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:

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

D. Bruce May, Jr.

COM ___
APA 1
ECR 1
GCL 1 DBM:kjg
RAD ___
SSC ___
ADM ___
OPC ___
CLK ___

Enclosures

cc: 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

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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:

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 1
ECR 13
GCL 1
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.

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

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.

* * *

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)
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Mr. Troy Rendell, Aqua Utilities Florida, Inc. (Via U.S. Mail)
Ms. Kimberly Joyce, Aqua Utilities Florida, Inc. (Via U.S. Mail)

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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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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
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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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. 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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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						
8	Total	71,042,890	(67,337,522)	3,705,368	4,052,060	A-1
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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						
8	Total	71,042,890	(69,742,960)	1,299,930	1,374,774	A-1
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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						
8	Total	71,042,890	(62,761,289)	8,281,601	9,219,002	A-1
Sewer						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
9	Long-Term Debt	26,952,309	(24,172,313)	2,779,997	3,276,553	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	(38,161,012)	4,388,802	5,172,719	
13	Customer Deposits	84,294	(74,995)	9,299	9,299	D-7
14	Accumulated Deferred Income Taxes	1,456,472	(1,108,294)	348,178	348,178	C-6
15						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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						
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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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.

Line No.	(1) Class of Capital	(2) Parent Test Year Average	(3) Reconciliation Adjustments Pro rata *	(4) Reconciled To Test Yr Rate Base†	(5) Reconciled To Pro Forma Rate Base	(6) Supporting Schedules
Water						
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
Sewer						
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 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
- set the Capital Structure to the Parent's proportions of 38.78% Debt & 61.22% Equity with consideration made for Customer Deposits and Deferred Taxes

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

Florida Public Service Commission
Schedule: A-3
Page: 3 of 3
Preparer: R J Pasceri

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

Line No.	(1) Acct	(2) Prjct#	(3) Description	(4) UPIS W&S	(5) UPIS Water	(6) UPIS Sewer	(7) AccDepr W&S	(8) AccDepr Water	(9) AccDepr Sewer	Net Plant Additions Water
1	**UPIS & ACCUMULATED DEPRECIATION Pro Forma Adjustments**									
2	330.40	1.1			-	-		-	-	-
3	330.40	1.2			-	-		-	-	-
4	330.40	1.3			-	-		-	-	-
5	330.40	1.4	Hydro tank replacement - Arredondo Fm&Est, The Woods		32,866	-		(56,194)	-	89,060
6	331.40	2			-	-		-	-	-
7	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			-	-		-	-	-
14	380.40	10			-	-		-	-	-
15	330.40	11	New tank liners - Tomoka & Twin Rivers		70,000	-		2,002	-	67,998
16	331.40	12	Fire flow upgrade - Lake Suzy		65,000	-		1,512	-	63,488
17	320.30	13	Secondary water treat - Sebring Lakes - Lake Josephine		300,000	-		13,650	-	286,350
18	320.30	14	Secondary water quality - Leisure Lakes		150,000	-		6,825	-	143,175
19	380.40	15			-	-		-	-	-
20	320.30	16			-	-		-	-	-
21	380.40	17			-	-		-	-	-
22	320.30	18			-	-		-	-	-
23	330.40	19			-	-		-	-	-
24	380.40	20			-	-		-	-	-
25	360.20	21			-	-		-	-	-
26	380.40	22			-	-		-	-	-
27	320.30	23	Water Chlorine conversion - Leisure Lakes		30,000	-		1,365	-	28,635
28	320.30	24	Water Sand strainer project - Summit Chase		20,000	-		910	-	19,090
29	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			-	-		-	-	-
39	311.20	35	Water Well #1 pump replacement - Skycrest		2,769	-		(2,984)	-	5,752
40	341.50	36.1	Truck retirement (replaced)		(36,583)			(42,681)		6,098
41	391.70	36.1				-			-	-
42	341.50	36.2	Purchase of Trucks for Replacements, AUF Tot&Allocation	200,279	57,657		33,387	9,611		48,045
43	391.70	36.2				-			-	-
44	340.51	37	Administrative Assets, IT - AUF Tot & Allocation	264,584	76,169		44,106	12,697		63,472
45	390.71	37				-			-	-
46			Total		821,071	-		(61,042)	-	882,112
			Subtract Pro Forma Net Plant Additions, not subject to Property Tax:							
			Truck retirement (replaced)		(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 Property Tax		723,828	-		(40,669)	-	764,497
										(for property tax calc on B-3)

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.

