/207	Gross Alpha Ra ²²⁶	Ra ²²⁸ U		
Time Sample Collected: 0100	Other:	and a state of the		
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminants		·	
Temp: 70 3, pH: 7.3 DO:	All 21			
Other:	Partial:			
Sample Custody n1 n1	Synthetic Organic Contaminar	nts		
Relinquished Signature:	All Except Dioxin			
Date: 91220 Time: 1320 Condition:	Partial:			
Relinquished Signature:	Miscellaneous			
Date:Time:Condition:	Turbidity Alkalinity	Conductivity		
Received By: Cereers	Total Sulfide			
Sample Temperature at Time of Receipt:	Dissolved Metals (Field Filter	ed):		
On Ice	Other:			
Paid Check or Receipt Number:	Other:		-	
Comments:	Other:			
	Other:			

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.



10865 East State Road 40 • Silver Springs, Florida 34488-2349

Bellaire

On October 6,2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 0912129 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes – Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

A	DEP Central District	Π	DOH Marion County
	DEP Southwest District		DOH Lake County
	DEP Northeast District		DOH Sumter County
	DEP		DOH
	Other		Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

		#0912129		
PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type			
System Name: Bellane	PWSID	# 3924000		
System Type (check one): Community	Nontransient Noncommunity	Transient Noncommunity		
Address SE	52 ST			
2	a contra co			
City: Ocolle	State: /=/	ZIP Code:		
Phone #: 352 303071	8 Fax #	732 32/3		
E-Mail Address:				
SAMPLE INFORMATION (to-be completed to	ny sampler)			
Sample Number:				
Sample Date: 9:22009	Sample Time: O			
C C				
and a second second second second second second second second second second second second second second second				
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids)	ZC mg/L Field pH Z		
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)		
	Routine Compliance (with 62-550)	Quarterly (Which Quarter? 200)		
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)		
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**			
Raw (at well or intake)		Replacement (of Invalidated Sample)		
Max Residence Time				
	Sampling Procedure Used or Other Co			
	Sampling Procedure Used of Other Ot			
Near First Customer	ante and contrictions			
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL	dditional requirements attac	52-550.550(4) for requirements and h a results page for each site		
Sampler's Name: Mark M	arch			
Sampler's Phone #: 352 303	0718 Sampler's Fax #:	7323213		
CERTIFICATION (to be completed by	sampler)			
nt nn 1	1			
1, Mark March	2,/Þ	Calor		
(Print Name)		(Frinchus)		
do HEREBY CERTIFY that the abo	ove public water system and sam	ple collection information is		
complete and correct.		Qnada		
Signature: Mark ///	erch	Date:2209		

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

Page 1



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

Page 2 of 4: including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

System Name: Bellaire PWS ID: 3424000 Sample Location: 5081 SE 20 ST #2 Laboratory Assigned Submission Number: 0912129

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E83079 PA

Analyte Sheet(s) Attached

Sample Number #2

Date Sample(s) Received: 9/22/09

CERTIFICATION

I. Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request) The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: Jund Sauge

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Missing Analyte Sheet(s)

Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Satisfactory: Sample Collection Info Satisfactory: Satisfa

Sample Analysis Info Satisfactory: Yes No Revised Report Requested (circle or highlight group(s) above)

Date: October 6, 2009

□Incomplete Report Analysis Unsatisfactory

Other: Date Notified: Person Notified: Comments:

Detection(s)

Location Unsatisfactory

Date Reviewed:

DEP / DOH Reviewing Official:

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

Reason(s): DMCL(s) Exceeded



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 0912129

Disinfectant Residual (mg/L) 10

DISINFECTION BYPRODUCTS 62-550.310(3)

Prep Date: 10/1/09

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	0.61	U	EPA552 2	0.61	10/2/09		E83079
2451	Dichloroacetic Acid	N/A	µg/L	0.61	U	EPA552.2	0.61	10/2/09		E83079
2452	Trichloroacetic Acid	N/A	µg/L	0.61	U	EPA552.2	0.61	10/2/09		E83079
2453	Monobromoacetic Acid	N/A	µg/L	0 6 1	U	EPA552.2	0.61	10/2/09		E83079
2454	Dibromoacetic Acid	N/A	µg/L	1.5		EPA552.2	0.61	10/2/09		E83079
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.5		EPA552 2	0.61	10/2/09		E83079

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	0 63		EPA524.2	0.25	9/25/09		E83079
2942	Bromoform	N/A	µg/L	0.25	U	EPA524.2	0 25	9/25/09		E83079
2943	Bromodichloromethane	N/A	µg/L	0.25	U	EPA524.2	0.25	9/25/09		E83079
2944	Dibromochloromethane	N/A	µg/L	0.32	1	EPA524.2	0.25	9/25/09		E83079
2950	Total Trihalomethanes	80	µg/L	0.95		EPA524.2	0.25	9/25/09		E83079

U - The parameter was analyzed but not detected

I - Analyte detected below quantitation limits

Page 3 of 4: including Chain of Custody

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822 • FAX (352) 625-6638	Drinking Water Time Received / Date Chain of Custody 1:20 %	
Client: aque Utilitier	Submission Number: 0912129	
Report to: (Name & Mailing Address)	Parameter(s) Requested	Sample Number
	\mathbb{NO}_3 \mathbb{NO}_2 \mathbb{F}	
	GN	
Copy to: DEP Central DEP Southwest	All Metals Sb As Ba Be Cd	
DEP Northeast DEP Other:	Cr Pb Hg Ni Se Na Ti	
DOH Marion County DOH Other:	Asbestos	
N/A (for information only)	Secondary Contaminants	
PO Number:	CI SO4 TDS F Color	
Contact Name: Marke March	Odor	
Contact Phone: 3523030718	Foaming Agents	
System Information	Ali Metals Al Cu Fe Mn Ag Zr	
System Name: Bellane	Disinfection Byproducts	
System ID Number: 3424000	Total THM (All 4) THM Partial:	
Sample Information	HAA (All 5) HAA Partial:	0912129-A
Sample Location: 5081 SE 20	Other:	-
Sampler Name: Mark March	Radionuclides	Тилинический со отклалители сойто странов колосоно б
Date Sample Collected: 9:22:09	Gross Alpha Ra ²²⁶ Ra ²²⁸ U	
Time Sample Collected: 0720	Other:	-
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminants	
Temp: 7. pH: 7.3 DO:	All 21	
Other:	Partial:	-
Sample Custody	Synthetic Organic Contaminants	
Relinquished Signature: M. Mauh	All Except Dioxin	
Date: 9,12,09Time: /32.0Condition:	Partial:	
Relinquished Signature:	Miscellaneous	
Date: Time: Condition:	Turbidity Alkalinity Conductivity	
Received By: Creceel	Total Sulfide	
Sample Temperature at Time of Receipt:7.9_°C	Dissolved Metals (Field Filtered):	
On Ice Not on Ice	Other:	
Paid Check or Receipt Number:	Other:	
Comments:	Other:	
	Other:	

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

Bellaire

On October 6.2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 0912130 for the following parameters (or parameter groups): Disinfection Byproducts. Trihalomethanes Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

٦V	DEP Central District	DOH Marion County
[]]	DEP Southwest District	DOH Lake County
	DEP Northeast District	DOH Sumter County
	DEP	DOH
hum	Other	Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

-		#0912130
PUBLIC WATER SYSTEM INFORMATION	I (to be completed by sampler – Please type	A CONTRACT OF A
System Name: Bellane	PWSID	#3924000
System Type (check one): Scommunity Address: SE	$\frac{\Box \text{Nontransient Noncommunity}}{52.57}$	Transient Noncommunity
City: $0 colePhone #: 35230307/$	State: <u>F</u> 8 Fax #:	ZIP Code: Z 3 2 3 2/3
E-Mail Address:		
SAMPLE INFORMATION (to be completed in Sample Number: Bellane 7 Sample Date: 9,22,07 Sample Location (be specific): 2192 Disinfectant Residual (Required when reporting	Location Code (if kn Sample Time: 0 SE 50 Leve 4	AM PM (Circle One)
Sample Type (Check Only One)		mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer *See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL Sampler's Name: Mark M Sampler's Phone #: 352303	exceedances. attac	62-550.550(4) for requirements and the a results page for each site $73232/3$
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	y sampler)	
1, Mark March (Print Name)	2	Peralor (Print Title)
do HEREBY CERTIFY that the ab complete and correct.	ove public water system and sam	Date: <u>7.2209</u>
Signature: Mark M	and	Date:

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10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

Page 2 of 4; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service. Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3424000 System Name: Bellaire Sample Location: 2192 SE 50 Terr #3 Laboratory Assigned Submission Number: 0912130

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E83079 PA

Analyte Sheet(s) Attached

Sample Number #3

Date Sample(s) Received: 9/22/09

CERTIFICATION

I, Lisa K, Saupp, Charles B, Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request) The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822

Signature

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Missing Analyte Sheet(s)

Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Sample Collection Info Satisfactory: Satisfactory: Sample Collection Info Satisfactory: Satisfa

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	1. 121	2 Stell	141
			3 3

Detection(s)

Location Unsatisfactory

Date: October 6, 2009

Sample Analysis Info Satisfactory DYes DNo Revised Report Requested (circle or highlight group(s) above)

□Incomplete Report Analysis Unsatisfactory

Other:

Reason(s): MCL(s) Exceeded

Person Notified:

Date Reviewed:

Date Notified:

Comments:

DEP / DOH Reviewing Official:

Reporting Format 62-550 730

Effective January 1995, Revised January 2007



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 0912130

Disinfectant Residual (mg/L) 0.8

DISINFECTION BYPRODUCTS 62-550.310(3)

Prep Date: 10/1/09

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	0.61	U	EPA552 2	0 6 1	10/2/09		E83079
2451	Dichloroacetic Acid	N/A	µg/L	0 61	U	EPA552.2	0 61	10/2/09		E83079
2452	Trichloroacetic Acid	N/A	µg/L	0.61	U	EPA552 2	0 6 1	10/2/09		E83079
2453	Monobromoacetic Acid	N/A	µg/L	0.61	U	EPA552 2	0.61	10/2/09		E83079
2454	Dibromoacetic Acid	N/A	µg/L	1.5		EPA552.2	0 61	10/2/09		E83079
2456	Total Haloacetic Acids (HAA5)	60	µg/L	1.5		EPA552.2	0 6 1	10/2/09		E83079

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	0.65		EPA524 2	0 25	9/25/09		E83079
2942	Bromoform	N/A	µg/L	0.25	U	EPA524 2	0.25	9/25/09		E83079
2943	Bromodichloromethane	N/A	µg/L	0.25	U	EPA524.2	0 25	9/25/09		E83079
2944	Dibromochloromethane	N/A	µg/L	0.33	1	EPA524.2	0 25	9/25/09		E83079
2950	Total Trihalomethanes	80	hð/r	0.97		EPA524 2	0 25	9/25/09		E83079

U - The parameter was analyzed but not detected

I - Analyte detected below quantitation limits.

Page 3 of 4; including Chain of Custody

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822 • FAX (352) 625-6638	Drinking Water Chain of Custody	Time Received / Date Received			
Client: aquo Utilities	Submission Number:	0912130			
Report to: (Name & Mailing Address)	Parameter(s) Requested		Sample Number		
on file	Inorganic Contaminants				
¥	NO3 NO2 F				
	CN				
Copy to: DEP Central DEP Southwest	All Metals Sb As	Ba Be Cd			
DEP Northeast DEP Other:	Cr Pb Hg	Ni Se Na Ti			
DOH Marion County DOH Other:	Asbestos				
N/A (for information only)	Secondary Contaminants				
PO Number:		Color			
Contact Name: Mark March	Odor				
Contact Phone: 352 30 30 7/8	Foaming Agents				
System Information	All Metals Al Cu	Fe Mn Ag Zi	1		
System Name: Bellane	Disinfection Byproducts				
System ID Number: 342 4000	Total THM (All 4)	Partial			
Sample Information $= - + \frac{1}{2}$		Partial:	0912130 A		
Sample Location: 2/92 St. Solerry	Other:				
Sampler Name: Mark March	Radionuclides				
Date Sample Collected: 922209	Gross Alpha Ra ²²⁶	Ra ²²⁸ U			
Time Sample Collected: 0750	Other		an		
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminant	S			
Temp: 7.2 pH: 7.2 DO:	All 21				
Other:	Partial:				
Sample Custody	Synthetic Organic Contamina	ants	P		
Relinquished Signature	All Except Dioxin				
Date: 9, 12, 0 7 ime: / 322 Condition:	Partial:		ntoni		
Relinquished Signature:	Miscellaneous				
Date: Time: Condition:	Turbidity Alkalinity	Conductivity			
Received By:	Total Sulfide				
Sample Temperature at Time of Receipt: 9.9 °C	Dissolved Metals (Field Filte	ered):			
On Ice Not on Ice	Other:		*****		
Paid Check or Receipt Number:	Other:				
Comments:	Other:				
	Other:				

Page 1 of DEP form 62-550,730 is required if report is being submitted to the Florida DEP for compliance or permitting.

÷Ē.



Bellaire

On December 30,2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 0915656 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters)

Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

Ŀ	DEP Central District	DOH Marion County
	DEP Southwest District	DOH Lake County
	DEP Northeast District	DOH Sumter County
	DEP	DOH
	Other	Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

		0915656
PUBLIC WATER SYSTEM INFORMATION	I (to be completed by sampler - Please type	e or print legibly)
System Name: Bellane	PWS I.D	#342\$000
System Type (check one): Community Address: PO Role 490		Transient Noncommunity
City: <u>Leesburg</u> Phone #: <u>3523030718</u> E-Mail Address:	State: F <u>les</u> Fax #:	ZIP Code: 34749
SAMPLE INFORMATION (to be completed to	by sampler)	
Sample Number:	Location Code (if kn	own):
Sample Date: 12.10-09		
Sample Location (be specific): 2/92	SE Soler	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter? 3PU)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	omments:
Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL Sampler's Name: Mark Mark	dditional requirements attact exceedances.	2-550.550(4) for requirements and h a results page for each site
Sampler's Phone #: 352 303	Sampler's Fax #	<u></u>
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	ralar
(Print Name)	, - Are	(Print Title)
do HEREBY CERTIFY that the abo complete and correct.	ove public water system and sam	ple collection information is
Signature: Mark Mar	ch	Date: 12.10-09

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

Page 1



10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

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

Page 2 of 4; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3424000 System Name: Bellaire Sample Location: 2192 SE 50 Terr Laboratory Assigned Submission Number: 0915656

Sample Number: Not Provided

Date Sample(s) Received: 12/10/09

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Disinfection Byproducts, Trihalomethanes Disinfection Byproducts. Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E82574 E84589 E82001 AEL

Analyte Sheet(s) Attached

CERTIFICATION

Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Sample Collection Info Satisfactory: Yes No

MCL(s) Exceeded

Missing Analyte Sheet(s)

Signature: Juak Saupp

Detection(s)

Location Unsatisfactory

Sample Analysis Info Satisfactory: DYes DNo Revised Report Requested (circle or highlight group(s) above)

Date: December 30, 2009

□Incomplete Report □Analysis Unsatisfactory

Other

Person Notified:

Reason(s):

Date Notified:

Comments:

Date Reviewed:

DEP / DOH Reviewing Official:

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



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 0915656

Disinfectant Residual (mg/L): 1.0

DISINFECTION BYPRODUCTS 62-550.310(3)

Prep Date: 12/21/09

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	0.82	U	EPA552.2	0.82	12/22/09		E82574
2451	Dichloroacetic Acid	N/A	µg/L	0.89	U	EPA552.2	0 89	12/22/09		E82574
2452	Trichloroacetic Acid	N/A	µg/L	0.59	U	EPA552.2	0.59	12/22/09		E82574
2453	Monobromoacetic Acid	N/A	µg/L	0.54	1	EPA552.2	0.52	12/22/09		E82574
2454	Dibromoacetic Acid	N/A	µg/L	0.49	U	EPA552.2	0.49	12/22/09		E82574
2456	Total Haloacetic Acids (HAA5)	60	µg/L	0.54	1	EPA552.2	0.49	12/22/09		E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	0.64	U	EPA524.2	0.64	12/16/09		E82574
2942	Bromoform	N/A	µg/L	0 60	U	EPA524.2	0 60	12/16/09		E82574
2943	Bromodichloromethane	N/A	µg/L	0.60	U	EPA524.2	0 60	12/16/09		E82574
2944	Dibromochloromethane	N/A	µg/L	0.75	U	EPA524.2	0.75	12/16/09		E82574
2950	Total Trihalomethanes	80	µg/L	0.60	U	EPA524.2	0.60	12/16/09		E82574

U - The parameter was analyzed but not detected

I - Analyte detected below quantitation limits

Page 3 of 4: including Chain of Custody

AQUA PURE WATER & SEWAGE SERVICE, INC.	Drinking Water Time Received / Date	e Received
10865 East State Road 40 Aug Zarc Silver Springs, Florida 34488-2349	Chain of Custody 3:23pm / 1	2-10-09
(352) 625-2822 · FAX (352) 625-6638)	
Client: aque Italities	Submission Number:0915656	
Report to: (Name & Mailing Address)	Parameter(s) Requested	Sample Number
PO130x 490310	Inorganic Contaminants	(*************************************
Jeesburg Fla. 34749	NO ₃ NO ₂ F	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CN	
Copy to: DEP Central DEP Southwest	All Metals Sb As Ba Be Cd	
DEP Northeast DEP Other:	Cr Pb Hg Ni Se Na Ti	
DOH Marion County DOH Other:	Asbestos	
N/A (for information only)	Secondary Contaminants	
PO Number:		
Contact Name: Mark March	Odor	
Contact Phone: 312 3030718	Foaming Agents	
System Information	All Metals Al Cu Fe Mn Ag Zn	
System Name: Bellane	Disinfection Byproducts	
System ID Number: 342 7000	Total THM (All 4) THM Partial:	
Sample Information	HAA (All 5) HAA Partial:	0915656A
Sample Location: 2/92 SE 50 lenn	Other:	
Sampler Name March	Radionuclides	
Date Sample Collected: 2,10.69	Gross Alpha Ra ²²⁶ Ra ²²⁸ U	
Time Sample Collected: 0850	Other:	
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminants	
Temp:pH:DO:	All 21	
Other:	Partial:	
Sample Custody	Synthetic Organic Contaminants	
Sample Custody Relinquished Signature: M. Monch	All Except Dioxin	
Date: 210.09 Time: 226 Condition:	Partial:	
Relinquished Signature:	Miscellaneous	
Date: Time: Condition:	Turbidity Alkalinity Conductivity	
Received By: M.Mars	Total Sulfide	
Sample Temperature at Time of Receipt:°C	Dissolved Metals (Field Filtered):	
On Ice Not on Ice	Other:	
Paid Check or Receipt Number:	Other:	
Comments:	Other:	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
	Other:	

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.



10865 East State Road 40 • Silver Springs, Florida 34488-2349

### Bellaire

On December 30,2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 0915657 for the following parameters (or parameter groups): Disinfection Byproducts, Trihalomethanes. Disinfection Byproducts, Haloacetic Acids

The results of the analyses were:

Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

V	DEP Central District	DOH Marion County
	DEP Southwest District	DOH Lake County
	DEP Northeast District	DOH Sumter County
	DEP	DOH
	Other	Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

_	_	# 0915657
PUBLIC WATER SYSTEM INFORMATION	I (to be completed by sampler - Please type	e or print legibly)
System Name: <u>Bellaire</u>	PWS I.D.	#3924000
System Type (check one): Community Address: POBCC 490		Transient Noncommunity
City: <u>Leesburg</u> Phone #: <u>352/30307</u> E-Mail Address:	State: 156 Fax #:	ZIP Code: <u>34749</u>
SAMPLE INFORMATION (to be completed b	y sampler)	
Sample Number:	Location Code (if kno	own):
Sample Date: 12.10,09	Sample Time: 0	S 3 C AM PM (Circle One)
Sample Location (be specific): 508/ S	EZOST	
Disinfectant Residual (Required when reporting r		mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter? 3R)
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	□Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	mments:
Near First Customer	20 00-	
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrate MCL e	ditional requirements attach	2-550.550(4) for requirements and a results page for each site.
	ret	
Sampler's Phone #: 352 303	0778 Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by	sampler)	crator
(Print Name)		(Print Litle)
do HEREBY CERTIFY that the abo	ve public water system and samp	ble collection information is
complete and correct.	6	
Signature: ///an///an	U	Date: 12.10,09

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

Page 1



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

Page 2 of 4: including Chain of Custody

#### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

#### ANALYSIS INFORMATION

PWS ID: 3424000 System Name: Bellaire Sample Location: 5081 SE 20 ST Laboratory Assigned Submission Number: 0915657

Sample Number: Not Provided

Date Sample(s) Received: 12/10/09

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Disinfection Byproducts, Trihalomethanes Disinfection Byproducts, Haloacetic Acids

Subcontracted Laboratory DOH Certification Number(s): E82574 E84589 E82001 AEL

Analyte Sheet(s) Attached

#### CERTIFICATION

I, Lisa K, Saupp, Charles B, Saupp, or Michael Morse. Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request) The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822

Signatur

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Missing Analyte Sheet(s)

Sample Collection Info Satisfactory: Yes No.

MCL(s) Exceeded

	N	.10
re:	Hea	Klaupp
		/ /

Detection(s)

Location Unsatisfactory

Sample	Analysis	Info	Satisfactory:	□Yes	E

Date: December 30, 2009

]No Revised Report Requested (circle or highlight group(s) above)

□Incomplete Report Analysis Unsatisfactory

Other:

Person Notified:

Reason(s):

Date Notified:

Comments:

Date Reviewed:

DEP / DOH Reviewing Official:

Reporting Format 62-550 730 Effective January 1995. Revised January 2007



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 0915657

Disinfectant Residual (mg/L): 1.0

DISINFECTION BYPRODUCTS 62-550.310(3)

#### Prep Date: 12/21/09

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	µg/L	5.2		EPA552.2	0.82	12/22/09		E82574
2451	Dichloroacetic Acid	N/A	µg/L	0.89	U	EPA552.2	0.89	12/22/09		E82574
2452	Trichloroacetic Acid	N/A	µg/L	0.59	U	EPA552.2	0.59	12/22/09		E82574
2453	Monobromoacetic Acid	N/A	µg/L	0 52	U	EPA552.2	0.52	12/22/09		E82574
2454	Dibromoacetic Acid	N/A	µg/L	0 49	U	EPA552.2	0.49	12/22/09		E82574
2456	Total Haloacetic Acids (HAA5)	60	µg/L	5.2		EPA552.2	0.49	12/22/09		E82574

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	µg/L	0.64	U	EPA524.2	0 64	12/16/09		E82574
2942	Bromoform	N/A	µg/L	0.60	U	EPA524 2	0 60	12/16/09		E82574
2943	Bromodichloromethane	N/A	µg/L	0.60	U	EPA524 2	0 60	12/16/09		E82574
2944	Dibromochloromethane	N/A	µg/L	075	U	EPA524.2	0 75	12/16/09		E82574
2950	Total Trihalomethanes	80	µg/L	0 60	U	EPA524 2	0.60	12/16/09		E82574

U - The parameter was analyzed but not detected.

Page 3 of 4; including Chain of Custody

Performing Format 62-550-730 Freetive January 1995, Revised January 2007

AQUA PURE WATER & SEWAGE SERVICE, INC.	<b>Drinking Water</b>	Time Received / Date	Received
10865 East State Road 40 Agus Pure (352) 625-2822 • FAX (352) 625-6638	Chain of Custody	3:23pm / 1	2-10-09
Client: aquo Vtelites	Submission Number:	0915657	
Report to: (Name & Mailing Address)	Parameter(s) Requested		Sample Number
PO BOX 490310	Inorganic Contaminants		
Leesburg, Fle. 34749			
	CN		
Copy to: DEP Central DEP Southwest	All Metals Sb As	Ba Be Cd	
DEP Northeast DEP Other:	Cr Pb Hg	Ni Se Na Ti	
DOH Marion County DOH Other:	Asbestos		
N/A (for information only)	Secondary Contaminants		
PO Number:		Color	
Contact Name: Mark March	Odor		
Contact Phone: 352 3030718	Foaming Agents		
System Information	All Metals Al Cu	Fe Mn Ag Zn	
System Name: Bellaure	Disinfection Byproducts		
System ID Number: 3424000	Total THM (All 4)	artial:	
Sample Information		artial:	0915657-A
Sample Location: 5081 SF20 ST	Other:		
Sampler Name: Marke March	Radionuclides		
Date Sample Collected: 210.09	Gross Alpha Ra ²²⁶	Ra ²²⁸ U	
Time Sample Collected: 0830	Other:		
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminants		
Temp: pH: DO:	All 21		
Other:	Partial:		
Sample Custody	Synthetic Organic Contaminar	nts	
Relinquished Signature	All Except Dioxin		
Date:/2190/Time:/524 Condition:	Partial:		
Relinquished Signature:	Miscellaneous		
Date: Time: Condition:	Turbidity Alkalinity	Conductivity	
Received By: M. Marse	Total Sulfide		
Sample Temperature at Time of Receipt: 2,2 °C	Dissolved Metals (Field Filtere	ed):	
On Ice Not on Ice	Other:		-
Paid Check or Receipt Number:	Other:		-
Comments:	Other:		-
and the second second second second second second second second second second second second second second second	Other:		

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.

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10865 East State Road 40 • Silver Springs, Florida 34488-2349

### **Bellaire**

On July 14.2009 we completed the report for the above referenced water system, identification number 3424000. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 097403 for the following parameters (or parameter groups): Inorganics, Partial Secondaries, All 14 Radionuclides, Single Sample Volatile Organics, All 21 Synthetic Organics, All Except Dioxin

The results of the analyses were:

Satisfactory (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).

Satisfactory. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level. equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.

Unsatisfactory for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

V	DEP Central District	DOH Marion County
	DEP Southwest District	DOH Lake County
	DEP Northeast District	DOH Sumter County
	DEP	DOH
	Other	Not Applicable

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

This page does not constitute a portion of the NELAC report.

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

		047405
PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type	e or print legibly)
System Name: Bellaire	PWS1.D	
System Type (check one):	Nontransient Noncommunity	Transient Noncommunity
Address:		
SE 52AU		
City: Ocola	State. Fle	ZIP Code:
Phone #: 35230307	10	
E-Mail Address:		
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:	Location Code (if kr	
Sample Date: 6,16.09	Sample_Time:	1115
Sample Location (be specific): POE		
Disinfectant Residual (Required when reporting		: 06 mg/L Field pH: 7.4
Distriction Residual (Required when reportin	gresults for finalomethaties and haloacetic acids)	The more there prove the the
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
	Accession (a) for the Compliance (with 62-550)	Quarterly (Which Quarter?
Sentry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time		
Ave Residence Time		omments:
Near First Customer		
*See 62-550.500(6) for require NOTE: See 62-550.512(3) for for nitrate or nitrite MC Sampler's Name: Mark	additional requirements attac	62-550.550(4) for requirements and h a results page for each site.
Sampler's Phone #: 352 30	307/8 Sampler's Fax #:	732 3213
	Sampler S Pax #	non to the second the second second
CERTIFICATION (to be completed b	y sampler)	
1, MARK MAR	SUK O	Perator (Print Title)
	ave public water system and sam	nle collection information is

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

March Date: 60/709 anth Signature:,

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

Page 1



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

Page 2 of 8: including Chain of Custody

#### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2009 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

#### ANALYSIS INFORMATION

PWS ID: 3424000 System Name: Bellaire Sample Location: Point of Entry Laboratory Assigned Submission Number: 097403

Sample Number: Not Provided

Date Sample(s) Received: 6/17/09

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.: Inorganics, Partial Secondaries, All 14 Radionuclides, Single Sample Volatile Organics, All 21

Subcontracted Laboratory DOH Certification Number(s): E83079 PA / E83033 FR

Analyte Sheet(s) Attached

### CERTIFICATION

I. Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC)

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request). The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signatur

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Sample Collection Info Satisfactory: DYes DNo

Missing Analyte Sheet(s)

e: Sinksaupp	9:
--------------	----

Detection(s)

Date	July	14,	2009	

Sample Analysis Info Satisfactory: ☐Yes ☐No ☐Revised Report Requested (circle or highlight group(s) above)

□Incomplete Report □Analysis Unsatisfactory

Location Unsatisfactory

Effective January 1995, Revised January 2007

Reason(s): DMCL(s) Exceeded



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

System Name: Bellaire PWS ID: 3424000 Submission Number: 097403

#### INORGANIC CONTAMINANTS 62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	2.66		EPA353.2	0.05	6/17/09	2.57 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	6/17/09	2 57 PM	E83265
1005	Arsenic	0.010	mg/L	0.00050	U	EPA200.8	0 00050	6/22/09		E83079
1010	Barium	2	mg/L	0.012		EPA200 7	0 0050	6/22/09		E83079
1015	Cadmium	0.005	mg/L	0.00050	U	EPA200 7	0 00050	6/25/09		E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/22/09		E83079
1024	Cyanide	0.2	mg/L	0.0050	U	EPA335.4	0 0050	6/24/09		E83079
1025	Fluoride	4.0	mg/L	0.10	U	SM4500FC	0.10	6/19/09		E83265
1030	Lead	0.015	mg/L	0.0015		EPA200.8	0.00050	6/22/09		E83079
1035	Mercury	0.002	mg/L	0.000020	U	EPA245.1	0 000020	6/23/09		E83079
8	Nickel	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/22/09		E83079
16 0	Selenium	0.05	mg/L	0.00050	U	EPA200.8	0 00050	6/22/09		E83079
1052	Sodium	160	mg/L	38		EPA200.7	0.50	6/22/09		E83079
1074	Antimony	0.006	mg/L	0.00050	U	EPA200.8	0.00050	6/22/09		E83079
1075	Beryllium	0.004	mg/L	0 00057	1	EPA200.7	0 00050	6/22/09		E83079
1085	Thallium	0.002	mg/L	0 00050	U	EPA200.8	0.00050	6/22/09		E83079

U - The parameter was analyzed but not detected I - Analyte detected below quantitation limits.

Page 3 of 8, including Chain of Custody

iporting Format 62-550-730 lective January 1995 Revised January 2007



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 097403

#### SECONDARY CONTAMINANTS 62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0053	U	EPA200.8	0.0053	6/22/09		E83079
1017	Chloride	250	mg/L	81		EPA300.0	0.028	6/18/09		E83079
1022	Copper	1	mg/L	0.0019		EPA200.8	0.00093	6/22/09		E83079
1025	Fluoride	2.0	mg/L	0.10	U	SM4500FC	0.10	6/19/09		E83265
1028	Iron	0.3	mg/L	0.020	U	EPA200.7	0.020	6/22/09		E83079
1032	Manganese	0.05	mg/L	0 0025	U	EPA200.7	0.0025	6/22/09		E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/22/09		E83079
1055	Sulfate	250	mg/L	25.2		EPA375 2	2 50	6/19/09		E83265
1095	Zinc	5	mg/L	0.48		EPA200.7	0.010	6/22/09		E83079
1905	Color	15	CU	1	U	SM2120B	1	6/17/09	3 41 PM	E83265
1 ¹¹	Odor	3	TON	1	U	SM2150B	1	6/17/09	1 55 PM	E83265
10	pH (field pH from page 1)	6.5 - 8.5	SU	7.4		Field	Field	6/16/09		Field
1930	Total Dissolved Solids	500	mg/L	386		SM2540C	10	6/18/09		E83265
2905	Foaming Agents	0.5	mg/L	0.028	U	SM5540C	0.028	6/18/09	13 43	E83079

U - The parameter was analyzed but not detected.

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eporting Format 62-550 730 fective January 1995. Revised January 2007



10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 097403

#### RADIONUCLIDES 62-550.310(6)

Contam ID 4000	Contam Name Gross Alpha (Excl Uranium) Combined Uranium	<b>MCL</b> 15	Units pCi/L	Analysis Result 2.4	Qualifier	Analytical Method 900.0	Lab MDL 1.4	RDL 3	Analysis Error 1.1	Analysis Date 6/30/09	Analysis Time	DOH Lab Cert # E83033	
4006 4020 4030	(U-234 U-235 & U-238) Radium-226 Radium-228	5	pCi/L pCi/L pCi/L	0.8 1.4 0.7	U	908.0 903.1 Ra-05	0.8 0.2 0.7	1	0.5 0.2 0.5	6/27/09 7/2/09 7/2/09		E83033 E83033 E83033	

U - The parameter was analyzed but not detected.

Page 5 of 8, including Chain of Custody

eporting Format 62-550 730 fective January 1995 Revised January 2007



### AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 097403

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

Contam				Analysis	0	Analytical	Lab	-	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Time	Cert #
2378	1.2,4-Trichlorobenzene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2380	Cis-1.2-Dichloroethylene	70	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2955	Xylenes (total)	10,000	µg/L	0.50	U	EPA524.2	0.50	0.50	6/20/09		E83079
2964	Dichloromethane	5	µg/L	0.44	U	EPA524.2	0.44	0.50	6/20/09		E83079
2968	o-Dichlorobenzene	600	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2969	para-Dichlorobenzene	75	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2976	Vinyl Chloride	1	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2977	1.1-Dichloroethylene	7	µg/L	0.25	U	EPA524.2	0.25	0.50	6/22/09		E83079
2979	trans-1,2-Dichloroethylene	100	µg/L	0.25	U	EPA524.2	0 25	0.50	6/22/09		E83079
2980	1.2-Dichloroethane	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
	1,1,1-Trichloroethane	200	µg/L	0 25	U	EPA524.2	0 25	0.50	6/20/09		E83079
2982	Carbon tetrachloride	3	µg/L	0.25	υ	EPA524.2	0 25	0.50	6/22/09		E83079
2983	1.2-Dichloropropane	5	µg/L	0.25	u	EPA524.2	0.25	0.50	6/20/09		E83079
2984	Trichloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2985	1.1.2-Trichloroethane	5	µg/L	0.25	U	EPA524.2	0 25	0.50	6/20/09		E83079
2987	Tetrachloroethylene	3	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2989	Monochlorobenzene	100	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2990	Benzene	1	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2991	Toluene	1,000	µg/L	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2992	Ethylbenzene	700	ha/r	0.25	U	EPA524.2	0.25	0.50	6/20/09		E83079
2996	Styrene	100	µg/L	0 25	U	EPA524.2	0.25	0.50	6/20/09		E83079

U - The parameter was analyzed but not detected.

Page 6 of 8: including Chain of Custody



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

System Name: Bellaire PWS ID: 3424000 Submission Number: 097403

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical	Lab		Extraction	Analysis	Analysis	DOH Lab
			1.000			Method	MDL	RDL	Date	Date	Time	Cert #
2005	Endrin	2	µg/L	0.0019	U	EPA508.1	0.0019	0.01	6/19/09	6/23/09		E83079
2010	Lindane	0 2	µg/L	0 0048	U	EPA508 1	0.0048	0.02	6/19/09	6/23/09		E83079
2015	Methoxychlor	40	µg/L	0.020	U	EPA508.1	0.020	0.1	6/19/09	6/23/09		E83079
2020	Toxaphene	3	µg/L	0.20	U	EPA508.1	0.20	1.0	6/19/09	6/23/09		E83079
2031	Dalapon	200	µg/L	0.66	U	EPA515.3	0.66	1.0	6/24/09	6/27/09		E83079
2032	Diquat	20	µg/L	0.22	U	EPA549.2	0.22	0.4	6/19/09	6/23/09		E83079
2033	Endothall	100	µg/L	0.29	U	EPA548.1	0.29	9.0	6/22/09	6/22/09		E83079
2034	Glyphosate	700	µg/L	0.86	U	EPA547	0.86	6.0	6/18/09	6/18/09		E83079
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.37	U	EPA525 2	0.37	0.6	6/25/09	6/25/09		E83079
2036	Oxamyl (Vydate)	200	µg/L	0.18	U	EPA531.1	0.18	2.0	6/19/09	6/23/09		E83079
	Simazine	4	µg/L	0.024	U	EPA508.1	0.024	0.07	6/19/09	6/23/09		E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.48	U	EPA525.2	0.48	0.6	6/25/09	6/25/09		E83079
2040	Picloram	500	µg/L	0.010	U	EPA515.3	0.010	0.1	6/24/09	6/27/09		E83079
2041	Dinoseb	7	µg/L	0.090	U	EPA515.3	0.090	0.2	6/24/09	6/27/09		E83079
2042	Hexachlorocyclopentadiene	50	µg/L	0.020	U	EPA508.1	0.020	0.1	6/19/09	6/23/09		E83079
2046	Carbofuran	40	µg/L	0.25	U	EPA531.1	0.25	0.9	6/19/09	6/23/09		E83079
2050	Atrazine	3	µg/L	0.025	U	EPA508.1	0.025	0.1	6/19/09	6/23/09		E83079
2051	Alachlor	2	µg/L	0.052	U	EPA508.1	0.052	0.2	6/19/09	6/23/09		E83079
2065	Heptachlor	0.4	µg/L	0.0076	U	EPA508.1	0.0076	0.04	6/19/09	6/23/09		E83079
2067	Heptachlor Epoxide	0.2	µg/L	0 0038	U	EPA508_1	0.0038	0.02	6/19/09	6/23/09		E83079
2105	2.4-D	70	µg/L	0.030	U	EPA515.3	0.030	0.1	6/24/09	6/27/09		E83079
2110	2.4.5-TP (Silvex)	50	µg/L	0.080	U	EPA515.3	0.080	0.2	6/24/09	6/27/09		E83079
2274	Hexachlorobenzene	1	µg/L	0.024	U	EPA508.1	0.024	0.1	6/19/09	6/23/09		E83079
2306	Benzo(a)pyrene	0.2	µg/L	0.018	U	EPA525.2	0.018	0.02	6/25/09	6/25/09		E83079
2326	Pentachlorophenol	1	µg/L	0.010	U	EPA515.3	0.010	0.04	6/24/09	6/27/09		E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.095	U	EPA508.1	0.095	0.1	6/19/09	6/23/09		E83079
2931	Dibromochloropropane	0.2	µg/L	0.0049	U	EPA504.1	0.0049	0.02	6/23/09	6/24/09		E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0062	U	EPA504.1	0.0062	0.01	6/23/09	6/24/09		E83079
2959	Chlordane	2	µg/L	0.033	U	EPA508.1	0.033	0.2	6/19/09	6/23/09		E83079
	1		1912	0.000	÷		0.000		5,10,00	0.20.00		200010

U - The parameter was analyzed but not detected

Page 7 of 8: including Chain of Custody

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822 • FAX (352) 625-6638	Drinking Water Time Received / Date Chain of Custody 8:47 am	e Received
c. Aqua Utilities	Submission Number: 097403	
Report to: (Name & Mailing Address)	Parameter(s) Requested	Sample Number
OTT FIT	Inorganic Contaminants	000000 A
	$\boxed{\times}$ NO ₃ $\boxed{\times}$ NO ₂ $\boxed{\times}$ F	097403-A
		097403-B
Copy to: DEP Central DEP Southwest	All Metals Sb As Ba Be Cd	097403-0
DEP Northeast DEP Other:	Cr Pb Hg Ni Se Na Ti	
DOH Marion County DOH Other:	Asbestos	
N/A (for information only)	Secondary Contaminants	
PO Number:		097403-A
Contact Name: Mark March	Odor	097403-D-
Contact Phone: 352 5636778	Foaming Agents	047403-E
System Information	All Metals Al Cu Fe Mn Ag Zn	097403-C
System Name: Bellaire	Disinfection Byproducts	
System ID Number:3 424000	Total THM (All 4) THM Partial:	
S le Information	HAA (Ali 5) HAA Partial:	
Sample Location: Paint of Entry	Other:	
Sampler Name: Mark March	Radionuclides	
Date Sample Collected: 6 / 6 0 9	Gross Alpha 🛛 Ra ²²⁶ 🔀 Ra ²²⁸ 🛛 U	U47407-F
Time Sample Collected: 14:50	Other:	
Field Test Results (if applicable) Cl ₂ Residual:	Volatile Organic Contaminants	
Temp:pH:DO:	X All 21	017407 · G
Other:	Partial:	0.1100.0
Sample Custody	Synthetic Organic Contaminants	
Relinquished Signature: March	All Except Dioxin	1. and the se
Date: 6117.09 Time: 0845 Condition:	Partial:	097403-H
Relinquished Signature:	Miscellaneous	
Date: Time: Condition:	Turbidity Alkalinity Conductivity	
Received By: M. Mon	Total Sulfide	
Sample Temperature at Time of Receipt:4°C	Dissolved Metals (Field Filtered):	
On Ice Not on Ice	Other:	
Paid Check or Receipt Number:	Other:	
Comments:	Other:	
Coninents		

Page 1 of DEP form 62-550.730 is required if report is being submitted to the Florida DEP for compliance or permitting.



 Aqua Utilities Florida, Inc.
 T: 352.787.0980

 1100 Thomas Avenue
 F: 352.787.6333

 Leesburg, FL 34748-0310
 www.aquautilitiesflorida.com

July 31, 2009

Florida Department of Environmental Protection **Drinking Water Section** 7825 Baymeadows Way, Suite B200 Jacksonville, FL 32256

**RE:** TriAnnuals

To Whom It May Concern:

Enclosed are TriAnnual results for the water system listed below.

**Plant Name** 

PWS #

Arredondo Farms

2010042

If you have any questions, please contact Aqua Utilities Florida, Inc. at 352-435-4022.

Sincerely,

ean Day

Jean Day Administrative Assistant

Enclosure

An Aqua America Company



Date issued: February 26, 2010

*To:* Will Fontaine Aqua Utilities Florida, Inc. POB 490310 Leesburg, FL 34749

Client:Aqua Utilities Florida, Inc.Workorder ID:6577 Bellaire DW NO3/2[2037388]Received:2/23/10 10:30

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.

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



Printed: 2/26/2010

# HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990 Phone: (772) 465-8584 Fax: (772) 467-1584

# Client:Aqua Utilities Florida, Inc.Workorder ID:6577 Bellaire DW NO3/2Received:2/23/10 10:30

## **Quality Control Summary**

[2037388]

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 App	licable)					
Number	Sample ID	Analytical	Method	Description					
			Quality Control Summar	/					

Method HBEL Batch Analyte

uality Control Summary Analytical Issue

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080

Printed: 2/26/2010

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



#### HBEL, Inc. 2340 SW Poma Drive, Paim City FL 349 Phone: (772) 465-8584 Fax: (772) 467-1584

### **CERTIFICATE OF ANALYSIS**

### [2037388]

#### Client: Aqua Utilities Florida, Inc.

Workorder ID: 6577 Bellaire DW NO3/2

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2037388001 POE Grab				Sampled: 02/22/10 Matrix: Water		Received: reported on V	02/23/10 Wet Weight E		
Nitrate as N		2.7	mg/L	0.0030	EPA 300.0	IC8306		02/23/10 14:39		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8306		02/23/10 14:39	JL	E96080

¹Result Qualifiers: U INot 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.

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080

Printed: 2/26/2010

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



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North, Fort Plerce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-158	Chain-of-Custody and Agreement to Perform Services	Sandard and a second second second second second second second second second second second second second second	COI ALL	PRES MPLET NON G	L POINT SS HARE ELY FILI REYED LEGIBL	OUT	F 5600 (	DOH # J.S. 1 N		FDOH 307 Coolidg	# E85370
Company: AQUA Util: ties	Method(s) of				CORDAN						H # E84418
Address: P.O. BOX 490310	• 		ACCAR				Suite 1			16331 Cort Brooksville	e, FL 34601
Leesburg PL Zip: 34749		Z- Tempera	8°C	425685	ab Use	12222000000	DH				
Phone (352) 787-0980 Fax: 787-6333	e-mail:Standard Laboratory	Check	ked	v V	itact Ni	N	Checke V	d N	LAB # <u>12037388</u>		
Client Contact: GKissick (904)237-0919	Turn Around Time				ESERVATIVE			0			
Project Name: BellAire #6577	Or				ES REC	REQUESTED			Preservation Key H=Hydrochloric Acid P=Phosphoric Acid		
Sampled By: GK	Rush in Business Days Requires Laboratory Approval	An and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second							N=Nitric Acid		-Sodium Thiosulfate
LABID DATE TIME WATER AS W	LE DESCRIPTION	JOZ	ECN						SH=Sodium Hyc	MMEN	TS
001 2.22.10 12:35 & DW 1 P.O.E.	×	1	$\leq$						clz Rer	09	
									Ph	-	
									Jenp	-	
									Phis #	34240	00
									2010		
						+ +					
Sample Type: G=Grab C=Composite	·☆ Matrix: S=Solid, SL=Sludge, DW=D	Drinking W	ater G	W≓Grou	l nd Water	SW <b>⊨S</b> ûrfa	ace Wat	er WW	-Wastewater	M=Marine	
	RELINQUISHED BY			RE	LINQUISH	and party of the local data					
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	ATE/TIME			RE	CEIVED F	or HBEL (	CUSTOD	Y BY	hun	$\mathcal{A}$	
stribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER  CHAIN PAGE _1 of 1											

System Name	PWS I.D. #:	PWSID #						
System Name:		Nontransient Noncommunity						
System Type (check one) Commun		Hansient Noncommunity						
Address:								
City:	State:	ZIP Code:						
Phone #:	Fax #:							
E-Mail Address:	······································	177						
SAMPLE INFORMATION (to be completed b								
Sample Number:		۱ ۱						
Sample Date: 02/22/10	Sample Time:	12:30 PM						
Sample Location (be specific): POE Grat	)							
Disinfectant Residual (Required when reportin								
Sample Type (Check Only One)	Reason(s) for Sample (C							
	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	Othor							
Ave Residence Time		rocedure Used or Other Comments:						
Near First Customer								
*See 62-550.500(6) for requirements Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL excee	al requirements attach a res	** See 62-550.550(4) for requirements and attach a results page for each site.						
Sampler's Name:								
Sampler's Phone #:								
Sampler's E-Mail Address:								
CERTIFICATION (to be completed by sampler)								
l, <u>s</u>								
Print Name		Print Title						
do HEREBY CERTIFY that the above publ completed and correct.	ic water system and sample collection info	prmation is						
Signature:	Date:							
Reporting Format 62-55	0.730 Effective January 1995, Revised January 2004							

LABORATORY CERTIFICATION INFORMATION (to be completed	ted by lab - Please type or print legibly)
ATTACH A CURRENT DOH ANALYTE SHEET	
Lab Name: HBEL, Inc.	Florida Certification #: E96080
Address: 2340 SW Poma Drive	Certification Expiration Date: 06/30/2010
Palm City, FL 34990	Phone #: (772) 320-0091
ANALYSIS INFORMATION (to be completed by lab) Date	Sample(s) Received:: 2/23/2010
PWS ID (From Page 1): Samp	le Number (From Page 1):
Lab Assigned Report Number or Job ID:	2037388001
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
All 17	All 21 Trihalomethanes
Partial All Except Dioxin	Partial Haloacetic Acids
☑ Vitrate Partial	Bromate
Nitrite Dioxin Only	Radionuclides
Asbestos Only	Single Sample
,	Qtrly Composite**
Were any analyses subcontracted? Yes X No	All 14
If you placed provide DOU contification symptoms	Partial
If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB	
CERTIFICAT	ON
I, Eric Charest	Laboratory Manager
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data are cor National Environmental Laboratory Accreditation Conference (	
Signature	Date: 26-Feb-10
<ul> <li>Failure to provide a valid and current Florida DOH lab certification numbe in rejection of the report, possible enforcement against the public water sys Bureau of Laboratory Services.</li> <li>** Please provide radiological sample dates Jocations for each quarter.</li> </ul>	r and a current Analyte Sheet for the attached analysis results will result tern for failure to sample, and may result in notification of the DOH
COMPLIANCE DETERMINATION (to be completed by DEP or DOH	i)
Sample Collection Info Satisfactory: Yes	Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight group(s) ab	ove) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above)	
	etection(s) Incomplete Report Decation Unsatisfactory Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments:	
Date Reviewed: DEP/DOH Re	eviewing Official:
Reporting Format 62-550.730 Effectiv	e January 1995, Revised January 2004



### INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:	Aqua Utilities Florida, Inc.	Workorder: 6577 Bellaire DW NO3/2
Sample Location:	POE Grab	Sample Number: 2037388001
Sampling Date:	2/22/10 12:30	PWS ID (From Page 1):
Date Received:	2/23/10 10:30	

Conta ID	Conta Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Tim	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	2.7		EPA 300.0	0.0030	2/23/10 14:39	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	2/23/10 14:39	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, ?, *, 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.

2340 SW Poma Drive Palm City, FL 34990 FDCH # E96080

Printed: 2/26/2010

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





Date issued: March 9, 2010

*To:* Will Fontaine Aqua Utilities Florida, Inc. POB 490310 Leesburg, FL 34749

Client:Aqua Utilities Florida, Inc.Workorder ID:6577 Bellaire THM/HAA5[2037431]Received:2/25/10 10:25

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.

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080

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



Printed: 3/9/2010

# HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990 Phone: (772) 465-8584 Fax: (772) 467-1584

Client:	Aqua Utilities Florida, Inc.
Workorder ID:	6577 Bellaire THM/HAA5
Received:	2/25/10 10:25

**Quality Control Summary** 

[2037431]

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 App	licable)		
Number	Number Sample ID Analyt		Method	Description		

Method HBEL Batch Analyte

**Quality Control Summary** Analytical Issue

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080

Printed: 3/9/2010

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



# HBEL, Inc.

2340 SW Poma Drive, Palm City FL 349 Phone: (772) 465-8584 Fax: (772) 467-1584

#### Client: Aqua Utilities Florida, Inc.

Workorder ID: 6577 Bellaire THM/HAA5

Parameter	Qualifier Resu	llt Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2037431001 5081 SE 20th Str	eet Grab		Sampled: 02/24 Matrix: Water		Received reported on	: 02/25/10 Wet Weight		
Bromodichlorometh	ane 0.26	U ug/L	0.26	EPA 524.2	VOC3231		03/6/10 3:21	WR	E96080
Bromoform	0.15	U ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:21	WR	E96080
Chloroform	0.59	ug/L	0.24	EPA 524.2	VOC3231		03/6/10 3:21	WR	E96080
Dibromochlorometh	ane 0.15	U ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:21	WR	E96080
Total THMs	0.77	ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:21	WR	E96080
Dibromoacetic Acid	0.75	ug/L	0.18	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Dichloroacetic Acid	0.84	ug/L	0.66	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Monobromoacetic A	cíd 0.28	U ug/L	0.28	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Monochloroacetic A	cid 0.88	U ug/L	0.88	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Total HAAs	1.9	ug/L	0.18	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Trichloroacetic acid	0.30	ug/L	0.20	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Laboratory ID:	2037431002			Sampled: 02/24	/10 12:30	Received	: 02/25/10	10:25	
Sample ID:	219 SE 50th Terra	ace		Matrix: Water	Results	reported on	Wet Weight	Basis	
Bromodichlorometh	ane 0.26	U ug/L	0.26	EPA 524.2	VOC3231		03/6/10 3:56	WR	E96080
Bromoform	0.15	U ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:56	WR	E96080
Chloroform	0.73	ug/L	0.24	EPA 524.2	VOC3231		03/6/10 3:56	WR	E96080
Dibromochlorometh	ane 0.15	U ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:56	WR	E96080
Total THMs	0.91	ug/L	0.15	EPA 524.2	VOC3231		03/6/10 3:56	WR	E96080
Dibromoacetic Acid	0.43	ug/L	0.18	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Dichloroacetic Acid	0.78	ug/L	0.66	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Monobromoacetic A	cid 0.28	U ug/L	0.28	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Monochloroacetic A	cid 0.88 (	U ug/L	0.88	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Total HAAs	1.5	ug/L	0.18	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Trichloroacetic acid	0.24	ug/L	0.20	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080

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

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080

1

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



[2037431]

**CERTIFICATE OF ANALYSIS** 

Printed: 3/9/2010

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 US I North, Fort Pierce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584		A comparison of the second	CC	SE BALL P PRESS MPLETEL NON GRE PRINT LI	HARD Y FILL O YED ARI	UT S600 Fort	FDOH # I U.S. 1 N Pierce, F	orth 307 Cool L 34946 Lehigh A	DH # E85370 idge Avenue cres, FL 33936
Company: AQUA Util, ties	Method(s) of Shipment:			OTED IN ACCO	ROTACE	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	FDOH # 6 5 St. Johns	s Pkwy. 16331 (	OH # E84418 Cortez Blvd.
Address: Po Box 490310			ACC.				e 1300 ford, FL 3		ville, FL 34601
Lees Surg FL Zip: 34749 Phone: (352) 707 - 0900 Fax: 707-6333	e-mail: Standard Laboratory Turn Around Time	Temper Cher	オオキアマン	Custody Inta Y	b Use O Seals ct	p⊦ C/iec Ƴ	ked	lab # <u>. <i>20</i></u>	3 <i>7431.</i>
Client Contact: GK: 55ick (904) 237-0919	Or							Preservation H=Hydrochloric Acid	P=Phosphoric Acid
Project Name: BelAine #6577				ANALYSE	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		N=Nitric Acid	ST=Sodium
Sampled By: GK	Rush in Business Days Requires Laboratory Approval	.A.	B127					S=Sulfuric Acid SH=Sodium Hydroxide	Thiosuffate U=Unpreserved
	LE DESCRIPTION	HAAS	TTHM					COMM	ENTS
52-24-12 1205 & DW 1 5081 SE	20Th STREET	~						Chiles -	
09 (2.24-10 1210PM & DW 3 5081 SE	20th STREET		/					PH -	
	,								
2 22.24-10 12:25°M & DW 1 219'	SE SOT Tempre	1						Clarker -	
(2.24-10 1230PM G DW 3 219 3	SE SOTH TENNACE		/					PH -	
								STAge I	F
PTrip T	STL							4Th QTR	
Sample Type: G=Grab C=Composite	Matrix: S=Solid SL=Sludge DW=	Drinking	Water	GW=Groun	d Water S	W≓Surface	Water W	W=Wastewater M=M	arine
	RELINQUISHED BY				INQUISHE	DBY			
9 3	DATE/TIME				E/TIME				/
N B	RECEIVED BY							MAUULA	
DATE/TIME	DATE/TIME			DAT	E/TIME			2:25:10	Construction of the second second second second second second second second second second second second second
Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIEN	T: GOLD for SAMPLER						CHA	IN PAGE	of <u>l</u>

System Name:		
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 sa	npler)	
Sample Number:		
Sample Date: 02/24/10		12:10 PM
Sample Location (be specific): 5081 SE 20th		
Disinfectant Residual (Required when reporting re-		mg/L Field pH:
	Reason(s) for Sample (c	
Sample Type (Check Only One)		
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		
Ave Residence Time	ampling Procedure Used or Other Cor	nments:
Near First Customer *See 62-550.500(6) for requirements and Note: See 62-550.512(3) for additional re for Nitrate or Nitrite MCL exceeden	quirements attach a res	50(4) for requirements and ults page for each site.
Sampler's Name:		100
Sampler's Phone #:	Sampler's Fax #:	14 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5 11 American Contraction (17 5
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
	·	
Print Name do HEREBY CERTIFY that the above public v completed and correct.	ater system and sample collection info	Print Title ormation is
Signature:	Date:	
	0 Effective January 1995, Revised January 2004	

LABORATO	RY CERTIFICA	TION INFORMATION (to b	e completed by lab - P	lease type or print leg	ibly)		
ATTACH A CUR	RENT DOH ANA	LYTE SHEET					
Lab Name:	HBEL, Inc.						
Address:	2340 SW Po	oma Drive	Certification Expiration Date: 06/30/2010				
	Palm City, I	FL 34990	Phone #:	(772) 3	320-0091		
ANALYSIS I	NFORMATION	(to be completed by lab)	Date Sample(s) F	Received::	2/25/2010		
PWS ID (From	m Page 1):		Sample Number	(From Page 1):			
	Report Numb		203743100	1			
Group(s) Ana	alyzed and Res	ults attached for compliant	ce with Chapter 62-	550, F.A.C. (Che	ck all that apply):		
All Pa Ni As	anics I 17 artial trate trite sbestos Only alyses subcont	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only	All 2 Part Radior Sing		Disinfection Byproducts          Disinfection Byproducts         Trihalomethanes         Haloacetic Acids         Bromate         Chlorite         Secondaries         All 14         Partial		
		certification numbers: FOR EACH SUBCONTRACTE CERT	D LAB				
I,	Eric Chare	st	an an ann an an an an an an an an an an	Laboratory N	lanager		
	(Print Name) CERTIFY that	all attached analytical data oratory Accreditation Conf	a are correct and un	(Print Titl	e)		
Signature	/	The Marcor	Date:	09-Mar-	10		
in rejection of the Bureau of Labo ** Please provid	ne report, possible ratory Services. de radiological sar	rrent Florida DOH lab certification enforcement against the public nple dates locations for each qu ATION (to be completed by DB	water system for failure	nt Analyte Sheet for the to sample, and may	ne attached analysis results will result result in notification of the DOH		
		sfactory: Yes		e Analysis Info Sa	atisfactory: Yes No		
Replacen	nent Sample(s)	Requested (circle or highlight group(	group(s) above) Rev		lested (circle or highlight group(s) above)		
Reason(s):		xceeded nalyte Sheet(s)	Detection(s)	satisfactory	Incomplete Report Analysis Unsatisfactory		
Person Notifi	ied:			Date Notified	·		
Comments:					····		
Date Review		DEP	/DOH Reviewing C				
		* Reporting Format 62-550.73	30 Effective January 1995	, Revised January 2004			



#### DISINFECTION BYPRODUCTS ANALYSES

#### 62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID 6577 Bellaire THM/HAA5
Sample Location:	5081 SE 20th Street Grab	Disinfectant Residual (mg/L
Sample Number:	2037431001	PWS ID
Sampling Date:	2/24/10 12:10	
Date Received:	2/25/10 10:25	

Conta	m			Analysis		Analytical		Analysis	Analysis	DOH La
ID	Contam Name	MCL	Units	Result	Qualifier	Method	Lab MDL	Date	Time	Cert. #
-										
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	3/03/10	2:47 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	0.84	1	EPA 552.1	0.66	3/03/10	2:47 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.30	1	EPA 552.1	0.20	3/03/10	2:47 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28	U	EPA 552.1	0.28	3/03/10	2:47 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.75		EPA 552.1	0.18	3/03/10	2:47 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L	1.89		EPA 552.1	0.18	3/03/10	2:47 AM	E96080
2941	Chloroform	[N/A]	ug/L	0.59	1	EPA 524.2	0.24	3/06/10	3:21 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.15	ט	EPA 524.2	0.15	3/06/10	3:21 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.26	U	EPA 524.2	0.26	3/06/10	3:21 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.15	U	EPA 524.2	0.15	3/06/10	3:21 AM	E96080
2944		17 0		0.59	0	EPA 524.2	0.15	3/06/10	3:21 AM	E96080
2900	Total Trihalomethanes	[80]	ug/L	0.59		LFA 024.2	0.15	5/00/10	J.Z I MIVI	200000

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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, ?, *, 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.

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



Printed: 3/9/2010

System Name:	PWS I.D. #:
System Type (check one)	Nontransient Noncommunity Transient Noncommunity
Address:	
City:	State: ZIP Code:
	Fax #:
SAMPLE INFORMATION (to be completed by sampler)	
Sample Number:	Location Code (if known):
Sample Date: 02/24/10	Sample Time: 12:30 PM
Sample Location (be specific): 219 SE 50th Terrace	
****	ihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Entry Point (to Distribution)       Confir         Plant Tap not for compliance with 62-550)       Comp         Raw (at well or intake)       Cleara         Max Residence Time       Other:         Ave Residence Time       Other:         Near First Customer       *See 62-550.500(6) for requirements and restriction         Note: See 62-550.512(3) for additional requirement for Nitrate or Nitrite MCL exceedences.         Sampler's Name:	attach a results page for each site.
I, Print Name	Print Title
do HEREBY CERTIFY that the above public water sys completed and correct.	
Signature:	Date:

1

LABORATOR	RY CERTIFICA	TION INFORMATION (	to be completed	d by lab - Please	type or print legit	ity)		
ATTACH A CUR	RENT DOH ANA	LYTE SHEET						
Lab Name:	HBEL, Inc.			Florida Certification #: E96080				
Address:	2340 SW Pc	oma Drive	C	Certification Ex	piration Date:	06/30/2010		
	Palm City, F	FL 34990	F	Phone #:	(772) 32	20-0091		
ANALYSIS IN	FORMATION	(to be completed by lab)	Date Sa	mple(s) Recei	ved::	2/25/2010		
PWS ID (From	n Page 1):	1 AU	Sample	Number (From	n Page 1):			
Lab Assigned	Report Numb	er or Job ID:	20	37431002				
Group(s) Ana	lyzed and Res	ults attached for compli-	ance with Ch	apter 62-550,	F.A.C. (Check	all that apply):		
Inorga	anics	Synthetic Organics		Volatile Orga	nics	Disinfection Byproducts		
	17	All 30		All 21				
Pa	rtial	All Except Dioxin		Partial		Haloacetic Acids		
Nit	rate	Partial				Bromate		
Nit	rite	Dioxin Only		Radionuclid	es	Chlorite		
As	bestos Only	Lances a		Single Sa	ample	Secondaries		
	,			Qtrly Cor	nposite**			
Were any ana	alyses subcont	racted? Yes	X No			All 14		
						Partial		
		certification numbers:	TED LAB			5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
			RTIFICATIO	N				
L.	Eric Chares		1	,	_aboratory Ma	nager		
.,	(Print Name)	NATE			(Print Title)			
		all attached analytical d oratory Accreditation Co			noted meet all	requirements of the		
Signature		uc Mares	/	Date:	09-Mar-10	)		
in rejection of the Bureau of Labora	e report, possible atory Services.		blic water syster			attached analysis results will result sult in notification of the DOH		
The second second second second second second second second second second second second second second second se	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	ATION (to be completed by	NAME AND ADDRESS OF TAXABLE PARTY.			and the second second second second second second second second second second second second second second second		
		factory: Yes	]No	Sample Ana	alysis Info Sati	sfactory: Yes No		
Replacem	ent Sample(s)	Requested (circle or highlig	ht group(s) abov	e) Revised	Report Reque	sted (circle or highlight group(s) above)		
Additional	Monitoring Re	quired (circle or highlight grou	up(s) above)					
Reason(s):		ceeded nalyte Sheet(s)		ection(s) ation Unsatisfa	actory	Incomplete Report		
Person Notifie					ate Notified:			
Comments:								
Date Reviewe	ed:	DI	EP/DOH Rev	iewing Official		1. 		
		Reporting Format 62-550				1		



DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID	6577 Bellaire THM/HAA5
Sample Location:	219 SE 50th Terrace	Disinfectant Residual (mg/L	
Sample Number:	2037431002	PWS ID	500.00
Sampling Date:	2/24/10 12:30		
Date Received:	2/25/10 10:25		

	Contar ID	n Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
_			IVICE	Units	Tresuit	Qualifier	Wethod		Date	Time	
	2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	3/03/10	3:24 AM	E96080
	2450	Dichloroacetic Acid	[N/A]	ug/L	0.78	ĩ	EPA 552.1	0.66	3/03/10	3:24 AM	E96080
	2452	Trichloroacetic acid	[N/A]	ug/L	0.24	1	EPA 552.1	0.20	3/03/10	3:24 AM	E96080
						U	EPA 552.1	0.28	3/03/10	3:24 AM	E96080
	2453	Monobromoacetic Acid	[N/A]	ug/L	0.28	0					
	2454	Dibromoacetic Acid	[N/A]	ug/L	0.43	1	EPA 552.1	0.18	3/03/10	3:24 AM	E96080
	2456	Total Haloacetic Acids (HAA5)	[60]	ug/L	1.45		EPA 552.1	0.18	3/03/10	3:24 AM	E96080
	2941	Chloroform	[N/A]	ug/L	0.73	1	EPA 524.2	0.24	3/06/10	3:56 AM	E96080
	2942	Bromoform	[N/A]	ug/L	0.15	U	EPA 524.2	0.15	3/06/10	3:56 AM	E96080
											E96080
	2943	Bromodichloromethane	[N/A]	ug/L	0.26	U	EPA 524.2	0.26	3/06/10	3:56 AM	
	2944	Dibromochloromethane	[N/A]	ug/L	0.15	U	EPA 524.2	0.15	3/06/10	3:56 AM	E96080
	2950	Total Trihalomethanes	[80]	ug/L	0.73		EPA 524.2	0.15	3/06/10	3:56 AM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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, ?, *, 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.

2340 SW Poma Drive Palm City, FL 34990 FDOH # E96080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



Printed: 3/9/2010

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

Date issued: June 1, 2009

*To:* Will Fontaine Aqua Utilities Florida, Inc. POB 490310 Leesburg, FL 34749

Client:Aqua Utilities Florida, Inc.Workorder ID:Bellaire THM/HAA5 Grab[2134773]Received:5/15/09 12:47

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



# HBEL, Inc.

2000	D.S. I NOPLI	I, FUIL PIE	erce, rec	343	40	
Phone:	(772) 465	5-8584	Fax:	(772)	467-1584	

# Client:Aqua Utilities Florida, Inc.Workorder ID:Bellaire THM/HAA5 GrabReceived:5/15/09 12:47

## **Quality Control Summary**

[2134773]

MB=Method Blank LCS=La	boratory Control Sample LCSD=Laboratory Co	ontrol Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate
HBEL Sample	Method Na	arratives (If Applicable)
Number Sam	ple ID Analytical Method	Description
Method HBEL Batch EPA 524.2		ontrol Summary nalytical Issue
Bromofor	rm Precision - Outsic	de acceptance limits between the LCS and LCDS.

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

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



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

# Client: Aqua Utilities Florida, Inc.

## CERTIFICATE OF ANALYSIS

Workorder ID: Bellaire THM/HAA5 Grab

[2134773]

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	134773001			Sampled: 05/14/	09 13:00	Received	: 05/15/09	12:47	
Sample ID: 5	081 SE 20th St			Matrix: Water	Result	s reported on	Wet Weight	Basis	
Bromodichloromethan	e 3.3	ug/L	0.25	EPA 524.2	VOC3096	*****	05/28/09 2:15	WR	E9608
Bromoform	1.2	ug/L	0.41	EPA 524.2	VOC3096		05/28/09 2:15	WR	E9608
Chloroform	3.0	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:15	WR	E9608
Dibromochloromethan	e 3.5	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 2:15	WR	E9608
Total THMs	11	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:15	WR	E9608
Dibromoacetic Acid	0.69	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E9608
Dichloroacetic Acid	2.1	ug/L	0.66	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E9608
Monobromoacetic Acid	0.28 U	ug/L	0.28	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E96080
Monochloroacetic Acid		ug/L	0.88	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E96080
Total HAAs	2.8	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E9608(
Trichloroacetic acid	0.20 U	ug/L	0.20	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E96080
Laboratory ID: 2	134773002		(14,14)	Sampled: 05/14/	09 13:15	Received	: 05/15/09	12:47	
Sample ID: 2	192 SE 50th Terr			Matrix: Water	Result	s reported on	Wet Weight	Basis	
Bromodichloromethan	e 3.9	ug/L	0.25	EPA 524.2	VOC3096	•	05/28/09 2:49	WR	E96080
Bromoform	0.97	ug/L	0.41	EPA 524.2	VOC3096		05/28/09 2:49	WR	E96080
Chloroform	3.5	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:49	WR	E96080
Dibromochloromethan	e 3.7	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 2:49	WR	E96080
Total THMs	12	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:49	WR	E96080
Dibromoacetic Acid	0.78	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48		JL	E96080
Dichloroacetic Acid	2.2	ug/L	0.66	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Monobromoacetic Acid		ug/L.	0.28	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Monochloroacetic Acid		ug/L	0.88	EPA 552.1	PEST5346	05/28/09 12:48		JL	E96080
Total HAAs	3.2	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48		JL	E96080
Trichloroacetic acid	0.21	ug/L	0.20	EPA 552.1	PEST5346	05/28/09 12:48		JL	E96080
Laboratory ID: 2	134773003			Sampled:		Received.	05/15/09	12:47	
Sample ID: Ti	rip Blank-SE 20th St			Matrix: Water	Results	s reported on V	Net Weight E	Basis	
Bromodichloromethan	e 0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:22	WR	E96080
Bromoform	0.41 U	ug/L	0.41	EPA 524.2	VOC3096		05/28/09 3:22	WR	E96080
Chloroform	0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:22	WR	E96080
Dibromochloromethan	e 0.30 U	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 3:22	WR	E96080
Total THMs	0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:22		E96080
	134773004			Sampled:	··········	Received:	05/15/09	12:47	
Sample ID: Ti	rip Blank-SE 50th Terr			Matrix: Water	Results	reported on \	Net Weight E	Basis	
Bromodichloromethane	0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:56	WR	E96080
Bromoform	0.41 U	ug/L	0.41	EPA 524.2	VOC3096		05/28/09 3:56		E96080
Chloroform	0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:56		E96080
Dibromochloromethane	e 0.30 U	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 3:56		E96080
Total THMs	0.25 U	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:56		E96080

FDOH # E96080

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



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

CERTIFICAT	E OF ANALYSIS
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[2134773]

Client: Ac	qua Utilities Florida,	Inc.	Work	order ID:	Bellaire TH	M/HAA5	Grab		
Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Lab ID

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

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

Printed: 6/1/09

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



HARBOR BRANCH ENVIRONMENTAL (ABORATORIES, INC.) 5600 US I North, Fort Pierce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584		PE COMPL ALL NON	ALL POINT PEN RESS HARD ETELY FILL OUT I GREYED AREAS NT LEGIBLY	Laboratory not FDOH # E 5600 U.S. 1 No Fort Pierce, FL	orth 307 Coolidge Avenue
Company: AQUA UTILIS	Method(s) of Shipment:	OTED	N ACCORD	FDOH # E 4155 St. Johns	the second second second second second second second second second second second second second second second se
Address: 1100 TTOMAS AVE		VCC		Suite 1300 Sanford, FL 32	Brooksville, FL 34601
LESBURG, FL Zip: 34748		An Activity	or Lab Use Only ustody Seals		
Phone: 386-937-1143 Fax: 386-329-9977	e-mail:	Checked	Istooy Seals Intact	pH Checked	LAB # 2/34773
A	Standard Laboratory Turn Around Time	, F	Y N PRESERVATIVE	Y	
Client Contact: PAL THEMPSON	Or	ST MAY			Preservation Key H=Hydrochloric Acid P=Phosphoric Acid
Project Name: BELLARE		ANAL	YSES REQUESTED		N=Nitric Acid ST=Sodium
Sampled By: MACK MARCH	Rush in Business Days Requires Laboratory Approval	197 NB	<ul> <li>Standarde - Standarde - Stand</li></ul>		S=Sulfuric Acid Thiosulfate SH=Sodium Hydroxide U=Unpreserved
	LE DESCRIPTION	TTHM			COMMENTS
1001 5/17/09 1300 6 DW 4 508 5	12 20th ST.	XX			ch l.l
	SE 50th TER.	XX			dr 0.8
OB 2 Triple 1	Blank SEZOM				
	Blank St 50miler				
	** Matrix: S=Solid SL=Sludge DW=C	orinking Water GW=G		ace Water WW	Wastewater M=Marine
DATE/TIME 5 14/09 7:30/m D	ATE/TIME S-15-09/ 10	Satin	RELINQUISHED BY		Red: LAwit
RECEIVED BY David Varia	RECEIVED BY		Contraction of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Article of the Ar		S-19-09 1030
545-011 01304m		245	DATE/TIME OF/1151/C	9 1247	CS7/ElOC1 500
Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT;	GOLD for SAMPLER				IPAGE of Redex

System Name:	PWS I.D. #:	
System Type (check one) Community	Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:	7.00	
SAMPLE INFORMATION (to be completed by sampler)		
Sample Number:	Location Code (if known)	·
Sample Date: 05/14/09	Sample Time:	1:00 PM
Sample Location (be specific): 5081 SE 20th St		
Disinfectant Residual (Required when reporting results for t	rihalomethanes and haloacetic acids)	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (c	Check all that apply)
Entry Point (to Distribution)       Confir         Plant Tap not for compliance with 62-550)       Comp         Raw (at well or intake)       Cleara         Max Residence Time       Other         Ave Residence Time       Sampling         Near First Customer	g Procedure Used or Other Cor ns. ** See 62-550.5	Quarterly (Which Qtr? Special (not for compliance with 62-550) Violation Resolution Replacement (of Invalidated Sample) mments: 50(4) for requirements and ults page for each site.
for Nitrate or Nitrite MCL exceedences.		
Sampler's Name: Sampler's Phone #:		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
Print Name		Print Title
do HEREBY CERTIFY that the above public water sys completed and correct.	stem and sample collection info	ormation is
Signature:	Date:	
Reporting Format 62-550.73 Effective		

LABORATORY CERTIFICATION INFORMATION (to be con	npleted 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) Da	te Sample(s) Received:: 5/15/09
PWS ID (From Page 1): Sa	mple Number (From Page 1):
Lab Assigned Report Number or Job ID:	2134773001
Group(s) Analyzed and Results attached for compliance with	th Chapter 62-550, F.A.C. (Check all that apply):
InorganicsSynthetic OrganicsAll 17All 30PartialAll Except DioxinNitratePartialNitriteDioxin OnlyAsbestos Only	Volatile Organics       Disinfection Byproducts         All 21       Image: Trihalomethanes         Partial       Image: Trihalomethanes         Bromate       Image: Trihalomethanes         Single Sample       Secondaries
Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB	Qtrly Composite**
CERTIFICA	
	Laboratory Manager
(Print Name) do HEREBY CERTIFY that all attached analytical data are d	(Print Title)
National Environmental Laboratory Accreditation Conference	e (NELAC).
Signature	Date: 01-Jun-09
in rejection of the report, possible enforcement against the public water a Bureau of Laboratory Services. ** Please provide radiological sample dates Jocations for each quarter.	ber and a current Analyte Sheet for the attached analysis results will result system for failure to sample, and may result in notification of the DOH
COMPLIANCE DETERMINATION (to be completed by DEP or D	OH)
Sample Collection Info Satisfactory: Yes No	Sample Analysis Info Satisfactory: Yes No
	above) Revised Report Requested (circle or highlight group(s) above)
Additional Monitoring Required (circle or highlight group(s) above	3)
Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s)	Detection(s)       Incomplete Report         Location Unsatisfactory       Analysis Unsatisfactory
Person Notified:	Date Notified:
Comments:	
	Reviewing Official:
Reporting Format 62-550.730 Effe	ctive January 1995, Revised January 2004

# HBEL, Inc. 5600 U.S. I North, Fort Pierce, FL 34946

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

#### DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:		Aqua L	Aqua Utilities Florida, Inc.			Rep	ort Number/ Job	ID Bellair	е ТНМ/НА	A5 Grab	
Sample	e Location:	5081 S	5081 SE 20th St			Disir	Disinfectant Residual (mg/L)				
Sample	Number:	2134773001					P	WS ID			
Samplin	ng Date:	5/14/09	0 13:00								
Date Re	eceived:	5/15/09	9 12:47								
Contar ID	n Contam Name	•	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic	c Acid	[N/A]	ug/L	0.88 U		EPA 552.1	0.88	5/29/09	12:36 AM	E96080
2451	Dichloroacetic Ac	id	[N/A]	ug/L	2.1		EPA 552.1	0.66	5/29/09	12:36 AM	E96080
2452	Trichloroacetic ad	bid	[N/A]	ug/L	0.20 U		EPA 552.1	0.20	5/29/09	12:36 AM	E96080
2453	Monobromoaceti	c Acid	[N/A]	ug/L	0.28 U		EPA 552.1	0.28	5/29/09	12:36 AM	E96080
2454	Dibromoacetic Ac	cid	[N/A]	ug/L	0.69		EPA 552.1	0.18	5/29/09	12:36 AM	E96080
2456	Total Haloacetic Acid	s (HAA5)	[60]	ug/L	2.79		EPA 552.1	0.18	5/29/09	12:36 AM	E96080
2941	Chloroform		[N/A]	ug/L	3.0		EPA 524.2	0.25	5/28/09	2:15 AM	E96080
2942	Bromoform		[N/A]	ug/L	1.2		EPA 524.2	0.41	5/28/09	2:15 AM	E96080
2943	Bromodichlorome	thane	[N/A]	ug/L	3.3		EPA 524.2	0.25	5/28/09	2:15 AM	E96080
2944	Dibromochlorome	ethane	[N/A]	ug/L	3.5		EPA 524.2	0.30	5/28/09	2:15 AM	E96080
2950	Total Trihalometh	anes	[80]	ug/L	11		EPA 524.2	0.25	5/28/09	2:15 AM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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



PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler - Please type of	
System Name:	PWS I.D. #:	
System Type (check one) Commun	ity Nontransient Noncommunity	Transient Noncommunity
Address:		
City:	State:	ZIP Code:
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed b	10	
Sample Number:		):
Sample Date: 05/14/09	Sample Time:	1:15 PM
Sample Location (be specific): 2192 SE 5	50th Terr	
Disinfectant Residual (Required when reporting	g results for trihalomethanes and haloacetic acids	s): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample	
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 Co	omments:
Near First Customer *See 62-650.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL excee	a) requirements attach a re	550(4) for requirements and sults page for each site.
Sampler's Name:		
Sampler's Phone #:		······································
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
l, Print Name	,	Print Title
do HEREBY CERTIFY that the above publ completed and correct.	ic water system and sample collection in	
Signature:	Date:	
	0.730 Effective January 1995, Revised January 2004	

LABORATOR	Y CERTIFICA	TION INFORMATION	(to be completed	by lab - Please type	or print legibl	y)
ATTACH A CURF	RENT DOH ANAI	YTE SHEET				
Lab Name:	HBEL, Inc.			Florida Certif	fication #:	E96080
Address:	5600 US 1 N	lorth	C	ertification Expirat	tion Date:	06/30/2009
<u> </u>	Fort Pierce,	FL 34946	P	hone #:	(772) 46	5-8584
ANALYSIS INI	FORMATION	(to be completed by lab)	Date Sa	mple(s) Received:	:	5/15/09
PWS ID (From	Page 1):		Sample	Number (From Pag	je 1):	
Lab Assigned I	Report Numbe	er or Job ID:		34773002		
Group(s) Analy	/zed and Resi	ults attached for compli	ance with Cha	apter 62-550, F.A.	C. (Check a	all that apply):
Were any analy If yes, please p	17 tial ate ite estos Only yses subcontr provide DOH c	Synthetic Organics All 30 All Except Dioxin Partial Dioxin Only acted? Yes ertification numbers: FOR EACH SUBCONTRAC	X_No	Volatile Organics All 21 Partial Radionuclides Single Sample Qtrly Compos	e	Visinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries All 14 Partial
		CE	RTIFICATION	Ĺ		
l,	Eric Chares	t		Labor	ratory Man	ager
do HEREBY CI		II attached analytical da ratory Accreditation Co	ata are correc	t and unless noted	(Print Title)	
Signature	-	Tu Mand	-	Date: 0	)1-Jun-09	
in rejection of the I Bureau of Laborate	report, possible e ory Services.	rent Florida DOH lab certifica enforcement against the pub ole dates locations for each	lic water system	d a current Analyte Sh	neet for the a	ttached analysis results will result ult in notification of the DOH
COMPLIANCE	DETERMINA	TION (to be completed by	DEP or DOH)			
Sample Collect	tion Info Satisf	actory: Yes	No	Sample Analysis	Info Satisf	actory: Yes No
Replaceme	nt Sample(s) I	Requested (circle or highligh	ht group(s) above)	Revised Repo	rt Request	ed (circle or highlight group(s) above)
Additional N	Ionitoring Rec	uired (circle or highlight grou	ıp(s) above)			
Reason(s): [ [		ceeded alyte Sheet(s)	Loca	ction(s) tion Unsatisfactory	/	Incomplete Report Analysis Unsatisfactory
Person Notified					lotified:	
Date Reviewed	:	an and an an an an an an an an an an an an an		ewing Official:		
		reporting Pointal 02-050.	.rou chective Jal	nuary 1995, Revised Janua	uy 2004	



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

#### DISINFECTION BYPRODUCTS ANALYSES

#### 62-550.310(3)

					02	-220.210(4	3)				
Client:		Aqua Utilities Florida, Inc.			Rep	ort Number/ J	ob ID Bella	ire THM/HA	A5 Grab		
Sample	e Location:	2192 5	SE 50th 7	Terr		Disir	nfectant Resid	ual (mg/L)			
Sample	e Number:	21347	73002					PWS ID			
Sampli	ng Date:	5/14/09	9 13:15							·	
	eceived:		9 12:47								
Daton	0001700.	0/10/00	0 14.71								
Contai ID	m Contam Name	•	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Monochloroacetic	Acid	[N/A]	ug/L	0.88 U		EPA 552.1	0.88	5/29/09	1:12 AM	E96080
2451	Dichloroacetic Aci	id	[N/A]	ug/L	2.2		EPA 552.1	0.66	5/29/09	1:12 AM	E96080
2452	Trichloroacetic ac	id	[N/A]	ug/L	0.21		EPA 552.1	0.20	5/29/09	1:12 AM	E96080
2453	Monobromoacetic	: Acid	[N/A]	ug/L	0.28 U		EPA 552.1	0.28	5/29/09	1:12 AM	E96080
2454	Dibromoacetic Aci	id	[N/A]	ug/L	0.78		EPA 552.1	0.18	5/29/09	1:12 AM	E96080
2456	Total Haloacetic Acids	(HAA5)	[60]	ug/L	3.19		EPA 552.1	0.18	5/29/09	1:12 AM	E96080
2941	Chloroform		[N/A]	ug/L	3.5		EPA 524.2	0.25	5/28/09	2:49 AM	E96080
2942	Bromoform		[N/A]	ug/L	0.97		EPA 524.2	0.41	5/28/09	2:49 AM	E96080
2943	Bromodichloromet	thane	[N/A]	ug/L	3.9		EPA 524.2	0.25	5/28/09	2:49 AM	E96080
2944	Dibromochlorome	thane	[N/A]	ug/L	3.7		EPA 524.2	0.30	5/28/09	2:49 AM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

2950 Total Trihalomethanes

[80]

ug/L

12.07

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

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

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

EPA 524.2

0.25

5/28/09



2:49 AM E96080

PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type or pl	rint 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		
Sample Number:	Location Code (if known):	
Sample Date:	Sample Time:	
Sample Location (be specific): Trip Blank-S	SE 20th St	
Disinfectant Residual (Required when reporting i	results for trihalomethanes and haloacetic acids)	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (C	check all that apply)
<ul> <li>Distribution</li> <li>Entry Point (to Distribution)</li> <li>Plant Tap not for compliance with 62-550)</li> <li>Raw (at well or intake)</li> <li>Max Residence Time</li> <li>Ave Residence Time</li> <li>Near First Customer</li> <li>*See 62-550.500(6) for requirements an Note: See 62-550.512(3) for additional for Nitrate or Nitrite MCL exceeded</li> </ul>	requirements attach a res	Quarterly (Which Qtr? Special (not for compliance with 62-550 Violation Resolution Replacement (of Invalidated Sample) mments: 50(4) for requirements and ults page for each site.
Sampler's Name:		
Sampler's Phone #:		
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
l,		
Print Name do HEREBY CERTIFY that the above public completed and correct.	water system and sample collection info	Print Title ormation is
Signature:	Date:	
Reporting Format 62-550.	730 Effective January 1995, Revised January 2004	

LABORATOR	Y CERTIFICATION INFORMATION (to be com	pleted by lab - Please type or print leg	ibly)
ATTACH A CURF	RENT DOH ANALYTE SHEET		
Lab Name:	HBEL, Inc.	Florida Certification #	E96080
Address:		Certification Expiration Date	06/30/2009
	Fort Pierce, FL 34946	Phone #: (772) 4	65-8584
ANALYSIS IN	FORMATION (to be completed by lab) Date	e Sample(s) Received::	5/15/09
PWS ID (From	Page 1): Sar	mple Number (From Page 1):	
Lab Assigned	Report Number or Job ID:	2134773003	
Group(s) Analy	zed and Results attached for compliance with	h Chapter 62-550, F.A.C. (Chec	k all that apply):
Inorga	nics Synthetic Organics	Volatile Organics	Disinfection Byproducts
	17 All 30	All 21	Trihalomethanes
Par	tial All Except Dioxin	Partial	Haloacetic Acids
Nitr	ate		Bromate
Nitri	ite Dioxin Only	Radionuclides	Chlorite
Asb	estos Only	Single Sample	Secondaries
		Qtrly Composite**	
Were any analy	yses subcontracted? Yes _X_ No	6	Partial
If yes, please p	provide DOH certification numbers:		
ATTACH DOH AN	ALYTE SHEET FOR EACH SUBCONTRACTED LAB	10.55 · · · · · · · · · · · · · · · · · ·	777 JUL
	CERTIFICA	TION	
l,	Eric Charest	Laboratory Ma	inager
do HEREBY C	(Print Name) ERTIFY that all attached analytical data are c	(Print Title)	
	onmental Laboratory Accreditation Conference		riequirements of the
Signature	Fur Alaraci	Date: 01-Jun-09	9
* Failure to provide	e a valid and current Florida DOH lab certification num		
in rejection of the Bureau of Laborat	report, possible enforcement against the public water s	system for failure to sample, and may re	esult in notification of the DOH
	radiological sample dates Jocations for each quarter.		
COMPLIANCE	DETERMINATION (to be completed by DEP or D	OH)	
Sample Collect	tion Info Satisfactory: Yes No	Sample Analysis Info Sat	sfactory: Yes No
Replaceme	nt Sample(s) Requested (circle or highlight group(s)	above) Revised Report Reque	sted (circle or highlight group(s) above)
Additional N	Aonitoring Required (circle or highlight group(s) above	)	
Reason(s): [		Detection(s) Location Unsatisfactory	Incomplete Report
Person Notified	l:	Date Notified:	
Comments:			
Date Reviewed	I:DEP/DOH	Reviewing Official:	
	Reporting Format 62-550.730 Effe	ctive January 1995, Revised January 2004	

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

### DISINFECTION BYPRODUCTS ANALYSES

#### 62-550.310(3)

Client:		Aqua Utilities Florida, Inc.			Report Number/ Job ID Bellaire THM/HAA5 Grab					
		(1) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b								
Sample Location:		Trip Blank-SE 20th St			Disinfectant Residual (mg/L)					
Sample Number:		2134773003			PWS ID					
Sampli	ing Date:									
Date R	eceived:	5/15/09 12:47								
Conta ID	m Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:22 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	5/28/09	3:22 AM	E96080
2943	Bromodichlorometh	hane [N/A]	ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:22 AM	E96080
2944	Dibromochlorometh	hane [N/A]	ug/L	0.30 U		EPA 524.2	0.30	5/28/09	3:22 AM	E96080
2950	Total Trihalometha	ines [80]	ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:22 AM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-55	50.730	
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, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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



PUBLIC WATER SYSTEM INFORMATION	(to be completed by sampler - Please type or p	rint legibly)			
System Name:	PWS I.D. #:				
System Type (check one) Communit	Nontransient Noncommunity	Transient Noncommunity			
Address:					
City:	State:	ZIP Code:			
Phone #:					
E-Mail Address:					
SAMPLE INFORMATION (to be completed by	sampler)				
Sample Number:		Location Code (if known):			
Sample Date:		Sample Time:			
Sample Location (be specific): Trip Blank-					
Disinfectant Residual (Required when reporting		ma/L Field pH:			
Sample Type (Check Only One)	Reason(s) for Sample (c				
	Routine Compliance (with 62-550)	Quarterly (Which Qtr?			
Entry Point (to Distribution) Plant Tap not for compliance with 62-550)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550)			
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample			
Max Residence Time	Other:				
Ave Residence Time	Sampling Procedure Used or Other Comments:				
Near First Customer					
*See 62-550.500(6) for requirements a Note: See 62-550.512(3) for additiona for Nitrate or Nitrite MCL exceed	al requirements attach a res	** 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)					
		\$			
Print Name		Print Title			
do HEREBY CERTIFY that the above public completed and correct.	c water system and sample collection info				
Signature:	Date:				
	730 Effective January 1995, Revised January 2004				

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

LABORATORY	CERTIFICA	TION INFORMATION (t	to be completed	d by lab - Please type or pr	int legibly)	
ATTACH A CURRE	ENT DOH ANAL	YTE SHEET				
Lab Name:	HBEL, Inc.			Florida Certificat	tion #:	E96080
Address:	5600 US 1 N	orth	C	ertification Expiration	Date:	06/30/2009
	Fort Pierce,	FL 34946	P	'hone #: (7	72) 465-8	584
ANALYSIS INF	ORMATION	(to be completed by lab)	Date Sa	mple(s) Received::		5/15/09
PWS ID (From I	Page 1):		Sample	Number (From Page 1)	:	
Lab Assigned R	Report Numbe	er or Job ID:		34773004		
Group(s) Analyz	zed and Resu	Its attached for complia	ance with Ch	apter 62-550, F.A.C.	(Check all t	hat apply):
Were any analy If yes, please pr ATTACH DOH AN/	7 ial ate estos Only vses subcontra rovide DOH c ALYTE SHEET R				*	Affection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries All 14
۱,	Eric Chares	t		Laborato	ry Manage	er
		Il attached analytical da ratory Accreditation Co		t and unless noted me	nt Title) eet all req	uirements of the
Signature		the Marco	,	Date: 01-J	un-09	
in rejection of the re Bureau of Laborato	eport, possible e ory Services.	ent Florida DOH lab certifica enforcement against the publ ple dates _locations for each	lic water system	d a current Analyte Sheet n for failure to sample, and	for the attac may result i	ched analysis results will result in notification of the DOH
COMPLIANCE	DETERMINA	TION (to be completed by I	DEP or DOH)			
Sample Collecti	ion Info Satisf	actory: Yes	No	Sample Analysis Info	o Satisfac	tory: Yes No
		Requested (circle or highligh		Revised Report R	Requested	(circle or highlight group(s) above)
		uired (circle or highlight group				
Reason(s):		ceeded alyte Sheet(s)		ction(s) Ition Unsatisfactory		Incomplete Report Analysis Unsatisfactory
Person Notified:	;			Date Notif	fied:	
Comments:						1)
Date Reviewed:		DE		ewing Official:	54.5	
		Reporting Format 62-550.	730 Effective Ja	nuary 1995, Revised January 20	004	,



# DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:		Aqua Utilities	s Florida, l	nc.	Rep	ort Number/	Job ID Bellai	re THM/HA	A5 Grab	
Sample	e Location:	Trip Blank-S	E 50th Te	rr	Disi	nfectant Resi	idual (mg/L)			
Sample	e Number:	2134773004					PWS ID			
Sampli	ng Date:									
Date R	eceived:	5/15/09 12:4	7							
Conta ID	m Contam Name	MCL	. Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
		2						100-00-0		
						141				
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:56 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	5/28/09	3:56 AM	E96080
2943	Bromodichlorome		ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:56 AM	E96080
2944	Dibromochlorome	thane [N/A]	ug/L	0.30 U		EPA 524.2	0.30	5/28/09	3:56 AM	E96080
2950	Total Trihalometh	anes [80]	ug/L	0.25 U		EPA 524.2	0.25	5/28/09	3:56 AM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730	
Effective January 1995, Revised Januar	y 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, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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



Printed: 6/1/09



Public Water System	n (PWS) Informa	ation						
WS Name:	Belleair					PWS Identification Number	3424000	
WS Type:	Community	Non-Transient Non-	Community	Transient Non-Com	imunity	Consecutive		
Number of Service Connec	tions at End of Mont	h: 218			Т	otal Population Served at End of 1	Month: 763	
WS Owner:	Aqua Utilities Florid	da						
Contact Person:	Edward Pellenz				C	Contact Person's Title:	Manager of Operations	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			C	Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress:	ejpellenz@aquaame	rica.com					
Water Treatment Pl	ant Information							
lant Name:	Belleair					Plant Telephone Number:	(352) 787-	0980
lant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
ype of Water Treatment b	y Plant:	Raw Ground Water	Purchas	ed Finished Water				
ermitted Maximum Day (	Operating Capacity of	Plant, gallons per day:		132,000				
lant Category (per subsec	tion 62-699.310(4), F	.A.C.):	V		Pla	ant Class (per subsection 62-699.3	610(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Num	iber Day	(s) / Shift(s) Worked	
.ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	Mark March			C	8287	Days 1st Shift		
	Gary Kissick	사람 한 동네에서 사람이 가지 않는 것이다. 		C	7846	Days 1st Shift		
					1			
					1	요즘 것을 알려야 한다.		

#### 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 Printed or Typed Name A-7251

License Number

PWS I	D:			3424000		Plant Name:	Belleair							
III. E	aily Data	for the N	lonth/Year	of:		January, 2009								
			g Virus Inactiv		val: 🔽 Free C								-	
	traviolet R			er (Describe):		Informe	Chlorine Di	oxide	C Ozone	Com	bined Chlori	ne (Chlorar	mines)	
-						-					post			
Type	of Disinfee	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chlo	orine I	Combir	ned Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate 1	Four-Log	y Virus Inac	tivation, if .	Applicable ³	*		
						CT Calo	culations				UV	Dose		
				in the steel		The Sugar and	Self-Self-Self-Self-Self-Self-Self-Self-		Distantistica (					
			A CONTRACTOR				Lowest CT							
S.H.L.	Dava Diant		Contraction of the	ALL STRATE ON STR	I	Disinfectant	Provided		Status and a		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET			
	Days Plant Staffed or		Net Quantity	TRANSPORT OF THE	Lowest Residual Disinfectant	Contact Time	Before or at	Product And	Mar Street State			Minimum	Lowest Residual	
	Visited by		of Finished	No 200 ANN	Concentration (C)	(T) at C Measurement	First Customer		a destable of		Lowest	UV Dose	Disinfectant Concentration at	Emergencie an Alterative Committee
Day of	A STATE AND A STATE AND A STATE AND	Hours plant	CONTRACTOR OF CONTRACTOR OF CONTRACTOR	the strate of the	Before or at First	Point During	During Peak	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Minimum	Operating	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,			mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	62,000											
2	X	24.0	62,000		1.0							100	1.0	
3		24.0	63,000											
4		24.0	63,000											
5	Х	24.0	48,000		1.0								0.8	
6		24.0	48,000											
7	X	24.0	59,000		0.8			- IC					0.8	
8		24.0	59,000											
9	X	24.0	57,000		1.2								1.2	
10 11		24.0	57,000 57,000											
11	X	24.0	43,000		1.2								10	
12		24.0	43,000		1.2			The second second second second second second second second second second second second second second second s					1.0	
14	X	24.0	50,000		1.0		-						1.0	
15		24.0	50,000		1.0	ALC: N. D.							1.0	
16	X	24.0	62,000		1.2						1		1.0	
17		24.0	63,000											
18		24.0	63,000					404						
19	X	24.0	52,000		1.4								1.0	
20		24.0	53,000											
21	Х	24.0	75,000		1.2								1.2	
22		24.0	75,000											
23	Х	24.0	78,000		1.2								1.2	
24		24.0	78,000						1					
25 26	v	24.0	78,000		10									
20	X	24.0	66,000 67,000		1.2				-				1.0	
28	X	24.0	67,000		1.0							-	10	
28	Λ	24.0	66,000		1.0								1.0	
30	X	24.0	69,000		1.2								1.0	
31		24.0	70,000		1.2								1.0	
Total		20	1,901,000				L						1	
Avgerag	e	and designed	61,323											
Maximu			78,000											



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See Pages 4 for Instructions.

. General Information for the Month/Year of: Januar	, 2010
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#### A. Public Water System (PWS) Information

PWS Name:	Belleair				DWC (dentification Manha	3424000
PWS Type		New Transient New Companyity	T		PWS Identification Number	3424(88)
	Community		Transient Non-Corr		Consecutive	
Number of Service Connec				Tota	I Population Served at End of Month:	763
PWS Owner	Aqua Utilities Florid	da				
Contact Person	Paul Thompson			Con	tact Person's Title: Field Coordin	nator
Contact Person's Mailing A	ddress	PO Box 490310		City: Leesburg	State Florida	Zip Code: 34749
Contact Person's Telephone	Number	(352) 787-0980		Con	tact Person's Fax Number: (352) 787-63	33
Contact Person's E-Mail Ac	Idress	pdthompson@aquaamerica.com				
Water Treatment Pla	ant Information					
Plant Name:	Belleair				Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 SE 52nd Ave			City Ocala	State: Florida	Zip Code: 34471
Type of Water Treatment by	y Plant:	Raw Ground Water Purchased Fir	nished Water	A		
Permitted Maximum Day C	perating Capacity of	Plant, gallons per day:	132,000			
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.) V		Plant	Class (per subsection 62-699.310(4), F.A.C.	) C
Licensed Operators	[	Name	License Class	License Numbe		
Lead/Chief Operator:	Paul Thompson		A	7251	Days 1st Shift	
Other Operators:	Mark March		С	8287	Days 1st Shift	Carlos a second ²⁰⁰⁰ anno anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000 anno 2000
	Gary Kissick		С	7846	Days 1st Shift	
					1	
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-						

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 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? Yogether with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

DEP Form 62-555 900(3)Alternate

Page 1

PWS I	)		n an an an an an an an an an an an an an	3424000		Plant Name	Belleair							
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	for the N		f.		January, 2010	A							
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Means	of Achievi	ng Four-Log	g Virus Inactiv	vation/Remov	al: 🔽 Free C	`hlorine	Chlorine Di	oxide	□ Ozone	Comt	oined Chlori	ne (Chlorar	nines)	
E U	traviolet R	adiation	C Othe	r (Describe):						an isining and				
Expe	of Disinfe	ctant Resid	lual Maintair	ned in Distr	ibution System:	Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	:s) [	Chlorine I	Dioxide	
1.754	T				T Calculations, or	UV Dose to	Democtate	Four-Log	Virus Inac	tivation if	Applicable*	¢.	I	
					T Calculations, or		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	our boy	, Thus muc		UVI		1	
					1	CT Cale	T	1	r	1			-	
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First .					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1			Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Transf		Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg			Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			1.2			<u> </u>	<u> </u>	<u> </u>	<u> </u>		12	
2		24.0	Laurenter and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					<u> </u>	<u> </u>				+	
3		24.0	37,000		[.4			<u> </u>					1.2	
4	X	24.0			1.4			+						1
6	x	24.0			0.7			t		+			0.4	
7	<u>^</u>	24.0	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		~~~~			1		1				-
8	X	24.0	45.000		1.0				1	1			0.8	
9	<u> </u>	24.0	44,000							1				
10	1	24.0						1						
11	X	24.0	42,000		2.0								2.0	
12		24.0	42,000											
13	X	24.0	43,000		1.5								13	
14		24 0	43,000						L	ļ				
15	X	24.0	43,000		1.7		L	ļ			<u> </u>		15	
16		24.0	L					ļ	ļ				+	<u> </u>
17		24.0											11	
18	X	24.0	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		1.3								1.2	
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20	X	24.0	38,000 39,000	<u> </u>	1.0	<u> </u>							1.5	
21	X	24.0	40,000		1.5			+	<u> </u>				1.2	
22	<u>A</u>	24.0	40,000		1.2			<u> </u>	+				1	
24	1	24.0	36,000					1					1	1
25	X	24.0	37,000		1.3			1			1		1.1	
26		24.0	2					1				1	1	
27	X	24.0	40,000		1.3	<b> </b>				1		I	1.1	
28		24.0	39,000				1		I					
29	X	24.0	39,000		1.3								1.1	
30	1	24.0	39,000											
31	1	24.0	39,000											I
Total			1,218,000											
Avgera	3e		39,290											
Maxim	ມກາ		45,000	J										



See Pages 4 for Instructions.

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

February, 2009

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

PWS Name:	Belleair					PWS Identification Numb	ber: 3424	4000
PWS Type:	✓ Community	Non-Transient Non-Comr	nunity	Transient Non-Com	nunity	Consecutive		
Number of Service Connec	tions at End of Month:	218			Total	Population Served at End of	of Month: 763	
PWS Owner:	Aqua Utilities Florida	a			and the second second			
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip	Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980		-	Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ldress:	pdthompson@aquaamer	ica.com					
. Water Treatment Pla	ant Information							
Plant Name:	Belleair					Plant Telephone Number:	(352	2) 787-0980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip	Code: 34471
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fi	nished Water				
Permitted Maximum Day C	perating Capacity of I	Plant, gallons per day:		132,000	nin - Statut Karata Internet - Statut			
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V			Plant C	lass (per subsection 62-699	9.310(4), F.A.C.):	С
Licensed Operators		Name		License Class	License Number	Da	ay(s) / Shift(s) Wo	rked
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	Mark March			С	8287	Days 1st Shift		
程序只是\$P\$124-1	Gary Kissick			С	7846	Days 1st Shift		
							an an an an an an an an an an an an an a	
Sauth Barris								5.
						THE MELSON, ISLA		

#### 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

Printed or Typed Name

A-7251

License Number

PWS I	D:			3424000		Plant Name:	Belleair							
III. D	aily Data	for the N	lonth/Year	of:		February, 2009								
		and the second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	g Virus Inactiv				Chlorine Di		☐ Ozone			(011		
	traviolet R		<del>.</del>	r (Describe):		informe j	Chiorine Di	oxide	j Ozone	Com	bined Chlori	ne (Chlorar	nines)	
F					-		·	Carli	ed Chlorine	(Chlannin		011	<u></u>	
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chlo	and the second second second			State of the second second second second second second second second second second second second second second		Chlorine I	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate ]	Four-Log	, Virus Inac	tivation, if	Applicable [*]	k		and the second second second second
Section.						CT Calc	ulations				UV	Dose		
		The Ballace				PERSONAL PROPERTY AND	Lowest CT							
						Disinfectant	Provided					and comes		
	Days Plant				Lowest Residual	Contact Time	Before or at				Det and		Lowest Residual	and the second second second second second second second second second second second second second second second
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		AND INCOME.	A Designation		Minimum	Disinfectant	
and the	Visited by		of Finished		Concentration (C)	Measurement	Customer		New Storester		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	l emp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	V	24.0			1.2								10	
2	X	24.0			1.2								1.0	
4	X	24.0			1.2								1.2	
5		24.0	75,000		1.2								1.2	
6	X	24.0			1.4								1.2	
7		24.0	80,000										1	
8		24.0				An an internation								
9	X	24.0	80,000		1.0								0.8	
10		24.0	80,000											
11	X	24.0	79,000		1.2								1.0	
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13		24.0	79,000											
14	X	24.0			1.2								1.2	
15		24.0	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se								ļ		10	
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10	A	24.0	66,000	· · · · · · · · · · · · · · · · · · ·	1.2								1.2	
20	X	24.0	77,000		1.4								1.2	
21		24.0	78,000										1.2	
22		24.0	78,000											
23	X	24.0	68,000		1.2								1.0	
24		24.0	68,000											
25	X	24.0	67,000		1.2								1.0	
26		24.0	67,000											
27	Х	24.0			1.2								1.0	
28		24.0	89,000											
29		24.0												
30		24.0												
31 Total	1	24.0	2124.000								1			
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Maxim			90,000											



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See Pages 4 for Instructions.						
I. General Information for the Month/	Year of: February, 2010	-				
A. Public Water System (PWS) Inform	ation					
PWS Name: Belleair				PWS Identification Number	er: 3424000	
PWS Type: Community	Non-Transient Non-Community	Transient Non-Corr	munity [	Consecutive		
Number of Service Connections at End of Mont	th: 218		Tot	al Population Served at End of	f Month: 763	
PWS Owner: Aqua Utilities Flori	da					
Contact Person: Paul Thompson			Со	ntact 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		Co	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com					
B. Water Treatment Plant Information	l					
Plant Name: Belleair				Plant Telephone Number:	(352) 787-09	80
Plant Address: 2400 SE 52nd Ave			City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment by Plant:		ed Finished Water				
Permitted Maximum Day Operating Capacity of		132,000				
Plant Category (per subsection 62-699.310(4), F				Class (per subsection 62-699.		
Licensed Operators	Name	License Class		er Da	y(s) / Shitt(s) Worked	decision of the as
Lead/Chief Operator: Paul Thompson		A	7251	Days 1st Shift		
Other Operators: Gary Kissick			7046	D 1. CL'A		
· · · · · · · · · · · · · · · · · · ·		C	7846	Days 1st Shift		
and the second second second second second second second second second second second second second second second					Transformer and the second second second second second second second second second second second second second	
and the second second						

#### **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 Printed or Typed Name A-7251

License Number

DEP Form 62-555. 900(3)Alternate

Page 1

PWS II														
	aily Data	for the M	lonth/Vear	of		February, 2010								
						Same and Same								
			g Virus Inactiv			hlorine	Chlorine Di	oxide	C Ozone	☐ Comb	pined Chlori	ne (Chlorar	nines)	
LI UI	traviolet R	adiation	☐ Othe	r (Describe):		****								
Type of	of Disinfee	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	:s) [	Chlorine I	Dioxide	
a service of					T Calculations, or	LIV Dose to	Demostate I	our-Log	Virus Inac	tivation if.	Applicable'	•	ter atk dibi	
	Sheet and			an Contraction	r culculations, of		ulations	our Dop	Thus mue	urunon, m		Dose		
West and	A A A A A A A A A A A A A A A A A A A			1000 C		Create	liairons				Compariso Corres			and the second and the second second
And And And And And And And And And And	and the second		A DECK	the set of the set			Lowest CT			to the straight		NA PROPAGA		
				and a state of the		Disinfectant	Provided		A STATE OF STATE			and the second second		
Sel to da	Days Plant				Lowest Residual	Contact Time	Before or at	100 A.				1	Lowest Residual	
	Staffed or		Net Quantity	alle she she	Disinfectant	(T) at C	First	Children C		The second second	T arrest	Minimum UV Dose	Disinfectant	
D	Visited by		of Finished	新加減的時	Concentration (C)	Measurement	Customer		N. PEAK		Lowest Operating	Required,	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water, Producted,	Peak Flow	<ul> <li>Before or at First</li> <li>Customer During</li> </ul>	Point During Peak Flow,	During Peak	Temp of	EL of Water	Minimum CT Required,		mW-	Remote Point in	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	Flow, mg- min/L	Water OC	if Applicable	mg-min/L	mW coolom?	sec/cm ²	Distribution System, mg/L	Out of Operation
1	X	24.0	31,000	Truce, Spa.	1.3	nundes	111110 Le	Tration, C	a repriedoie	WP TITLA IS	in wooden	SCAN CHI	1.1	Out of Operation
2		24.0	32,000										1,1	
3	X	24.0	34,000		1.3								1.1	
4		24.0	35,000											
5 -	Х	24.0	40,000		1.2								1.0	
6		24.0	40,000											
7		24.0	41,000					- MMM1447 -						
8	X	24.0	30,000		1.2								1.0	
9		24.0	30,000											
10	X	24.0	30,000		1.4								1.2	and the second second second second second second second second second second second second second second second
11		24.0	29,000											
12	<u> </u>	24.0	41,000		1.4								1.2	-
13		24.0 24.0	41,000											
- 15	X	24.0	32,000		L.1								0.9	
16		24.0	33,000										0.9	
17	х	24.0	38,000		1.2								1.0	
18		24.0	38,000										1.0	
19	Х	24.0	45,000		1.0								0.8	
20		24.0	45,000											
21		24.0	45,000											
22	Х	24.0	31,000		0.9								0.6	
23		24.0	32,000	•		*		r			•		•	•
24	Х	24.0	32,000		1.0								0.7	
2.5		24.0	31,000											
26 1-	Х	24.0	35,000		1.0								0.6	
27		24.0	35,000											
28		24.0 24.0	35,000											
30		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se												
30		24.0 24.0												
Total	36.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	24.0	1,003,000				]							
Avgerag	e of the subscription	10- 10- 10 (10) - 41-	32,355											
Maximu		Part States	45,000											



See Pages 4 for Instr	uctions.						
I. General Information		Year of: March	, 2009				
A. Public Water System	n (PWS) Informa	ation					
PWS Name:	Belleair					PWS Identification Number:	3424000
PWS Type:	Community	Non-Transient Non-Co	ommunity	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Montl	h: 218			Total	Population Served at End of Mc	onth: 763
PWS Owner:	Aqua Utilities Florid	da					
Contact Person:	Paul Thompson		and a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		Conta	ct Person's Title: Fie	eld Coordinator
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		(352) 787-0980			Conta	ct Person's Fax Number: (35	52) 787-6333
Contact Person's E-Mail A		pdthompson@aquaam	erica.com				
B. Water Treatment Pl	ant Information						<i></i>
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code: 34471
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchas	ed Finished Water			
Permitted Maximum Day (	And an an an an an an an an an an an an an			132,000			
Plant Category (per subsect	tion 62-699.310(4), F		V			lass (per subsection 62-699.310	0(4), F.A.C.): C
Licensed Operators		Name		License Class	License Number	Day(s	) / Shift(s) Worked
Lead/Chief Operator:				A	7251	Days 1st Shift	
Other Operators:	Mark March			C	8287	Days 1st Shift	
	Gary Kissick			C	7846	Days 1st Shift	
		т					

#### **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

Printed or Typed Name

A-7251 License Number

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

PWS I	D:			3424000		Plant Name:	Belleair							
III. D	aily Data	for the N	lonth/Year	of:		March, 2009								
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					alı 🗔 p									
I		0	g Virus Inactiv			hlorine	Chlorine Di	oxide	☐ Ozone	Com	bined Chlori	ne (Chlora	nines)	
F	traviolet R			r (Describe):		1915/201								
Type	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine 🔽	Combir	ned Chlorine	(Chloramine	es) 🔽	Chlorine	Dioxide	
	the fact al			C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	*		
						CT Calc	The second second second second second second second second second second second second second second second s				a language and the second second second second second second second second second second second second second s	Dose		
						and the second second second second second second second second second second second second second second second								
	Den Di					Disinfectant	Lowest CT Provided							
	Days Plant Staffed or		Net Quantity		Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual	
	Visited by		of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Disinfectant	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Concentration at	Emergency or Abnormal Operating
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that
Month	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water ^O C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Involves Taking Water System Components
1		24.0	89,000	, DF						ing init is	III II - Seer ein	Sectem	System, mg/L	Out of Operation
2	X	24.0	55,000		1.4								1.2	
3		24.0	54,000										1.2	
4	Х	24.0	84,000	40 	1.0								1.0	
5		24.0	84,000							e e				
6	X	24.0	99,000		0.9								0.8	
7		24.0	99,000											
8		24.0	100,000	and the second second		1								
9	X	24.0	75,000		1.0								0.6	
10		24.0	80,000					eadd Acord						
11	X	24.0	93,000		1.2								1.0	
12		24.0 24.0	93,000 94,000											
14	X	24.0	113,000		1.0									
15		24.0	113,000		1.0								1.0	
16	X	24.0	75,000		1.0								1.0	
17		24.0	75,000										1.0	
18	Х	24.0	100,000		1.0								1.0	
19		24.0	100,000									-	1.0	
20	Х	24.0	69,000		1.0								0.8	
21		24.0	70,000											
22		24.0	70,000											
23	Х	24.0	96,000		1.0								0.8	
24		24.0	89,000		0.8								0.8	
25	Х	24.0	89,000											
26		24.0	80,000		1.0								0.8	
27 28	Х	24.0	69,000		0.8								0.8	
28		24.0 24.0	69,000											
30	X	24.0	69,000 50,000		10									
31	Λ	24.0	50,000		1.0								0.8	
Total		24.0	2,545,000					a fridhean i						
Avgerag	e		82,097											
Maximu			113,000											



f: March, 2010			
		PWS Identification Number:	3424000
Non-Transient Non-Community Transient Non-C	Community	Consecutive	
218	Total	Population Served at End of Month:	763
	Conta	act Person's Title: Field Coordir	ator
x 490310	City: Leesburg	State: Florida	Zip Code: 34749
87-0980	Conta	act Person's Fax Number: (352) 787-63.	33
ompson@aquaamerica.com			
		Plant Telephone Number:	(352) 787-0980
	City: Ocala	State: Florida	Zip Code: 34471
allons per day: 132,000			
V			): C
Name License Cla	iss License Number	Day(s) / Shift(s	) Worked
А	7251	Days 1st Shift	
С	7846	Days 1st Shift	
	Non-Transient Non-Community Transient Non-C 218 (490310 87-0980 mpson@aquaamerica.com Caw Ground Water Purchased Finished Water allons per day: 132,000 V Name License Cla A	Non-Transient Non-Community Transient Non-Community Total 218 Conta c 490310 City: Leesburg 87-0980 Conta mpson@aquaamerica.com City: Ocala taw Ground Water Purchased Finished Water allons per day: V Plant C Name A 7251	PWS Identification Number:         Non-Transient Non-Community       Consecutive         218       Total Population Served at End of Month:         Contact Person's Title:       Field Coordir         (490310       City: Leesburg       State: Florida         87-0980       Contact Person's Fax Number:       (352) 787-63.         mpson@aquaamerica.com       City: Ocala       State: Florida         Iaw Ground Water       Purchased Finished Water       Plant Telephone Number:         City:       Ocala       State: Florida         V       Plant Class (per subsection 62-699.310(4), F.A.C.         Name       License Class       License Number         A       7251       Days 1st Shift

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

and the state of the state

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

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

Page 1

PWS II	):			3424000		Plant Name	Belleair							
	aily Data	for the <b>N</b>	lonth/Year	of		March, 2010								
No. of Concession, Name			Virus Inactiv		al. ET David				<b>F</b> 0					
the second second		•				niorine	Chlorine Di	oxide	☐ Ozone	[ Com	bined Chlori	ne (Chlorar	nines)	
-			☐ Othe											
Type of	of Disinfee	ctant Resid	lual Maintain		ibution System:	Free Chlo		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		(Chloramine	A	Chlorine l	Dioxide	_
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable'	•		
		1.1	영상 전 이 문	1. 1998 M		CT Calo	ulations	1.1.1	le diperside	N. Parger	UV	Dose	S. Marine	
		1.1.1						1	- 1. C. C. C. C. C. C. C. C. C. C. C. C. C.	Ref. (C. Mary				
			연습력 등 명을			Disinfectant	Lowest CT Provided							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Davs Plant		g ski se		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1.	X	24.0	33,000		1.3			ļ					0.9	
2	N	24.0	34,000						ļ	ļ				
4	X	24.0 24.0	40,000 40,000		1.4							<u> </u>	1.1	
5	x	24.0	40,000		1.3								1.0	
6	^	24.0	43,000		1.5						1		1.0	
7		. 24.0	44,000											1
8.9	X	24.0	39,000		1.3								0.9	1
.9.		24.0	39,000								1			
10	X	24.0	42,000		1.3								0.9	
11		24.0	43,000											
12	Х	24.0	33,000		1.3								1.1	
13		24.0	34,000											
14		24.0	34,000											
.15 16	X	24.0 24.0	40,000 41,000		1.1								0.8	
17	x	24.0	36,000		1.6								1.3	
18		24.0	36,000		1.0								1.5	
19.	X	24.0	45,000		2.4								2.0	
20		24.0	45,000											
21		24.0	44,000											
22	Х	24.0	36,000		2.2								1.9	
23		24.0	37,000											
24	Х	24.0	38,000		2.1								1.7	
.25		24.0	38,000											
26	X	24.0	37,000		1.8		ļ						1.5	
27		24.0	38,000											
28	~	24.0	38,000 35,000		1.5			ļ					12	
30	X	24.0	35,000		1.5								1.2	
31	X	24.0	33,000		1.4								1.1	
Total		24.0	1,194,000		1.9		L				l		1.1	
Avgerag			38,516											
Maximu			45,000											



See Pages 4 for Instructions.         • General Information for the Month/Year of:       April, 2009         - Public Water System (PWS) Information							
A. Public Water System (PWS) Information          PWS Name:       Belleair       PWS Identification Number:       3424000         PWS Type:							
PWS Name:       Belleair       PWS Identification Number:       3424000         PWS Type:	. General Information	for the Month/Year of:	April, 2009				
PWS Type:       Community       Non-Transient Non-Community       Transient Non-Community       Consecutive         Number of Service Connections at End of Month:       218       Total Population Served at End of Month:       763         PWS Owner:       Aqua Utilities Florida       Consecutive       Consecutive       Consecutive         Contact Person:       Paul Thompson       Contact Person's Title:       Field Coordinator         Contact Person's Telephone Number:       (352) 787-0980       Contact Person's Fax Number:       (352) 787-0980         Contact Person's Telephone Number:       (352) 787-0980       Contact Person's Fax Number:       (352) 787-0980         Contact Person's E-Mail Address:       pdthompson@aquaamerica.com       Contact Person's Fax Number:       (352) 787-0980         Swater Treatment Plant Information       Plant Telephone Number:       (352) 787-0980       City: Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Raw Ground Water       Purchased Finished Water       Premitted Maximum Day Operating Capacity of Plant, gallons per day:       132,000       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Plant Category (per subsection 62-699.310(4), F.A.C.):       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         License Ousperators:       Name </td <td>A. Public Water System</td> <td>n (PWS) Information</td> <td></td> <td></td> <td></td> <td></td> <td></td>	A. Public Water System	n (PWS) Information					
Number of Service Connections at End of Month:       218       Total Population Served at End of Month:       763         PWS Owner:       Aqua Utilities Florida       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 Fax Number:       (352) 787-6980         Contact Person's E-Mail Address:       pdthompson@aquaamerica.com       Contact Person's Fax Number:       (352) 787-6980         Rear Treatment Plant Information       Plant Telephone Number:       (352) 787-0980       City:       Ocala       State:       Florida       Zip Code:       34471         Plant Name:       Belleair       Plant Telephone Number:       (352) 787-0980       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Plant Address:       2400 SE 52nd Ave       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Plant Category (per subsection 62-699.310(4), F.A.C.):       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C		and the second second second second second second second second second second second second second second second				PWS Identification Number:	3424000
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 Fax Number:       (352) 787-6333         Contact Person's E-Mail Address:       pdthompson@aquaamerica.com       Contact Person's Fax Number:       (352) 787-6980       Contact Person's Fax Number:       (352) 787-6980         Contact Person's E-Mail Address:       pdthompson@aquaamerica.com       Contact Person's Fax Number:       (352) 787-0980       Contact Person's Fax Number:       (352) 787-0980         Plant Name:       Belleair       Plant Treatment Plant Information       Plant Telephone Number:       (352) 787-0980       City:       Ocal       State:       Florida       Zip Code:       34471         Plant Address:       2400 SE 52nd Ave       City:       Ocal       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Aga Ground Water       Purchased Finished Water       Plant Class (per subsection 62-699.310(4), F.A.C.):       C       License Class       License Class	PWS Type:	Community No	n-Transient Non-Community	Transient Non-Com	munity	Consecutive	
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       Contact Person's Fax Number:       (352) 787-0980          State:       Plant Telephone Number:       (352) 787-0980       Contact Person's Fax Number:       (352) 787-0980         Plant Name:       Belleair       Plant Telephone Number:       (352) 787-0980        Zip Code:       34471         Type of Water Treatment by Plant:       Image: Agaw Ground Water       Purchased Finished Water       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Agaw Ground Water       Image: Purchased Finished Water       Image: Plant Class (per subsection 62-699.310(4), F.A.C.):       C       Image: Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Plant Category (per subsection 62-699.310(4), F.A.C.):       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Icensed Operators:       Name       License Class       License C	Number of Service Connec	tions at End of Month:	218		Total	Population Served at End of Mon	th: 763
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       Contact Person's Fax Number:       (352) 787-6980         Plant Telephone Number:       (352) 787-6980         Plant Mame:       Belleair         Plant Address:       2400 SE 52nd Ave       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       ✓       Raw Ground Water       Purchased Finished Water       Verchased City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       ✓       Raw Ground Water       Purchased Finished Water       Verchased City:       Ocala       State:       Florida       Zip Code:       34471         Internet Class (per subsection 62-699.310(4), F.A.C.):       V       Verchased City:       Ocala       State:       Florida       Zip Co	PWS Owner:	Aqua Utilities 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       Contact Person's Fax Number:       (352) 787-6333         Water Treatment Plant Information       Plant Telephone Number:       (352) 787-0980         Plant Name:       Belleair       Plant Telephone Number:       (352) 787-0980         Plant Address:       2400 SE 52nd Ave       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Aga Ground Water       Purchased Finished Water       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Plant Category (per subsection 62-699.310(4), F.A.C.):       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Icensed Operators       Name       License Class       License Number       Days 1st Shift         Other Operators:       Mark March       C       8287       Days 1st Shift	Contact Person:	Paul Thompson			Conta	act Person's Title: Field	d Coordinator
Contact Person's E-Mail Address:       pdthompson@aquaamerica.com         Water Treatment Plant Information       Plant Information         Plant Name:       Belleair       Plant Telephone Number:       (352) 787-0980         Plant Address:       2400 SE 52nd Ave       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Plant Group of Plant, gallons per day:       Image: Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Plant Category (per subsection 62-699.310(4), F.A.C.):       V       Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Licensed Operators       Name       License Class       License Number       Day(s) / Shift(s) Worked         Lead/Chief Operator:       Paul Thompson       A       7251       Days Ist Shift         Other Operators:       Mark March       C       8287       Days Ist Shift			90310		City: Leesburg	State: Florida	Zip Code: 34749
Water Treatment Plant Information         Plant Name:       Belleair         Plant Address:       2400 SE 52nd Ave         City:       Ocala         State:       Florida         Type of Water Treatment by Plant:       Raw Ground Water         Purchased Finished Water       Purchased Finished Water         Permitted Maximum Day Operating Capacity of Plant, gallons per day:       132,000         Plant Category (per subsection 62-699.310(4), F.A.C.):       V         Plant Category (per subsection 62-699.310(4), F.A.C.):       V         Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Licensed Operators:       Paul Thompson         A       7251       Days 1st Shift         Other Operators:       Mark March       C       8287       Days 1st Shift	Contact Person's Telephone				Conta	act Person's Fax Number: (352	) 787-6333
Plant Name:       Belleair       Plant Telephone Number:       (352) 787-0980         Plant Address:       2400 SE 52nd Ave       City:       Ocala       State:       Florida       Zip Code:       34471         Type of Water Treatment by Plant:       Image: Comparing Capacity of Plant, gallons per day:       Purchased Finished Water       State:       Florida       Zip Code:       34471         Permitted Maximum Day Operating Capacity of Plant, gallons per day:       132,000       State:       Florida       State:       State:       State:       City:       Ci			pson@aquaamerica.com				
Plant Address:       2400 SE 52nd Ave       City: Ocala       State: Florida       Zip Code: 34471         Type of Water Treatment by Plant:       Image: Address of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	. Water Treatment Pl	ant Information					
Type of Water Treatment by Plant:       Image: Purchased Finished Water         Permitted Maximum Day Operating Capacity of Plant, gallons per day:       132,000         Plant Category (per subsection 62-699.310(4), F.A.C.):       V         Plant Class (per subsection 62-699.310(4), F.A.C.):       V         Plant Class (per subsection 62-699.310(4), F.A.C.):       V         Plant Class (per subsection 62-699.310(4), F.A.C.):       C         Licensed Operators       Name       License Class       License Number       Day(s) / Shift(s) Worked         Lead/Chief Operator:       Paul Thompson       A       7251       Days 1st Shift         Other Operators:       Mark March       C       8287       Days 1st Shift	Plant Name:	Belleair				Plant Telephone Number:	(352) 787-0980
Permitted Maximum Day Operating Capacity of Plant, gallons per day:     132,000       Plant Category (per subsection 62-699.310(4), F.A.C.):     V       Plant Category (per subsection 62-699.310(4), F.A.C.):     V       Licensed Operators     Name     License Class     License Number     Day(s) / Shift(s) Worked       Lead/Chief Operator:     Paul Thompson     A     7251     Days 1st Shift       Other Operators:     Mark March     C     8287     Days 1st Shift	Plant Address:				City: Ocala	State: Florida	Zip Code: 34471
Plant Category (per subsection 62-699.310(4), F.A.C.):     V     Plant Class (per subsection 62-699.310(4), F.A.C.):     C       Licensed Operators     Name     License Class     License Number     Day(s) / Shift(s) Worked       Lead/Chief Operator:     Paul Thompson     A     7251     Days 1st Shift       Other Operators:     Mark March     C     8287     Days 1st Shift	Type of Water Treatment b	y Plant: 🗸 Rav	v Ground Water 📃 Purch	ased Finished Water			
Licensed OperatorsNameLicense ClassLicense NumberDay(s) / Shift(s) WorkedLead/Chief Operator:Paul ThompsonA7251Days 1st ShiftOther Operators:Mark MarchC8287Days 1st Shift			ons per day:	132,000			
Lead/Chief Operator:       Paul Thompson       A       7251       Days 1st Shift         Other Operators:       Mark March       C       8287       Days 1st Shift		tion 62-699.310(4), F.A.C.):				<u> </u>	
Other Operators: Mark March C 8287 Days 1st Shift			Name	License Class	License Number	Day(s)	/ Shift(s) Worked
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Gary Kissick     C     7846     Days 1st Shift	Other Operators:	Mark March		С	8287	Days 1st Shift	
		Gary Kissick		C	7846	Days 1st Shift	
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#### **II.** Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

ULP_DB/Ly Data for the Month/N error of Memo of Achieving Four-Log Vins Inactivation/Removal Utraviolet Relation // Other (Descrite)         Prec Charine // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume // Consume /	PWS II	);			3424000		Plant Name:	Belleair																							
Manual Adalesing Pour-Leg Yuns Inductivation Rowal         Proc Choine         Control         Control         Control         Choine Choire           Throwooder Ration         To throw the Choire Uses:         Prec Choine         Control         Choire Docade           Type of Disinfectuat Residual Maintained in Distribution System:         Prec Choire         Control         Choire Distribution; If Applicable*         Control         Choire Distribution; If Applicable*           Staffact         Net Quanty         Distribution         Distribution; If Applicable*         UV Doc         Invest Residual Maintained in Distribution System;         Entropy of Distribution; If Applicable*         Entropy of Distribution; If Applicable         Entropy of Distribution; If Applicable*         Entropy of Abbitmain Quanting;         Entropy of Abbitmain Quanting	III. D	ailv Data	for the N	lonth/Year	of:		April 2009																								
Unreader         Control Market         Control Market         Control Market         Control Market         Control Market           Type of Disinfectant Residual Maintaired in Distribution System:         Free Chloring         Control Market         Chloramines)         Chloramines)         Chloramines)         Free Chloring         Control Market         Chloramines)         Chloramines)         Chloramines)         Free Chloring         Control Market         Chloramines)         Chloramines)         Free Chloring         Control Market         Chloramines)         Chloramines)         Chloramines)         Free Chloring         Control Market         Chloramines)         Chloramines	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se					vol: E Farra (					<u></u>																				
Type of Disinfectant Residual Maintained in Distribution System:         Prec Clother         Combined Chlorine (Chloramines)         Chlorine Dixode           Days Plant         CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivion, if Applicable*         UV Dose         Devest Residual         Emergency or Absorbal Operating           Bailfed or Of Finited         Net Quarity         Net Quarity         Davie Residual         Davie Residual         Contention or at 175         Davie Residual         Davie Residual         Davie Residual         Contention or at 175         Davie Residual							niorine j	Chlorine Di	oxide	Ozone	☐ Com	bined Chlori	ine (Chlora	mines)																	
Days Plast         Ne Quartity Statistics or Vision Byre         Ne Quartity of Printsic Used Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* (CT calculations)         UV Dose           Days Plast         Ne Quartity of Printsic Burg dopentor         Ne Quartity Operator         Ne State         Ne Operator         Ne State         Ne Operator         Ne State         Ne Operator         Ne State         Ne Operator         Ne Operator         Ne State         Ne Operator	E										in the second																				
Days         Part Plan         Na O particle Unification Visibility         No O particle Visibility         No Particle Visibility	Type o	f Disinfe	ctant Resid	dual Maintai								•		Dioxide																	
Days         Part Plan         Na O particle Unification Visibility         No O particle Visibility         No Particle Visibility				Contraction of the	C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	g Virus Inac	tivation, if	Applicable	*																		
Days Plane Visited by Visited by New Plane (P)         Interpant of prime (P)         Lowes Residual Distincture (P)         Lowes RCT (P)         Lowes CT (P)         Lowes Residual (P)	a the duar		Sector Sector	State and the			a set a company of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s																								
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1       X       240       55,000       10       10       10         3       X       240       63,000       10       0.8         5       240       63,000       10       0.8         6       X       240       57,000       0.8         7       240       57,000       10       0.8         8       X       240       57,000       10       0.8         9       240       57,000       10       0.6       0.6         9       240       57,000       10       0.6       0.6         9       240       57,000       10       0.6       0.6         9       240       57,000       10       0.6       0.6         10       X       240       65,000       10       0.6       0.6         11       240       65,000       10       0.8       0.6       0.8         13       X       240       41,000       10       0.8       0.6         15       X       240       62,000       12       0.6       0.6         14       240       62,000       1.2       1.0       0.4	Day of the	Staffed or Visited by Operator (Place	Hours plant in	of Finished Water Producted,		Disinfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	CT Required.	Operating	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that																
2       240       55,000       1.0       0.8         4       240       63,000       1.0       0.8         5       240       64,000       0.8       0.8         7       240       57,000       1.0       0.8         7       240       57,000       0.0       0.8         7       240       57,000       0.0       0.8         7       240       57,000       0.0       0.8         7       240       57,000       0.0       0.6         9       240       52,000       1.0       0.6         9       240       65,000       1.0       0.6         11       240       65,000       1.0       0.8         12       240       66,000       0.0       0.8         14       240       41,000       0.8       0.6         15       X       240       59,000       0.8       0.6         16       240       62,000       1.2       1.0       1.0         18       240       62,000       1.2       1.0       1.0         20       X       240       62,000       1.4       0.0					Rate, gpd.		minutes	min/L	Water, °C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ⁴		Out of Operation																
3       X       240       63,000       1.0       0.8         5       240       64,000       0.8       0.8         6       X       240       57,000       1.0       0.8         7       240       57,000       0.0       0.8       0.8         8       X       240       52,000       1.0       0.6       0.6         9       240       52,000       1.0       0.0       0.6       0.6         10       X       240       65,000       1.0       0.0       0.6         11       240       65,000       1.0       0.0       0.0         12       240       65,000       0.0       0.0       0.0         13       X       240       65,000       0.0       0.0         14       240       41,000       0.0       0.0       0.0         15       X       240       9,000       0.8       0.0       0.0         15       X       240       62,000       1.0       0.0       0.0         16       240       62,000       1.4       0.0       0.0       0.0         21       240       62,000		<u>X</u>		the second second second second second second second second second second second second second second second s		1.0								1.0	and the second second second second second second second second second second second second second second second																
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S       240       64 00       0       0       0       0       0.8         6       X       240       57,000       10       0.8       0.8         7       240       52,000       10       0.8       0.8         8       X       240       52,000       10       0.6       0.6         9       240       52,000       10       0       0.6       0.6         10       X       240       65,000       10       0       0.10         11       240       65,000       10       0       0.8       0       0.8         12       244       44,000       10       0.8       0.8       0.8       0.8         13       X       240       65,000       0.8       0       0.6       0.6         15       X       240       59,000       0.8       0       0.6       0.6         17       X       240       62,000       1.2       0       0.10       0.6         18       240       62,000       1.4       0       0.6       0.6         18       240       62,000       1.2       0       0.10       0.6<		<u></u>				1.0								0.8																	
6       X       240       \$7,000       1.0       0.8         7       240       \$5,000       1.0       0.6         9       24.0       \$2,000       0.0       0.6         9       24.0       \$2,000       0.0       0.0         10       X       240       \$5,000       1.0       0.6         11       24.0       \$5,000       1.0       0.0       0.0         12       24.0       \$6,000       0.0       0.0       0.8         14       24.0       \$5,000       0.0       0.8       0.6         15       X       24.0       \$5,000       0.8       0.6       0.6         16       24.0       \$5,000       0.8       0.6       0.6       0.6         16       24.0       \$5,000       0.0       0.6       0.6       0.6         16       24.0       \$5,000       1.0       0.6       0.6       0.6         17       X       24.0       \$6,000       1.2       0.0       0.6       0.6         20       X       24.0       \$6,000       1.4       0.0       0.6       0.6         21       24.0	Contraction of the second second second								and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec																						
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8       X       240       52,000       1.0       0       0.6         9       240       52,000       1.0       1.0       1.0       1.0         11       240       65,000       0       0       0       0.0       0.0         12       240       65,000       0       0       0.0       0.0       0.0         13       X       24.0       41,000       1.0       0.8       0.8       0.8         14       24.0       41,000       0.8       0.6       0.8       0.6       0.8         15       X       24.0       59,000       0.8       0       0.6       0.6         17       X       24.0       62,000       1.2       1.0       1.0       0.6         18       24.0       62,000       1.2       1.0       1.0       0.6       0.6         20       X       24.0       59,000       1.4       0       1.0       0.6       0.6         21       24.0       62,000       1.2       1.0       1.0       0.0       0.0         22       X       24.0       75,000       0.6       0.6       0.6       0.6 <td< td=""><td>A REAL PROPERTY 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25       24.0       81,000       0       0       0       0       0         26       24.0       80,000       0       0       0       0       0         27       X       24.0       74,000       0.8       0       0.6       0.6         28       24.0       75,000       0.6       0       0       0.6         29       X       24.0       76,000       0.6       0       0.5         30       24.0       77,000       0       0       0       0       0.5         31       24.0       76,000       0.6       0       0       0.5       0.5         700       1,896,000       0.6       0       0       0       0       0         Avgerage       61,161       0       0       0       0       0       0		Х	and an an an an an and a state of the state of the			0.6								0.4																	
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See Pages 4 for Instructions.

General Information for the Month/Year of:	April, 2010
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#### A. Public Water System (PWS) Information

PWS Name:	Belleair					PWS Identification Number	3424000	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Com	nunity	Consecutive		
Number of Service Conn	ections at End of Mon	th. 218			Total	Population Served at End of I	Month: 763	
PWS Owner:	Aqua Utilities Flor	ida			······			
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telepho	one Number	(352) 787-0980			the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail		pdthompson@aquaame	rica.com	5-767 T				
Water Treatment I	Plant Information	1				······································		
Plant Name	Belleair					Plant Telephone Number:	(352) 787-4	0980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment	t by Plant:	Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day	Operating Capacity o	f Plant, gallons per day:		132,000				
Plant Category (per subse		F.A.C.): V	/		Plant C	lass (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operator		Name	and a state of the	License Class	License Number		(s) / Shift(s) Worked	State and
Lead/Chief Operator	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	Gary Kissick			С	7846	Days 1st Shift		
	Larry White			C	7082	Days 1st Shift		
社会的高速	12							
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### II. Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251

License Number

DEP Form 62-555 900(3)Alternate

Page 1

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CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*         UV Dose           Days Plant         Ner Quartity         CT Calculation         UV Dose           Days Plant         Ner Quartity         CT Calculation         UV Dose           Days Plant         Ner Quartity         CT Calculation         UV Dose           Vision By         of Finald         Concentration (C)         Provided         Provided           Days Plant         Ner Quartity         CT Calculation         Provided         Nervert Period           Operation         Polar State         Quertatity         Constatity (C)         Provided         Nervert Period           Nonth         Polar State         Quertatity         Pak Pow         Provided         Provided         Nervert Period         Provided           2         X         240         37.000         1.2         Pak Pow         Provided	-					Comparison of the statement of the second second second second second second second second second second second									
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3       210       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200       4200 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td><td></td></th<>													<u> </u>		
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May, 2009



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See Pages 4 for Instructions.

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

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

PWS Name:	Belleair					PWS Identification Number:	3424000
PWS Type:	<ul> <li>Community</li> </ul>	Non-Transient Non-Comm	unity 🗌 -	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Month	n: 218			Total	Population Served at End of Mor	nth: 763
PWS Owner:	Aqua Utilities Florid	la					
Contact Person:	Paul Thompson				Conta	ct Person's Title: Fiel	ld Coordinator
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352	2) 787-6333
Contact Person's E-Mail Ac		pdthompson@aquaameric	ca.com				
. Water Treatment Pla	ant Information						
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code: 34471
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		132,000			
Plant Category (per subsect	tion 62-699.310(4), F.	.A.C.): V		_	Plant C	lass (per subsection 62-699.310(	4), F.A.C.): C
Licensed Operators		Name		License Class	License Number	Day(s)	/ Shift(s) Worked
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	
Other Operators:	Mark March			С	8287	Days 1st Shift	
	Gary Kissick			С	7846	Days 1st Shift	
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#### **II.** Certification by Lead/Chief Operator

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

Signature and Date

Paul Thompson Printed or Typed Name A-7251 License Number

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

Page 1

UL: DD2/DD4/Exercise         May:2009           Memory of Achieving Four-Log Vinte Instruction Reserved         Vertex reset Residual Maintained in Distribution System:         Vertex reset Residual Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Maintained Mai	PWS I	D:			3424000		Plant Name:	Belleair							
	III. D	aily Data	for the N	lonth/Year	of:		May 2009								
Untrovide Radiation         Other (Describ):         Enclanation         Other (Describe):         Charling Control Charling Charling Charling Charling Disk           Type of Disinfectant Residual Maintiand in Distribution System:	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se						2.2						
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CT Calculations, or UV Dose: to Demostate Four-Log Virus Inactivation, if Applicable*         UV Dose           Days Plant Staffel or Visited by of Finish to Operator Hour plant (0) ar Concernation (C) Departed Flour plant (0) ar Concernation (C) (0) ar Con	F.									N. N. 1994 (1994)	New Joseph Company				
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3       240       97,000       12       10       12         4       X       240       79,000       12       10       12         6       X       240       97,000       11       10       10       10         7       240       97,000       11       10       10       10       10         8       X       240       102,000       11       10       10       10         9       240       102,000       11       10       10       10       10         10       240       102,000       11       10       10       10       10         11       X       240       102,000       11       10       10       10         11       X       240       102,000       12       10       10       10         13       X       240       71,000       12       10       11       10       10         14       240       55,000       14       10       10       10       10         15       X       240       60,000       12       10       11       11       11       10       10		X				1.2								1.2	
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Avgerage 63,742			24.0						1. 						

June, 2009



See Pages 4 for Instructions.

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

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

PWS Name:	Belleair					PWS Identification Number	er: 3424000	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-Com	nunity	Consecutive		
Number of Service Connec	tions at End of Month:	218			Total	Population Served at End of	Month: 763	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator	
Contact Person's Mailing A		O Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac		odthompson@aquaamer	rica.com					
8. Water Treatment Pla	ant Information							
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0	980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day C	perating Capacity of Pl	lant, gallons per day:		132,000				
Plant Category (per subsect	ion 62-699.310(4), F.A	C.): V			Plant C	lass (per subsection 62-699.	310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	Day	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson			А	7251	Days 1st Shift		
Other Operators:	Mark March			С	8287	Days 1st Shift		
	Gary Kissick			С	7846	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 Printed or Typed Name A-7251

License Number

PWS II	):			3424000		Plant Name:	Belleair							
III. D	aily Data	for the N	1onth/Year	of:		June, 2009								
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100 C 10 K		-	32		14 C	niorine	Chlorine Di	oxide	☐ Ozone	Com	bined Chlori	ne (Chlora	nines)	
-	raviolet R			r (Describe):										
Type o	f Disinfee	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combin	ed Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
				C	CT Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable	*		
103033						CT Calc			an San Linder Ste		1	Dose		
			Landen and said and said								A BRIER	<b>HIGHOMOMORPO</b>		
	Days Plant Staffed or		Net		Lowest Residual	Disinfectant Contact Time	Lowest CT Provided Before or at					Minimum	Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer	Passaria			Lowest	UV Dose	Disinfectant Concentration at	Emanuel Alexand Oracia
Day of	Contraction of the second	Hours plant	PARTICIPATION DATE		Before or at First	Point During	During Peak	Contractory of		Minimum	Operating	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required.		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	Х	24.0	53,000		1.2								1.2	
2		24.0	53,000											
3	Х	24.0	46,000		1.2								1.0	
4		24.0	47,000			· · · · · · · · · · · · · · · · · · ·								
5	Х	24.0	48,000		1.0								1.0	
6		24.0	48,000											
7		24.0	47,000											
8	X	24.0	50,000		1.2								1.2	
10	v	24.0	50,000		1.2			1						
10	X X	24.0	61,000 66,000		1.2								1.2	
12	X	24.0	59,000		1.2								1.0	
13		24.0	59,000		1.7								1.2	
14		24.0	59,000											
15	Х	24.0	55,000		1.2								1.0	
16		24.0	55,000					1 = 1					1.0	
17	Х	24.0	54,000		1.2								1.0	
18		24.0	54,000											
19	Х	24.0	59,000		1.2								1.2	
20		24.0	59,000											
21		24.0	60,000											
22	Х	24.0	50,000		1.0			e (un comé	100				0.8	
23	V	24.0	51,000			·····								
24 25	Х	24.0	58,000		1.0								1.0	
25	X	24.0	58,000 67,000		1.2									
20	Λ	24.0	68,000		1.2								0.8	
28		24.0	68,000											
29	X	24.0	51,000		1.0								1.0	
30		24.0	52,000		1.0								1.0	
31		24.0												
Total			1,665,000											
Avgerage		and Reputsion	53,710											
Maximu	n		68,000											

July, 2009



### See Pages 4 for Instructions.

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

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

PWS Name:	Belleair					PWS Identification Numb	er: 3424000	
PWS Type:	Community	Non-Transient Non-Comm	iunity 🗌 Ti	ransient Non-Com	nunity	Consecutive		
Number of Service Connec	ctions at End of Montl	h: 218			Total I	Population Served at End of	f Month: 763	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Paul Thompson		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Conta	et Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephon		(352) 787-0980		1997 - 1994 1997 - 1994	Contac	et Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		pdthompson@aquaamerie	<u>ca.com</u>	-				
B. Water Treatment P	ant Information							
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0	980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment b	by Plant:	Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		132,000				
Plant Category (per subsec		.A.C.): V	art hila		Plant Cl	ass (per subsection 62-699	.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	Da	y(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson			А	7251	Days 1st Shift		
Other Operators:	Mark March			С	8287	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
A STATE OF STATE OF STATE								
				×				
								1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
		ر بهای این . مراجع می این این این این این این این این این ای						

#### 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 Printed or Typed Name

A-7251 License Number

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

PWS II	D:			3424000		Plant Name:	Belleair							
III. D	aily Data	for the N	lonth/Year	of:		July, 2009								
			g Virus Inactiv				Chlorine Di	ovide	C Ozone	Com!	bined Chlori	ne (Chlora	nines)	
	traviolet R		•	r (Describe):		,	Cinornic Di	OAlde	020110	1 Com	onicu Chion	ne (Chiorai	lilles)	
-					ibution System:	Free Chlo	vrine [	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type (	Distille	T											I	
				C	T Calculations, or	The second second second second second second second second second second second second second second second s		rour-Log	Virus Inac	tivation, 11				
	free states	al an an an an an an an an an an an an an		and the second second		CT Calc	ulations	1000			UV	Dose	And the second second	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	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		pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	Х	24.0	54,000		1.2								1.0	
2		24.0	54,000											
3	Х	24.0	52,000		1.2			<u> </u>					1.2	
4		24.0	52,000 52,000											가 있는 것을 알았는 것을 가지 않는다. 이 것을 많은 것을 많은 것을 알았는 것을 못 하는 것을 같은 것을 알았는 것을 같은 것을 같은 것을 같은 것을 같은 것을 같은 것을 알았다. 이 것을 같은 것을 같은 것을 알았는 것을 알았다. 것을 알았는 것을 알았는 것을 알았는 것을 알았다.
6	X	24.0	32,000		1.0								1.0	
7	A	24.0	37,000		1.0								1.0	
8	X	24.0	41,000		1.0							and the second	1.0	
9		24.0	42,000	a Martin										
10		24.0	42,000											
11	Х	24.0	50,000		1.2								1.0	
12		24.0	51,000					-						
13	X	24.0	44,000		1.0								1.0	
14 15	V	24.0	44,000 43,000	a considera de la considera de la considera de la considera de la considera de la considera de la considera de Constituído de la constituído de la cons	0.8								0.8	
15	X X	24.0	43,000		0.8								0.8	
17	X	24.0	54,000		1.8								1.6	
18		24.0	53,000											
19		24.0	53,000											
20	Х	24.0	48,000		1.9								1.7	
21		24.0	49,000											
22	Х	24.0	44,000		1.6								1.6	
23		24.0	45,000											
24	X	24.0	50,000 50,000		1.3								1.2	
25 26		24.0	49,000			<u></u>								
20	X	24.0	49,000		1.1						1		1.1	
28	A	24.0	40,000		1.1								1.1	
29	X	24.0	42,000		1.2								1.1	
30		24.0	42,000											
31	Х	24.0	41,000		1.2								1.0	
Total			1,443,000											
Avgerag			46,548											
Maximu	m		54,000											



See Pages 4 for Ins	tructions.							
General Information	on for the Month/	Year of: August, 2	009					
Public Water Syste	em (PWS) Informa	ation						
PWS Name:	Belleair					PWS Identification Number	3424000	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity	Transient Non-Com	munity	Consecutive	0.000	
Number of Service Conn	ections at End of Montl	h: 218			Total	Population Served at End of N	Month: 763	
PWS Owner:	Aqua Utilities Florid	da						
Contact Person:	Paul Thompson				Conta	ct Person's Title: I	Field Coordinator	
Contact Person's Mailing	g Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telepho	one Number:	(352) 787-0980			Conta	ct Person's Fax Number: (	352) 787-6333	
Contact Person's E-Mail	N PERSONAL PROPERTY.	pdthompson@aquaameri	ca.com					
Water Treatment I	<b>Plant Information</b>							
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0	980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment		✓ Raw Ground Water	Purchased	d Finished Water				
Permitted Maximum Day				132,000				
Plant Category (per subs						lass (per subsection 62-699.3)	10(4), F.A.C.): C	
Licensed Operator		Name		License Class	License Number	Day(	(s) / Shift(s) Worked	
Lead/Chief Operato	r: Paul Thompson			А	7251	Days 1st Shift		
Other Operators:	Mark March			С	8287	Days 1st Shift		
	Gary Kissick			С	7846	Days 1st Shift		
			in a stadio					
			· · · · · · · · · · · · · · · · · · ·					

#### 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 Printed or Typed Name A-7251 License Number

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

PWS I	D:			3424000		Plant Name:	Belleair							
III. D	aily Data	for the N	lonth/Year	of:		August, 2009								
			g Virus Inactiv		al: E Face (			242						
	traviolet R			r (Describe):	「「「「「」」」、「「」」、「」」、「」、「」、「」、「」、「」、「」、「」、「	niorine	Chlorine Di	oxide	☐ Ozone	☐ Com	bined Chlori	ine (Chlora	nines)	
E.									te statue da	NAMES OF STREET				
Type of	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combir	ned Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
	中國主要改革		Carley Contract	C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	*		
						CT Calo	ulations				UV	Dose		
12 States					A state of the state							10000		and the second second second second
						Disinfectant	Lowest CT Provided							
a marine	Days Plant		A REAL PROPERTY	ALL DATES AND STOL	Lowest Residual	Contact Time	Before or at	See Court		Consequences of			Lowest Residual	
	Staffed or	and shares and	Net Quantity	H CHER L	Disinfectant	(T) at C	First			ALC: NO DE CONTRACTOR		Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			and the second second	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	A CONTRACTOR OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF	Hours plant	THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,			mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^O C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	42,000										ojonin, ng o	
2	Х	24.0	32,000		1.2					1.000			1.2	Contraction of the second second second second second second second second second second second second second s
3		24.0	32,000	a set										
4	Х	24.0	37,000		1.2	ante alt							1.2	
5		24.0	37,000											
6	Х	24.0	60,000		1.0								1.0	
7		24.0	60,000											
8		24.0	60,000											
9		24.0	60,000											
10	Х	24.0	46,000		1.2								1.0	
11		24.0	46,000											
12	Х	24.0	39,000		1.0				and the second second				1.0	
13	X	24.0	52,000		1.0								0.8	
14	Х	24.0	47,000		1.0	2							1.0	
15 16		24.0	47,000											
10	v	24.0	47,000		1.0									
17	X	24.0	58,000 58,000		1.0								1.0	
18	X	24.0	27,000		1.0									
20	A	24.0	27,000		1.0								1.0	
21	X	24.0	42,000		1.2								0.8	
22		24.0	42,000		1.2						1000		0.8	
23		24.0	42,000											
24	Х	24.0	36,000		1.0					in a get a get a de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la de la			0.8	
25		24.0	37,000										0.0	
26	Х	24.0	37,000		1.0								1.0	
27	1	24.0	38,000					-					1.0	
28	Х	24.0	50,000		0.8								0.8	
29		24.0	50,000										0.0	
30		24.0	50,000											
31	Х	24.0	41,000		1.2								1.0	
Total	ALC: NO.		1,379,000											
Avgerag			44,484											
Maximu	m		60,000											



See Pages 4 for Ins	tructions.					
I. General Information	on for the Month/	Year of: September, 2	009			
A. Public Water Syste	em (PWS) Informa	ation				
PWS Name:	Belleair				PWS Identification Number:	3424000
PWS Type:	✓ Community	Non-Transient Non-Communit	ty 🗌 Transient Non-Co	ommunity	Consecutive .	
Number of Service Conn	ections at End of Mont	th: 218		Total	Population Served at End of Month	n: 763
PWS Owner:	Aqua Utilities Flori	da				
Contact Person:	Paul Thompson			Conta	ct Person's Title: Field	Coordinator
Contact Person's Mailing		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho		(352) 787-0980		Conta	ect Person's Fax Number: (352)	787-6333
Contact Person's E-Mail		pdthompson@aquaamerica.c	com			
B. Water Treatment I						
Plant Name:	Belleair				Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 SE 52nd Ave			City: Ocala	State: Florida	Zip Code: 34471
Type of Water Treatment		Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day			132,000			
Plant Category (per subse		· · · · · · · · · · · · · · · · · · ·			lass (per subsection 62-699.310(4).	
Licensed Operators		Name	License Cla			Shift(s) Worked
Lead/Chief Operator			A	7251	Days 1st Shift	
Other Operators:	Mark March		С	8287	Days 1st Shift	
	Gary Kissick		С	7846	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 Printed or Typed Name A-7251 License Number

UI: Durity Data Gertifies Memory Announce in Segmenter, 2009         Segmenter, 2009           "Untraviolet Radiation         "Other (Describe):"         "Free Chlorine "Continue Octorine (Chlorinemines)"         Continue Octorine (Chlorinemines)           "Type of Disinfectant Residual Maintained in Distribution System: "         "Free Chlorine "Continue Octorine (Chlorinemines)"         Chlorine Disolde           Days Plan         Net Quantity         "Chlorine Disolde         "Chlorine Disolde         "Chlorine Disolde           User Residual Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Control (Chlorine Disolde Con	PWS I	D:			3424000		Plant Name:	Belleair							
	III. E	aily Data	for the N	1onth/Year	of:		September 200	)9							
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CT Calculations, or UV Does to Demostate Four-Log Virus Inactivation, if Applicable*         UV Dose           Days Plant         Net Quarity         CT Calculations, or UV Does to Demostate Four-Log Virus Inactivation, if Applicable*         UV Dose           Days Plant         Net Quarity         Operator Residual         Demostrate Four-Log Virus Inactivation, if Applicable*         UV Dose           Days Plant         Net Quarity         Of Providel         Concentration (C)         Demostrate Four-Log Virus Inactivation, or UV Dose, INV, Dose         UV Dose           Month         Operator Residual         Demostrate Four-Log Virus Inactivation, if Applicable*         UV Dose         Concentration (C)         Demostrate Four-Log Virus Inactivation, if Applicable*           Month         Operator Response         Deat Operator Response         Demostrate Four-Log Virus Inactivation, if Applicable*         UV Dose         Demostrate Four-Log Virus Inactivation, if Applicable*           Month         201         41,00         Deat Month	-						pinne.		·	1.01.1	(011 :				
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of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
2       X       240       41000       0.8       0       0.6         3       X       240       4500       1.2       1.2       1.2         4       X       240       37.67       1.2       1.0       1.0         5       240       37.67       1.4       1.1       1.12         6       240       37.67       1.4       1.1       1.2         7       X       240       37.67       1.4       1.1       1.2         8       240       39.00       1.0       1.1       1.2       1.2         9       X       240       39.00       1.0       1.0       1.0         10       240       41.00       1.2       1.0       1.0         11       X       240       39.00       1.2       1.0       1.0         12       240       41.00       1.2       1.0       1.0         13       240       50.667       1.2       1.0       1.0         14       X       240       47.000       1.2       1.0       1.0         15       240       47.000       1.0       0.6       0.6       1.0 <tr< td=""><td>Month</td><td>"X")</td><td>and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se</td><td>and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se</td><td>Rate, gpd.</td><td>Peak Flow, mg/L</td><td>minutes</td><td>min/L</td><td>Water, ^oC</td><td>if Applicable</td><td>mg-min/L</td><td>mW-sec/cm²</td><td>sec/cm²</td><td>System, mg/L</td><td>Out of Operation</td></tr<>	Month	"X")	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
3       X       240       2600       12       12       10         4       X       240       37,667       12       10       10         6       240       37,667       114       10       10         7       X       240       37,667       14       112       10         8       240       37,667       14       112       10         9       X       240       39,000       10       10       10         10       240       41,000       12       10       10         11       X       240       50,667       12       10       10         12       240       50,667       12       10       10         13       240       50,667       12       10       10         14       X       240       50,667       12       10       10         15       240       47,000       12       10       10       10         16       X       240       48,000       10       10       10         16       X       240       43,667       10       10       10       10       10	Statistical states			the second second second second second second second second second second second second second second second s											
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7       X       240       39,067       1.4       1.4       1.2         8       240       39,000       1.0       1.0       1.0         10       240       41,000       1.2       1.0       1.0         11       X       240       50,667       1.0       1.0       1.0         12       240       50,667       1.2       1.0       1.0       1.0         13       240       50,667       1.2       1.0       1.0       1.0         14       X       240       47,000       1.2       1.0       1.0       1.0         15       240       47,000       1.2       1.0       1.0       1.0       1.0         16       X       240       43,067       1.0       1.2       1.0       1.12         17       240       43,067       1.0       1.2       1.2       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.12       1.1			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se								ſ				
8         240         39,000         1.0         1.0           9         X         240         39,000         1.0         1.0           10         240         41,000         1.0         1.0         1.0           11         X         240         41,000         1.2         1.0         1.0           12         240         50,667         1.2         1.0         1.0         1.0           13         240         50,667         1.2         1.0         1.0         1.0           14         X         240         47,000         1.2         1.0         1.0           15         240         47,000         1.2         1.0         1.0         1.2           16         X         24.0         47,000         1.2         1.0         1.2         1.0           18         X         24.0         48,000         1.0         1.0         1.2         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0         1.0		V	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se												
9       X       240       39,000       1.0       10       10       10       10       10         10       240       41,000       1.2       10       10       10       10         12       240       50,667       12       10       10       10       10         13       240       50,667       12       10       10       10       10         14       X       240       50,667       1.2       10       10       10         15       240       47,000       1.2       10       10       10       10         15       240       47,000       1.2       10       10       10       10         16       X       240       48,000       1.0       10       10       10       10         19       240       43,667       10       10       10       0.8       10       10         20       240       43,667       1.0       10       10       10       10       10         21       X       240       43,667       1.0       10       10       10       10         24       240       43,667						1.4								1.2	
10       240       41,000       11       X       240       41,000       1.2       1       1       X       240       41,000       1.2       1       1       X       240       50,667       1       1       1       X       240       50,667       1       1       1       X       240       50,667       1       1       1       X       240       50,667       1.2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 </td <td></td> <td>v</td> <td></td> <td></td> <td></td> <td>1.0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.0</td> <td></td>		v				1.0								1.0	
11       X       240       41,000       1.2       1.0       1.0         12       240       50,667       1.0       1.0       1.0         13       240       50,667       1.2       1.0       1.0         14       X       240       50,667       1.2       1.0       1.0         15       24.0       47,000       1.2       1.0       1.0       1.0         15       24.0       47,000       1.2       1.0       1.2       1.0         16       X       24.0       48,000       1.0       1.2       1.0       1.2         18       X       24.0       48,000       1.0       1.0       0.6       1.2         18       X       24.0       43,667       1.0       1.0       1.0       1.0         20       24.0       43,667       1.0       1.0       0.8       1.0       1.0         21       X       24.0       36,500       1.0       1.0       1.0       1.0       1.0         23       X       24.0       48,000       1.2       1.0       1.0       1.0       1.0         24       24.0       60,333 <td< td=""><td></td><td>A</td><td></td><td></td><td></td><td>1.0</td><td></td><td></td><td></td><td></td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td>1.0</td><td></td></td<>		A				1.0							· · · · · · · · · · · · · · · · · · ·	1.0	
12       24.0       50,667       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	Contraction of the second second second second second second second second second second second second second s	x		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		12								1.0	
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16       X       240       47,000       1.2       1.2       1.2         17       240       48,000       1.0       0.6       0.6         18       X       240       48,000       1.0       0.6         19       240       43,667       0.6       0.6         20       240       43,667       0.6       0.6         21       X       240       43,667       0.0       0.8         22       240       36,500       0.0       0.8       0.8         23       X       240       36,500       1.0       0.8       0.0         24       240       48,000       1.0       1.0       1.0       0.8         24       240       48,000       1.2       1.0       1.0       1.0         25       X       240       48,000       1.2       1.0       1.0         26       240       60,333       1.2       1.0       1.0       1.0         28       X       240       60,333       1.2       1.0       1.0         29       240       52,000       1.4       1.0       1.0       1.0         31       240 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td>1.0</td> <td></td>												1		1.0	
17       24.0       48,000       1.0       0       0       0.0       0.6         18       X       24.0       48,000       1.0       0       0.6       0.6         19       24.0       43,667       0       0       0.6       0.6         20       24.0       43,667       0       0       0.8       0.8         21       X       24.0       43,667       0       0.8       0.8         22       24.0       36,500       1.0       0       0.8       0.8         23       X       24.0       48,000       1.0       0       0.8       0.8         24       24.0       48,000       1.0       0       0       0.8       0.0         24       24.0       48,000       1.0       0       0       1.0       0.8         25       X       24.0       48,000       1.2       0       0       1.2       0       1.0         26       24.0       60,333       1.2       0       0       1.0       0       0         29       24.0       52,000       1.4       0       0       0       0       0 <t< td=""><td>16</td><td>X</td><td></td><td>and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se</td><td></td><td>1.2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>12</td><td>the second second second second second second second second second second second second second second second s</td></t<>	16	X		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		1.2								12	the second second second second second second second second second second second second second second second s
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21       X       240       43,667       1.0       0.8       0.8         22       240       36,500       1.0       0       1.0       0       0.8         23       X       240       36,500       1.0       0       1.0       0       0.8         24       240       48,000       1.0       0       0       0       0       0         25       X       240       48,000       1.2       0       0       1.2       0       0       0       0         26       240       60,333       0       0       0       0       0       0       0       0         28       X       240       60,333       1.2       0       0       0       0       0       0         29       24.0       52,000       1.4       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>19</td> <td></td> <td>24.0</td> <td>43,667</td> <td></td>	19		24.0	43,667											
22       24.0       36,500       1.0       0       0       0         23       X       24.0       36,500       1.0       0       0       0         24       24.0       48,000       1.2       0       0       1.2       0       0       1.2         26       24.0       60,333       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	20		24.0	43,667											
23       X       240       36,500       1.0       1.0       1.0       1.0         24       24.0       48,000       1.2       1.2       1.2       1.2       1.2         26       24.0       60,333       1.2       1.0       1.0       1.0       1.0         27       24.0       60,333       1.2       1.0       1.0       1.0       1.0         28       X       24.0       60,333       1.2       1.0       1.0       1.0         29       24.0       52,000       1.4       1.0       1.0       1.0       1.0         30       X       24.0       52,000       1.4       1.0       1.0       1.0         31       24.0       52,000       1.4       1.0       1.0       1.0         Avgerage       1,35,000       1.4       1.0       1.0       1.0		X				1.0	na se se se se se La classique de se se se							0.8	
24       240       48,000       1       1       1       1         25       X       240       48,000       1.2       1.2       1.2       1.2         26       240       60,333       1       1       1       1       1         27       240       60,333       1       1       1       1       1         28       X       240       60,333       1.2       1       1       1       1         29       240       52,000       1.4       1       1       1       1       1         30       X       240       52,000       1.4       1       1       1       1       1       1         31       24.0       52,000       1.4       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>															
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26       24.0       60,333       Image: constraint of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se											
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28       X       24.0       60,333       1.2       Image: Constraint of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptotic of the symptot								-							
29     24.0     52,000     1.4     1.0       30     X     24.0     52,000     1.4     1.0       31     24.0     1,353,000     1.4     1.0       Total       Avgerage     43,645															
30     X     24.0     52,000     1.4     1.0       31     24.0     1,353,000       Total     1,353,000       Avgerage     43,645		X				1.2								1.0	
31     24.0       Total     1,353,000       Avgerage     43,645		V				1.4									
Total         1,353,000           Avgerage         43,645		X	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	52,000		1.4								1.0	
Avgerage 43,645	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	States of the second states and	24.0	1 252 000					energia di series						
		TP													



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See Pages 4 for Ins		Name	0000				
. General Informatio	on for the Month/	Year of: October	, 2009	1918년 - 1917년 - 1919년 1919년 - 1919년 - 1919년 1919년 - 1919년 - 1			
A. Public Water Syste	m (PWS) Inform	ation					
PWS Name:	Belleair					PWS Identification Number:	3424000
PWS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive	
Number of Service Conne	ections at End of Mont	h: 218			Tota	Population Served at End of Month:	763
PWS Owner:	Aqua Utilities Flori	da					
Contact Person:	Paul Thompson				Con	tact Person's Title: Field Coo	rdinator
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho	ne Number:	(352) 787-0980			Con	act Person's Fax Number: (352) 787	-6333
Contact Person's E-Mail		pdthompson@aquaame	rica.com			가 가 가 바라가 바람하는 것 같은 것 	
B. Water Treatment I	Plant Information						
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code: 34471
Type of Water Treatment	by Plant:	Raw Ground Water	Purcha	sed Finished Water			
Permitted Maximum Day				132,000			
Plant Category (per subse			/			Class (per subsection 62-699.310(4), F.A	A.C.): C
Licensed Operators		Name		License Class	License Numbe	r Day(s) / Shi	ft(s) Worked
Lead/Chief Operator	: Paul Thompson			А	7251	Days 1st Shift	
Other Operators:	Mark March			С	8287	Days 1st Shift	
	Gary Kissick			C	7846	Days 1st Shift	
Contraction of the second of the							
			an esta a ser a familia de se				
			. C. James and S.				

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

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

Paul Thompson Printed or Typed Name

Signature and Date

A-7251

License Number

PWS I	D:			3424000		Plant Name:	Belleair							
III. D	ailv Data	for the N	1onth/Year	of:		October, 2009								
			g Virus Inactiv		al E C			d sec						
1. Sec. 19						hlorine	Chlorine Di	ioxide	Czone	Coml	bined Chlori	ne (Chlora	nines)	
F	traviolet R			r (Describe):										
Type of	of Disinfee	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combir	ned Chlorine	(Chloramine	es) 🔽	Chlorine l	Dioxide	
		n a second		C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	* And the Anna A	A SHOW AND A	
						CT Calc					T	Dose		
								-						
							Lowest CT							and the second second second second second second second second second second second second second second second
	D- DL				T (D 11)	Disinfectant	Provided							and the second states of the second
	Days Plant Staffed or	No. Contraction	Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at First	- States				Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished	massister (*	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	CONTROLLING STORES	Hours plant	A STATE OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY O	1. 1.2	Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water,			mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	56,000		1.2								1.0	•
2	X	24.0	65,000		1.2								1.2	
3		24.0	65,000											
4		24.0	66,000									·		
5	Х	24.0	39,000		1.4						3		1.2	
6		24.0	39,000	· · · ·				ļ						
7	X	24.0	61,000		1.2								1.2	
8	x	24.0	62,000 66,000		1.4								1.2	
10	A	24.0	66,000		1.4								1.2	
10		24.0	66,000			All and the second second								
12	X	24.0	56,000		1.4								1.2	
13		24.0	57,000										1.2	
14	Х	24.0	51,000		1.2								1.2	
15		24.0	51,000											
16	Х	24.0	54,000		1.4								1.2	
17		24.0	54,000											
18		24.0	54,000											
19	X	24.0	53,000		1.4		L	ļ					1.0	
20	N	24.0	54,000											
21 22	X	24.0	70,000		1.2								1.2	
22	x	24.0 24.0	70,000 68,000		1.2			-					1.0	
23	^	24.0	68,000		1.2								1.0	
25		24.0	68,000											
26	Х	24.0	32,000		1.2			1					1.2	
27		24.0	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se											
28	X	24.0			1.2								1.0	
29		24.0	65,000									·		
30	Х	24.0	59,000		2.2								2.2	
31		24.0	59,000											
Total			1,790,000											
Avgerag			57,742											
Maximu	m		70,000											



See Pages 4 for Instructions. I. General Information for the Month/Year of:

November, 2009

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

PWS Name:	Belleair					PWS	Identification Numb	er: 34	124000	
PWS Type:	✓ Community	Non-Transient Non-Comm	unity 🗌 -	Fransient Non-Com	nunity	Conse	cutive			
Number of Service Connect	tions at End of Month:	218				Total Popula	tion Served at End o	f Month: 76	53	
PWS Owner:	Aqua Utilities Florida									par an <u>n</u>
Contact Person:	Paul Thompson					Contact Pers	on's Title:	Field Coordinator	a sa Ne	
Contact Person's Mailing A	ddress: I	PO Box 490310			City: Leesbu	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	the second second second second second second second second second second second second second second second se	Zi	p Code:	34749
Contact Person's Telephone		(352) 787-0980		-		Contact Pers	on's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	pdthompson@aquaameric	<u>ca.com</u>							
3. Water Treatment Pla	ant Information									
Plant Name:	Belleair					Plant	Telephone Number:	(3	52) 787-0	980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State	Florida	Zi	p Code:	34471
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water						
Permitted Maximum Day O	perating Capacity of F	Plant, gallons per day:		132,000			11			
Plant Category (per subsect	ion 62-699.310(4), F.A	A.C.): V					er subsection 62-699	Manual Street and an owner of the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second street and the second str	C	
Licensed Operators		Name		License Class	License Nu	mber	Da	iy(s) / Shift(s) W	orked	
Lead/Chief Operator:	Paul Thompson			A	7251	Days	1st Shift	an a' Maria An an Altar an an Anna Altar		
Other Operators:	Mark March			С	8287	Days	1st Shift			
	Gary Kissick			С	7846	Days	1st Shift			
										pir e
										-
						in the second				not in the

#### 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 Printed or Typed Name A-7251

License Number

PWS I	D:			3424000		Plant Name:	Belleair							
III. I	Daily Data	for the N	Ionth/Year	of:		November, 200	)9							
			g Virus Inactiv		val: 🔽 Free C		Chlorine Di	. 1	<b>—</b> 0	pone				
	ltraviolet R			r (Describe):			Chlorine Di	oxide	☐ Ozone	Com	bined Chlori	ine (Chlorai	mines)	
H									1.011	(011 )	, <u> </u>			and the second second second second second second second second second second second second second second second
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chlo			ned Chlorine			Chlorine l	Dioxide	
				C	CT Calculations, or	· UV Dose, to	Demostate 1	Four-Log	y Virus Inac	tivation, if	Applicable	*	State Barrier	
STILL SALES						CT Calc	ulations				UV	Dose		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak	Temp of	pH of Water,	Minimum	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in	Conditions; Repair or Maintenance Work that
Month	(1 lace "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L	Involves Taking Water System Components
1		24.0	60,000	Tune, Spa.	roux rion, mg.b	initiates	minut		In Application	ing min c	III W-Sec/ent	Scorem	System, mg/L	Out of Operation
2	X	24.0	45,000		1.8								1.2	
3		24.0	45,000											
4	X	24.0	62,000		1.4								1.2	And And And And And And And And And And
5		24.0	62,000											
6	X	24.0	63,000		1.2								1.2	
7		24.0	64,000											
8	- V	24.0	64,000		1.0						ļ			
10	X	24.0	45,000 46,000		1.0								0.8	
10	X	24.0	40,000		1.2								0.8	
12		24.0	41,000		1.2								0.8	
13	X	24.0	57,000		1.0								0.7	
14		24.0	58,000										0.7	
15		24.0	58,000											
16	X	24.0	44,000		1.1								0.9	
17		24.0	45,000											
18	X	24.0	56,000		1.0								0.8	
19		24.0	57,000											
20	X	24.0	58,000		0.8								0.6	
21		24.0	59,000										10.1	
22		24.0	59,000				i pilliner dag	目的なな言葉						
23	X	24.0	41,000		1.9								1.8	
24 25	V	24.0	41,000		1.6									
26	X	24.0	46,000 46,000		1.6		-						1.3	the second second second second second second second second second second second second second second second s
27	X	24.0	45,000		1.5								12	
28		24.0	45,000		1.5								1.3	
29		24.0	45,000											
30	X	24.0	51,000		1.4								1.2	
31		24.0	51,000		1.1								1.2	
Total			1,548,000								L			
Avgerag	je ·		49,935											
Maximu	ım		64,000											



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:	Belleair					PWS Identification Numb	er: 3424000	
PWS Type:	✓ Community	Non-Transient Non-Cor	mmunity 🗌 -	Fransient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Montl	h: 218			Tota	Population Served at End of	f Month: 763	
PWS Owner:	Aqua Utilities Florid	da						9.1
Contact Person:	Paul Thompson				Cont	act Person's Title:	Field Coordinator	
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac		pdthompson@aquaam	erica.com					
B. Water Treatment Pla	ant Information							
Plant Name:	Belleair					Plant Telephone Number:	(352) 787-0	980
Plant Address:	2400 SE 52nd Ave				City: Ocala	State: Florida	Zip Code:	34471
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fir	nished Water				
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		132,000				
Plant Category (per subsect		.A.C.):	V		Plant 0	Class (per subsection 62-699	310(4), F.A.C.): C	
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F		V.	License Class			310(4), F.A.C.): C y(s) / Shift(s) Worked	
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F	.A.C.):	V.	License Class				
Plant Category (per subsect Licensed Operators	tion 62-699.310(4), F	.A.C.):	V	License Class A C	License Number	r Da		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson	.A.C.):	V	License Class A C C	License Number 7251	r Da Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C	License Number 7251 8287	r Days 1st Shift Days 1st Shift		
Plant Category (per subsect Licensed Operators Lead/Chief Operator:	tion 62-699.310(4), F Paul Thompson Mark March	.A.C.):	V	License Class A C C C	License Number 7251 8287	r Days 1st Shift 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

Signature and Date

Printed or Typed Name

A-7251 License Number

PWS I	D:			3424000		Plant Name:	Belleair							
Ш. Г	aily Data	for the N	Ionth/Year	of		December, 200	9							
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se			g Virus Inactiv							mail		_		
Carlos and		7//	53		A possible of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	nlorine	Chlorine Di	oxide	∫ Ozone	Com	pined Chlori	ne (Chlorar	nines)	
1	□ Ultraviolet Radiation       □ Other (Describe):         Type of Disinfectant Residual Maintained in Distribution System:       □ Free Chlorine       □ Combined Chlorine (Chloramines)         □ Chlorine Dioxide													
Type	of Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine 🔽	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
		Levers CAL		(	CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if .	Applicable	*		
						CT Calculations UV D					Dose			
							L IOT							
						Disinfectant	Lowest CT Provided							and the state of the second second second
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity	AN ALLANS	Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, ^o C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	51,000					<u> </u>						
2	X	24.0			12			L					1.0	
3	V	24.0	35,000		1.2									
5	X	24.0 24.0	41,000 41,000		1.2								1.2	
6		24.0	41,000										<u> </u>	
7	X	24.0	38,000		1.4								12	X = HPT Inspection
8	X	24.0	51,000		1.4								1.2	X - HFT hispection
9	1	24.0	50,000										1.2	
10	X	24.0	50,500		1.4								1.2	
11	X	24.0	34,000		1.4								1.0	
12		24.0	40,000											
13		24.0	40,000											
14	X	24.0	40,000		1.4								1.2	
15		24.0	39,000											
16	X	24.0	39,000		1.4			L					1.0	
17		24.0	36,500					L	<u></u>	1				
18	X	24.0	36,500		1.2								1.0	
19 20		24.0	44,667											
20	X	24.0	44,667 44,667		1.8								10	
22	<u> </u>	24.0	44,007		1.8					1.1.1.1			1.6	
23	x	24.0			1.4						And Charles and		1.2	
24	X	24.0			1.4								1.2	
25		24.0	33,000		1.4								1.2	
26	X	24.0	33,000		1.4								1.2	
27		24.0	35,000											
28	X	24.0	35,000		1.2								1.2	
29		24.0	53,500											
30	X	24.0	53,500		1.2		-						1.0	
31		24.0												
Total			1,230,500	-										
Avgera			39,694	-										
Maxim	um		53,500											



See page 4 for instructions	S				
I. General Information	for the Month/Year of: January-08				
A. Public Water System	n (PWS) Information				
PWS Name:	Belleair		PWS Identif	ication Number:	3424000
PWS Type:	X Community Non-Transient Non-Com	nmunity	Transient Non-Commu	nity	Consecutive
	nnections at End of Month: 218		Total Population Served	at End of Month:	763
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's I	Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla					
Plant Name:	Belleair		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City: Ocala	State: FL	Zip Code: 34471	
Type of Water Treated		urchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	132,000	-		
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A	А.С.) С
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		3 Days per week
Other Operators:	Mark March	C	8287		3 Days per week
	Gary Kissick	C	7846		3 Days per week

### II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Paul Thompson	A7251			
Signature and Date	Printed or Typed Name	License Number			
DEP Form 62-555.900(3)Alternate	Page 1				

1 W 5 R	lennincat	ion Number	r:	3424000		Plant Name:	Belleair							
	lu Data f	on the Mont	h/Vaan of		January 00									
		or the Mont			January-08									
			og Virus Inactiv	viation/Remo			X Free (	Chlorin	e 🗌	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	n System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
		State of the second		1. The Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contrac	CT Calculations	, or UV Dose, to I	Demonstrate I	Four-Log	Virus Inactiv	ation, if Appl	icable*			The second second second second second second second second second second second second second second second s
	Days					CT Calcu				Sector Sector		Dose		
	Plant			alexand a			Lowest CT	all sheet		A SERVICE			Lowest	A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY AND A REAL
	Staffed		A THE REPORT OF		Lowest Residual	Disinfectant	Provided	See. S			New Marsh		Residual	
	or	ALTA CLASS	NO STATE AND		Disinfectant	Contact Time	Before or	Testerio Ch		S STERNER			Disinfectant	
	Visited				Concentration	(T) at C	at First	Sol States			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	The second second	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X") X	Operation 24 hrs	Produced, gal 59,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	Λ	24 hrs 24 hrs	60,000		1.2								1.2	
3		24 hrs	60,000											
4	X	24 hrs	58,000		1.4								1.2	
5	Λ	24 hrs	58,000		1.4								1.2	
6		24 hrs	58,000											
7	X	24 hrs	47,000		1.4								1	
8		24 hrs	48,000		1.1								1	
9	Х	24 hrs	56,000		1.2								1	
10		24 hrs	57,000										1	
11	X	24 hrs	50,000		1.2								1.2	
12		24 hrs	50,000											
13		24 hrs	50,000											
14	X	24 hrs	51,000		1.4								1	
15		24 hrs	51,000											
16	X	24 hrs	41,000		1.4								1.2	
17	X	24 hrs	46,000		1.2								1	
18	Х	24 hrs	47,000		1.4								1	
19		24 hrs	47,000											
20		24 hrs	47,000											
21	X	24 hrs	42,000		1.4								1.2	
22	Х	24 hrs	30,000		1.2								1.2	
23	X	24 hrs	40,000		1.4								1.2	
24	X	24 hrs	36,000		1.4								1	
25	Х	24 hrs	46,000		1.2								1	
26		24 hrs	46,000											
27	V	24 hrs	47,000											
28	X	24 hrs	42,000		1.4								1.2	
29	V	24 hrs	43,000		1.4									
30 31	X	24 hrs	51,000		1.4								1	
Total		24 hrs	51,000											1
Average	rational and		1,515,000 48,871	-										

Maximum 60,000

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instructions									
I. General Information	for the Month/Year of:	February-08							
A. Public Water System	n (PWS) Information								
PWS Name:	Belleair				PWS Ident	ification Num	nber:	3424000	
PWS Type:	X Community	Non-Transient Non-	Community		nt Non-Comn			Consecutive	
Number of Service Cor	nnections at End of Month:	218		Total Pop	ulation Serve	d at End of M	onth:	763	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				erson's Title:	Area Man			
Contact Person's Mailin			·····	City:	Leesburg	State:	FL	Zip Code: 34749	
Contact Person's Telep		787-0980		Contact P	erson Person'	s Fax Number	:	(352) 787-6333	
Contact Person's E-Mai		ath@aquaamerica.com	<u>]</u>						
B. Water Treatment Pla									
Plant Name:	Belleair				Plant Teler	phone Numbe		(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave			City:	Ocala	State:	FL	Zip Code: 34471	
Type of Water Treated			Purchased Finished W	ater					
	Day Operating Capacity of Plant,		132,000						
	bsection 62-699.310(4), F.A.C.):		and the second second second second second second second second second second second second second second second		ss (per subsec	tion 62-699.3			
Licensed Operators	Nar	ne	License Class	Lice	nse Number			(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul The		A		7251			3 Days per week	
Other Operators:	Mark M		C		8287			3 Days per week	
	Gary K	issick	C		7846			3 Days per week	
and the second second									

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

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Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number					
DEP Form 62-555 900(3)Alternate	Page 1		_				

PWSIC	ientificat	ion Number		3424000		Plant Name:	Belleair								
					<b>F</b> 1 00										
		or the Mont			February-08										
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		X Free (	Chlorine	e 📘	Chlorine [	Dioxide	(	Dzone	Combined Chlorine (Cl	nloramines)
	Iltraviole	t Radiation			Other (Describe	e):									
Type o	f Disinfe	ctant Residu	al Maintained in	n Distributio	n System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines)	Chlorine Dioxide
21					the second second second second second second second second second second second second second second second se	, or UV Dose, to I	Demonstrate H	Four-Log							
	D			Statistical	or curture	CT Calcu		our bog				Dose			
14 - F 12 A.C.	Days Plant														
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided	Contraction of the second					Lowest Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	and the second second	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal (	Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Wor	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Componer	nts Out of Operation
1	X	24 hrs	56,000		1.2								1		
2		24 hrs	56,000												
3		24 hrs	56,000												
4	Х	24 hrs	54,000		1								0.8		
5	Х	24 hrs	38,000		0.8								0.6		
6	X	24 hrs	53,000		1								0.6		
7		24 hrs	54,000				<u> </u>								
8	Х	24 hrs	51,000		1								1		
9		24 hrs	51,000												
10		24 hrs	51,000												
11	X	24 hrs	47,000		1.2								1		
12	N	24 hrs	48,000				<u> </u>						0.0		
13	X	24 hrs	52,000		1								0.8		
14	v	24 hrs	<u>52,000</u> 51,000		1	··							0.8		
15	X	24 hrs 24 hrs	51,000		1						<u> </u>		0.8		
16		24 hrs 24 hrs	51,000	<u> </u>						-					
17	X	24 hrs 24 hrs	42,000		1								0.6		
19	X	24 hrs	43,000	<u> </u>	0.8								0.6		
20	X	24 hrs	47,000		1.4								1.2		
20	A	24 hrs	48,000		1.4								1.2		
22	X	24 hrs	47,000		1.4								1.2		
23		24 hrs	48,000		1.7								1.2		
24		24 hrs	48,000					1							
25	X	24 hrs	40,000		1.2								1.2		
26	X	24 hrs	41,000		1.4						-		1.2		
27	X	24 hrs	51,000		1.2		<u> </u>						1		
28		24 hrs	52,000												
29	X	24 hrs	57,000		1								1		
30		24 hrs													
31		24 hrs													
Total			1,436,000												······
Average			49,517	]											
24			000	1											

 Maximum
 57,000

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instruction	S								
I. General Information	for the Month/Year of:	March-08							-
A. Public Water Syster	n (PWS) Information								
PWS Name:	Belleair				PWS Ident	ification Nur	nber:	3424000	
PWS Type:	X Community	Non-Transient Non-C	Community		ent Non-Comn			Consecutive	
	nnections at End of Month:	218		Total Pop	ulation Serve	d at End of M	1onth:	763	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				erson's Title:	Area Mar	- X-		
Contact Person's Maili				City:	Leesburg	State:	FL	Zip Code: 3474	49
Contact Person's Telep		787-0980		Contact I	erson Person'	s Fax Numbe	r:	(352) 787-6333	
Contact Person's E-Ma		ath@aquaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Belleair				Plant Telep	phone Numbe		(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave			City:	Ocala	State:	FL	Zip Code: 3447	71
Type of Water Treated			Purchased Finished W	ater					
	Day Operating Capacity of Plant,		132,000						
	bsection 62-699.310(4), F.A.C.):				ss (per subsec	tion 62-699.3			
Licensed Operators	Nan	ae	License Class	Lice	nse Number		Day	y(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul The		A		7251			3 Days per week	
Other Operators:	Mark M		С		8287			3 Days per week	
Charles and the second	Gary K	issick	С		7846		5	3 Days per week	

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Paul Thompson			A7251				
Signature and Date	 Printed or Typed Nan	ne		License Numb	er			
DEP Form 62-555.900(3)Alternate	 	Page 1	 _					

PWS I	lentificati	ion Number	r:	3424000		Plant Name:	Belleair							
	hy Data-f	or the Ment	th/Vour of		March 09									
		or the Mont		· /D	March-08		De D	011		011				
			log Virus Inactiv	viation/Remo			X Free	Chlorin	e 🗌	Chlorine l	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):			-					Paraman I
Type o	Disinfec	ctant Residu	ual Maintained i	n Distributio				Х				ombined C	hlorine (Chlor	amines) Chlorine Dioxide
	S. Marine			a state of the second	CT Calculations	, or UV Dose, to I	Demonstrate 1	Four-Log	Virus Inactiv	ation, if Appl	licable*			
	Days					CT Calcu	ilations				UV	Dose		
	Plant						Lowest CT	14683			Participants		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or	1 Test					Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Daviaf	by	Illaura	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	11 . 6	Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT	UV Dose, mW-	Required,	Point in	Emergency or Abnormal Operating Conditions;
Month	(Flace "X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	minutes	mg-min/L	C Water,	Applicable	Required, mg-min/L	sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	58,000	Raie, gpu	Tiow, mg/L	minutes	ing-mnvL		Applicable	mg-mm/L	Secrem2	scoremz	System, mg/L	water System Components Out of Operation
2		24 hrs	58,000											
3	X	24 hrs	40,000		0.8						1		0.6	
4		24 hrs	41,000		0.0								0.0	
5	X	24 hrs	50,000		1							1	0.6	
6		24 hrs	50,000											
7	X	24 hrs	44,000		1.2								1	
8		24 hrs	44,000											
9		24 hrs	44,000											
10	X	24 hrs	39,000		1.4								1	
11	X	24 hrs	47,000		1.2								1	
12		24 hrs	47,000											
13	X	24 hrs	52,000		1								1	
14	X	24 hrs	56,000		1.2								1	
15		24 hrs	56,000											
16		24 hrs	55,000		1.2									
17	X	24 hrs	50,000		1.2				-				1	
18	V	24 hrs	50,000		1.2									
19 20	X	24 hrs	56,000		1.2								1.1	
20	X	24 hrs 24 hrs	56,000 57,000		1.2									
21	^	24 nrs 24 hrs	57,000		1.2								1	
23		24 hrs	57,000											
24	X	24 hrs	55,000		1								1	
25		24 hrs	56,000		1								1	
26	X	24 hrs	78,000		1								1	
27		24 hrs	78,000										1	
28	X	24 hrs	71,000		1.2								1	
29		24 hrs	71,000											
30		24 hrs	72,000											
31	X	24 hrs	48,000		1.2								1	
Total	and see the		1,693,000		1		1			L				
Average			54,613	1										
Maxim		Subgradies (16. Sec.)	78,000	1										

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instruction	S					
I. General Information	for the Month/Year of:	April-08				
A. Public Water Syster	n (PWS) Information					
PWS Name:	Belleair			PWS Ide	ntification Number:	3424000
PWS Type:	Community	Non-Transient Non-	-Community	Transient Non-Con	nmunity	Consecutive
Number of Service Co	nnections at End of Month:	218		Total Population Service	ed at End of Month:	763
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title	e: Area Manager	
Contact Person's Maili				City: Leesburg		Zip Code: 34749
Contact Person's Telep		787-0980		Contact Person Perso	n's Fax Number:	(352) 787-6333
Contact Person's E-Ma		ath@aquaamerica.com	<u>1</u>			
B. Water Treatment Pla	ant Information					
Plant Name:	Belleair				lephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave			City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated			Purchased Finished W	ater		
	Day Operating Capacity of Plant,		132,000			
	bsection 62-699.310(4), F.A.C.):				ection 62-699.310(4), F	
Licensed Operators	Nar	ne	License Class	License Number	I and the second second	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul The	mpson	A	7251		3 Days per week
Other Operators:	Mark N		C	8287		3 Days per week
	Gary K	issick	C	7846		3 Days per week
合理的 多方法理教						
				-		
		·				

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson

Printed or Typed Name

A7251 License Number

DEP Form 62-555.900(3)Alternate

Page 1

____

PWS Ic	lentificati	ion Number	:	3424000		Plant Name:	Belleair				han an air an an an an an an an an an an an an an				
III D			L/WC		A										
		or the Mont			April-08			~							
			og Virus Inactiv	viation/Remo			X Free (	Chlorine	e 🗌	Chlorine I	Dioxide		Dzone	Combined Ch	nlorine (Chloramines)
		t Radiation			Other (Describe	e):									
Type of	f Disinfee	ctant Residu	al Maintained in	n Distributio	n System:			X	Free Chl	orine	Co	ombined Cl	hlorine (Chlor	amines)	Chlorine Diox
					CT Calculations	, or UV Dose, to I	Demonstrate I	Four-Log	Virus Inactiv	ation, if Appl	icable*				
	Days			The second second		CT Calcu	lations				UV	Dose			
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided	73.414					Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant	A STREET	
A State	Visited		And the second	Section 1	Concentration	(T) at C	at First	1440 Sector			Lowest	Minimum	Concentration		
	by		Net Quanity	A Careford of the	(C) Before or at	Measurement	Customer	Temp.	Court and	Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished	CONTROL S	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		Abnormal Operating Condit
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water, C	Water, if	Required,	mW- sec/cm2	mW sec/cm2	Distribution		enance Work that Involves
Month	"X")	Operation 24 hrs	Produced, gal 48,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Ļ	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	water System	n Components Out of Operat
2	X	24 hrs	83,000	+	1							+	1		
3	- ^	24 hrs	83,000		1								1		
4	X	24 hrs	52,000		1								0.8	+	
5		24 hrs	52,000		1							+	0.0		
6		24 hrs	53,000	+											
7	X	24 hrs	49,000		1		1						0.6		
8		24 hrs	50,000	1								1			
9	Х	24 hrs	56,000	1	1								0.8		
10		24 hrs	56,000	1											
11	Х	24 hrs	83,000	1	1								1		
12		24 hrs	83,000												
13		24 hrs	83,000												
14	X	24 hrs	54,000	Ţ	1.2								1		
15		24 hrs	54,000												
16	X	24 hrs	85,000	ļ	1.4						1		1		
17		24 hrs	85,000					<u> </u>							
18	X	24 hrs	90,000		1.2		-	<u> </u>					1		
19		24 hrs	90,000				-								
20	- N	24 hrs	90,000										1		
21	X	24 hrs	79,000		1			1				+	0.8		
22	X	24 hrs	88,000 88,000		1								0.8		
23	v	24 hrs	91,000	+	1.2							+	1		
24	X X	24 hrs 24 hrs	109,000		1.2							+	1		
26	Λ	24 hrs 24 hrs	109,000		1							+	1		
20		24 hrs 24 hrs	109,000												
28	X	24 hrs	77,000	+	1.2							+	0.8		
29	Λ	24 hrs	78,000		1.2							+	0.0		
30	X	24 hrs	99,000		1							+	0.8		
31		24 hrs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									+	0.0		
Total		21113	2,307,000									_L			
Average			76,900	1											
Maxim			109,000	1											

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instructions					
I. General Information	for the Month/Year of: May-08				
A. Public Water System	n (PWS) Information				
PWS Name:	Belleair		PWS Identif	ication Number:	3424000
PWS Type:	X Community Non-Transient Non-Cor	nmunity	Transient Non-Commu	inity	Consecutive
	nnections at End of Month: 218		Total Population Served	at End of Month:	763
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's I	Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla	ant Information				
Plant Name:	Belleair		Plant Teleph	one Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated		urchased Finished W	ater		
	Day Operating Capacity of Plant, gallons per day:	132,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.	A.C.) C
Licensed Operators	Name	License Class	License Number	Da	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		3 Days per week
Other Operators:	Mark March	C	8287		3 Days per week
	Gary Kissick	C	7846		3 Days per week
a the second					

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson

Printed or Typed Name

A7251 License Number

DEP Form 62-555.900(3)Alternate

Page 1

PWSI	dentificat	tion Numbe	r:	3424000		Plant Name:	Belleair							
III Da	ilv Data f	or the Mont	th/Year of		May-08									
			og Virus Inactiv	viation/Remo			X Free (	Chlorin		Chlorine I	Diovido			Combined Chloring (Chloring)
		et Radiation			Other (Describe					Chiorine	JIOXIUE		Dzone	Combined Chlorine (Chloramines)
			ual Maintained i	n Distributio		.).		X	Free Chl	anina		mbined Cl	hlanina (Chla	
Type o	T			T Distributio		III/D (I						ombined Cl	hlorine (Chlor	amines) Chlorine Dioxide
	1 5 1				CI Calculations	, or UV Dose, to I		rour-Log	Virus Inactiv	ation, if Appl		Raiden and States		
	Days					CT Calcu					UV.	Dose		and the second second second second second second second second second second second second second second second
	Plant						Lowest CT						Lowest	
	Staffed			A State of the second	Lowest Residual	Disinfectant	Provided						Residual	
	or Visited		all states and	and the second	Disinfectant Concentration	Contact Time (T) at C	Before or at First	and sufficient		Contraction of the	1	NC .	Disinfectant	
Total Associate	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1		24 hrs	99,000										o)	Hand System Components Out of Operation
2	X	24 hrs	107,000		1								0.8	
3		24 hrs	107,000											
4		24 hrs	107,000											
5	X	24 hrs	109,000		0.8								0.6	
6		24 hrs	109,000											
7		24 hrs	109,000											
8	X	24 hrs	106,000	1	1								0.6	
9	X	24 hrs	96,000		0.8								0.6	
10		24 hrs	96,000											
11		24 hrs	97,000											
12	X	24 hrs	101,000		0.8								0.8	
13	X	24 hrs	97,000		0.8								0.6	
14	X	24 hrs	35,000		0.8								0.8	
15	V	24 hrs	36,000											
16 17	X	24 hrs	102,000		1								0.6	
17		24 hrs 24 hrs	102,000	+										
18	X	24 hrs	96,000		1								0.6	
20	A	24 hrs	96,000		1								0.6	
20	X	24 hrs	88,000		0.8								0.6	
22	Λ	24 hrs	89,000		0.0								0.0	
23	X	24 hrs	96,000		0.8	·							0.8	
24		24 hrs	97,000		0.0								0.8	
25		24 hrs	97,000										· · · · · · · · · · · · · · · · · · ·	
26	X	24 hrs	99,000		1								0.6	
27	X	24 hrs	105,000	1	1								0.8	
28	X	24 hrs	118,000		0.8					-			0.6	
29	Х	24 hrs	126,000		0.6								0.6	
30	Х	24 hrs	104,000		1.2								0.8	
31		24 hrs	103,000											
Total			3,031,000							•				
Average	;		97,774	]										
Maxim	ım		126,000	1										

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



# Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

VIA E-MAIL JMLIHVARCIK@AQUAAMERICA.COM

February 23, 2010

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

> <u>Marion County – PW</u> Belleair Subdivision Chappell Hills West View Subdivision 49th Street Village Ocala Oaks S/D

PWS ID Number 3424000 3424029 3424036 3424631 3421560

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on February 17, 2010, by Jill M. Farris to conduct a sanitary survey inspection. A copy of the sanitary survey inspection reports is enclosed for your reference and records.

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

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than** <u>April 2, 2010</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Jill Farris by phone at (407) 894-7555, extension 2226 or by e-mail at Jill.Farris@dep.state.fl.us.

Sincerely,

Reggie Phillips, Environmental Supervisor II Drinking Water Compliance and Enforcement

RFP/jmf Enclosures

cc: Patrick Farris, Environmental Compliance Specialist [PAFARRIS@AQUAAMERICA.COM] Timothy Devlin, Florida Public Service Commission [TDEVLIN@PSC.STATE.FL.US] Jill Farris, DEP Drinking Water Compliance and Enforcement

OCD-PW-SS-10-0094

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

Plant Name <u>BELLEAIR SUBDIVISION</u> Plant Location <u>2400 SE 52nd Avenue</u> , Ocala, Florida, 32760 Owner Name <u>Aqua Utilities Florida</u> , Inc., Attn: Jack Lihvarcik Owner Address <u>1100 Thomas Avenue</u> , Leesburg, Florida 34748			Phone 352-732-3504
Contact Person Patrick Farris Tits Survey Date 02/17/10 Last Survey Date 02/15/07	tle <u>Env. C</u>	ompliance Specialist ast Compliance Ins	Phone <u>352-435-4029</u> spection Date <u>07/17/01</u>
PWS TYPE: Community	RAW W	ATER SOURCE	
PLANT CATEGORY & CLASS: 5D			Wells2
MAX-DAY DESIGN CAPACITY: 132,000 gpd		CHASED from PW	/S ID #
PWS STATUS: Approved	Eme	rgency Water Cap	acity
	STAND	BY POWER SOUR	CF. Ves
TREATMENT PROCESSES IN USE Hypochlorination	Source Capacity	Elliot Propane of Standby (kW) _ ver: X Automatic	35
SERVICE AREA CHARACTERISTICS Subdivision	Hrs Ope What eo	rated Under Load uipment does it op ell Pumps	erate?
Food Service: Yes No XI/A	High	gh Service Pumps	
Number of Service Connections         218           Population Served         763         Basis         Operator	Satisfy a Audio-vi	sual alarm? 🗌 Yes	Yes No Unknown
OPERATION & MAINTENANCE LOG: Yes	Comme		
Location       Housing         Comments	Coliform D/DBP I Lead an Distribut Emerge	AND MAPS Sampling Plan Monitoring Plan d Copper Plan ion System Map ncy Response Pla nts	Xes       No       N/A         Xes       No       N/A         Yes       No       N/A         An       Yes       No       N/A
Hrs/day: Required       *Visit       Actual       *Visit         Days/wk: Required       3       Actual       3			
Non-consecutive Days?	Operation Prevent	ve Maintenance Pr	ANCE/O&M Manual X Yes No rogram Yes No Yes No N/A Yes No N/A
MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Xes No N/A Data missing from MORS? No Yes N/A		ation Valve Exercis Records nts	e ⊠ Yes  No  N/A □ Yes ⊠ No  N/A
Average Day (from MORs) <u>55,570 gpd</u> Maximum Day (from MORs) <u>113,000 gpd 03/2009</u>			
Comments	# BFPA	S None noted RPZ <u>N/A</u>	CONTROL # Tested <u>Unknown</u> Date Tested <u>N/A</u>
Flow Measuring Device <u>Flow Meter</u> Meter Size & Type <u>3'' Kent</u> Date Last Calibrated <u>Unknown</u>	Written	Plan <u>Yes</u>	Date <u>08/2007</u>

PWS ID #	3424000	
Date	02/17/10	

#### **GROUND WATER SOURCE**

P	WATER SOURCE	1		
Well Number (Florida Unique Well ID #)		1 (AAC3114)	2 (AAC3103)	
Year Drilled		1980	1980	
Depth Drilled		105'	97'	
Drilling Me	ethod	Cable tool	Cable tool	
Type of G	rout	Cement	Cement	
Static Wat	ter Level	32'	36'	
Pumping Water Level		Unknown	Unknown	
Design W	ell Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	92 gpm	92 gpm	
Strainer		Screen	Screen	
Length (or	utside casing)	97'	63'	· · · · · · · · · · · · · · · · · · ·
Diameter	(outside casing)	4"	4"	
Material (c	outside casing)	Black steel	Black steel	
Well Conta	amination History	None noted	None noted	
ls inundati	ion of well possible?	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	92	92	
	Motor Horsepower	5	5	
Well casing 12" above grade?		No	No	
Well Casir	ng Sanitary Seal	Ok	Ok	
Raw Wate	r Sampling Tap	Yes	Yes	
Above Gro	ound Check Valve	*Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	N/A	

**COMMENTS** *The check valve is not holding tight. A contractor has been scheduled to repair or replace the valve on 02/23/10.

PWS ID #	3424000	
Date	02/17/10	

CHLORINATION (Disinfect Type: Gas X Hypo	ion)			
Make <u>Stenner</u>	Capacity 17 gpd			
Chlorine Feed Rate 30% s				
Avg. Amount of Cl ₂ gas use	edN/A			
Chlorine Residuals: Plant _	0.86 Remote 1.08			
Remote tap location5420	SE 22 nd Place			
DPD Test Kit: On-site With operator				
None	Not Used Daily			
Injection Points Prior to hyd	dropneumatic tank.			
Booster Pump Info N/A				
Comments				

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System			
Auto-switchover			
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Q		
Adequate Air-pak			
Sign of Leaks		$\Box$	
Fresh Ammonia		À	
Ventilation			
Room Lighting			
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

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

Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	L
Frequency of Cleaning	
Date Last Inspected/Cleane	db
Comments	

## STORAGE FACILITIES

<ul><li>(G) Ground</li><li>(C) Clearwell</li><li>(E) Elevated</li><li>(B) Bladder</li><li>(H) Hydropneumatic / flow-through</li></ul>					
Tank Type/Number	H1	*H2	H3		
Capacity (gal)	3,000	3,000	20,000		
Material	Steel	Steel	Steel		
Gravity Drain	Yes	Yes	Yes		
By-Pass Piping	Yes	Yes	Yes		
Protected Openings	Yes	Yes	Yes		
Sight Glass or Level Indicator	Yes	Yes	No		
PRV/ARV	PRV	PRV	PRV		
Pressure Gauge	Yes	Yes	Yes		
On/Off Pressure	40/60	40/60	40/60		
Access Secured	Yes	Yes	Yes		
Access Manhole	Yes	Yes	Yes		
Tank Sample Tap Location	On tank	On tank	On tank		
Date of Inspection	12/09	12/09	12/09		
Date of Cleaning	12/09	12/09	12/09		

Comments <u>*The bottom of hydropneumatic tank 2 has</u> a leak in the bottom of it. A contractor is scheduled to repair the tank on 2/23/10.

#### HIGH SERVICE PUMPS

Pump Number	1	
Туре	Centrifugal	
Make	Baldor	
Model	VM3559	
Capacity (gpm)	Unknown	
Motor HP	Unknown	
Date Installed	Unknown	

#### Comments _____

PWS ID #	3424000	
Date	02/17/10	_

# **DEFICIENCIES:**

#### 1. Failure to provide an audio/visual alarm to indicate a loss of standby power.

At each site where standby power is required, the supplier of water shall provide an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. [Rule 62-555.320(14)(f), F.A.C.]

#### 2. Failure to maintain public water system components.

- The check valve on well 1 is allowing water to pass.
- Hydropneumatic tank 2 is leaking.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

*Note:* A contractor has been schedule to repair both of these deficiencies.

#### 3. Failure to provide a written flushing program.

Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received. [Rule 62-555.350(2), F.A.C.]

#### 4. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

#### 5. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

# COMMENTS/REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <a href="http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm">http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm</a>.
- Provide documentation that the finished-drinking-water meter has been calibrated.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

• The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, annually, and certification of delivery of the CCR must be submitted to the Department no later than August 10, annually.

Inspector	geenjant	Title _	Env. Specialist II	Date	02/23/10
Approved by _	Botath	Title _	Env. Supervisor II	Date	02/23/10

# RESPONSE

Please provide any changes to the following:

PWS ID Number: <u>3424</u>	000	Business Name:	
PWS Name: Belleair S	ubdivision		
		Owner(s) Name:	
Mailing Address:			
		Mailing Address:	
Date:		Phone Number(s):	
		Fax #:	
		E-Mail Address:	
3319 Maguire Boule Orlando, Florida 328	303	rogram	
Attention: Jill M. Farris,	Environmental Specialist II		
	artment's Sanitary Survey are done to correct the listed	Report for the subject public water syster d deficiencies:	n dated February 17, 2010,
Deficiency Item No	Correctiv	e Action Done	Date Done
Deficiency I <u>tem No</u> .	Correctiv	e Action Done	Date Done
-	<u>Correctiv</u>	e Action Done	Date Done
-	<u>Correctiv</u>	e Action Done	Date Done
-	Correctiv	e Action Done	Date Done
-	<u>Correctiv</u>	e Action Done	Date Done
-	Correctiv	e Action Done	<u>Date Done</u>
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-		e Action Done	<u>Date Done</u>
		e Action Done	<u>Date Done</u>
		e Action Done	<u>Date Done</u>
		e Action Done	<u>Date Done</u>

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____

(Please Type or Print)

# AQUA

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

April 13, 2010

Jill Farris FDEP Central District 3319 Maguire Blvd. Suite 232 Orlando, FL 32803-3767

#### **RE:** Reply to Sanitary Survey

<u>Marion County – PW</u>	PWS ID Number
<b>Belleair Subdivision</b>	3424000
Chappell Hills	3424029
West View Subdivision	3424036
49 th Street Village	3424631
<b>Ocala Oaks Subdivision</b>	3421560

Dear Ms. Farris:

This letter is in response to your inspection of the facility referenced above on February 17, 2010.

#### Deficiencies: (all facilities)

1. Failure to provide a written flushing program

The flushing plans for each system are attached.

2. Failure to keep records documenting that dead-end water mains are being flushed.

The operator will record all flushing events in the logbook.

3. Failure to keep records documenting that isolation valves are being exercised.

The operator will record isolation valve exercising events in the logbook.

#### Belleaire Subdivision:

1. Failure to provide an audio/visual alarm to indicate loss of standby power.

The audio/visual alarm has been installed on the generator.

2. Failure to maintain public water system components.

The check valve on well 1 has been replaced. The hydropneumatic tank has been ordered and will be replaced.

#### West View Subdivision:

1. Failure to maintain public water system components.

The crack in the concrete pad has been filled.

#### Ocala Oaks Subdivision:

1. Failure to provide an audio/visual alarm to indicate loss of standby power.

The audio/visual alarm has been installed on the generator.

2. Failure to maintain public water system components.

The check valves on wells # 1 and # 3 have been replaced.

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

Sincerely,

tatich Samis

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

Enclosure: Flushing Plans

cc: Paul Thompson, via e-mail Harry Householder, via e-mail Michael Pickel, via e-mail

An Aqua America Company

# **Bellaire Flushing Plan**

#### Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Bellaire service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

#### Flushing:

,

Bellaire subdivision contains one (1) dead end main:

Lot 8-A SE 21st Lane

This location will be flushed quarterly.

# 49th Street Flushing Plan

#### Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the 49th Street service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

#### **Flushing:**

49th Street subdivision contains two (2) dead end mains:

Lot 22-B NE 49th Place

Lot 1-A NE 50th Place

These locations will be flushed quarterly.

# **Chappell Hills Flushing Plan**

#### Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Chappell Hills service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

#### Flushing:

Chappell Hills subdivision contains no dead ends mains, however, the system will be flushed quarterly.

# Westview Flushing Plan

#### Purpose:

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Westview service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

#### **Flushing:**

Westview subdivision contains three (3) dead end mains:

Lot 1-D NW 44th Place

Lot 4-C NW 43rd Lane

Corner NW 42nd Street and NW 26th Terrace

These locations will be flushed quarterly.

# **Ocala Oaks Flushing Plan**

#### **Purpose:**

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Ocala Oaks service area.

#### Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

#### **Flushing:**

Ocala Oaks subdivision contains six (6) dead end mains:

Lot 3-1A NE 48th Street

Lot 3-1B NE 47th Street

Lot 4-1C NE 46th Place

Corner SR 200A and NE 42nd Street

Lot 1-A NE 35th Street

Lot 1-J NE 35th Street

These locations will be flushed quarterly.