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills			PWS Identification Number:	3424029
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	41			Total Population Served at End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Chappell Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	2338 NE 55th St	City: Ocala	State: Florida	Zip Code:	34479
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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	Printed or Typed Name	License Number
02/08/10	Paul Thompson	A-7251

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

S ID	3424029	Plant Name	Chappell Hills

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

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

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

, of ie nth	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
	X	24.0	6,000		1.4								1.2	
2		24.0	6,000											
3		24.0	6,000											
4	X	24.0	6,000		1.2								1.2	
5		24.0	7,000											
6	X	24.0	4,000		1.0								0.9	
7		24.0	5,000											
8	X	24.0	5,000		0.9								0.8	
9		24.0	6,000											
10		24.0	6,000											
11	X	24.0	6,000		1.0								0.9	
12		24.0	7,000											
13	X	24.0	6,000		0.9								0.8	
14		24.0	6,000											
15	X	24.0	6,000		1.0								0.9	
16		24.0	6,000											
17		24.0	6,000											
18	X	24.0	6,000		1.1								1.0	
19		24.0	6,000										1.0	
20	X	24.0	5,000		0.9								0.8	
21		24.0	5,000											
22	X	24.0	6,000		1.1								1.1	
23		24.0	6,000											
24		24.0	6,000											
25	X	24.0	5,000		1.0								0.9	
26		24.0	5,000											
27	X	24.0	5,000		0.9								0.9	
28		24.0	5,000											
29	X	24.0	5,000		0.9								0.9	
30		24.0	5,000											
31		24.0	6,000											
l			176,000											
erage			5,677											
imum			7,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills			PWS Identification Number:	3424029
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	41			Total Population Served at End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Pl

Plant Name:	Chappell Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	2338 NE 55th St	City: Ocala	State: Florida	Zip Code:	34479
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:				
	Gary Kissick	C	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.

3/9/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID:	3424029	Plant Name:	Chappell Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	5,000		1.0								0.9	
2		24.0	5,000											
3	X	24.0	6,000		1.0								1.0	
4		24.0	6,000											
5	X	24.0	6,000		1.1								1.1	
6		24.0	6,000											
7		24.0	6,000											
8	X	24.0	4,000		0.9								0.9	
9		24.0	5,000											
10	X	24.0	5,000		0.9								0.8	
11		24.0	5,000											
12	X	24.0	5,000		0.9								0.7	
13		24.0	6,000											
14		24.0	6,000											
15	X	24.0	4,000		0.8								0.6	
16		24.0	5,000											
17	X	24.0	5,000		0.8								0.6	
18		24.0	5,000											
19	X	24.0	5,000		2.2								2.0	
20		24.0	5,000											
21		24.0	6,000											
22	X	24.0	5,000		2.2								2.0	
23		24.0	5,000											
24	X	24.0	5,000		2.2								2.2	
25		24.0	5,000											
26	X	24.0	5,000		2.2								2.2	
27		24.0	5,000											
28		24.0	5,000											
29		24.0												
30		24.0												
31		24.0												
Total			146,000											
Avgerage			4,710											
Maximum			6,000											

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills			PWS Identification Number:	3424029
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	41			Total Population Served at End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Chappell Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	2338 NE 55th St	City: Ocala	State: Florida	Zip Code:	34479
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	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	Printed or Typed Name	License Number
4/8/10	Paul Thompson	A-7251

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

PWS ID:	3424029	Plant Name:	Chappell Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	5,000		2.0								1.9	
2		24.0	5,000											
3	X	24.0	5,000		1.1								0.9	
4		24.0	6,000											
5	X	24.0	6,000		1.5								1.4	
6		24.0	6,000											
7		24.0	5,000											
8	X	24.0	5,000		1.4								1.2	
9		24.0	5,000											
10	X	24.0	5,000		1.4								1.2	
11		24.0	5,000											
12	X	24.0	6,000		1.4								1.3	
13		24.0	6,000											
14		24.0	5,000											
15	X	24.0	6,000		1.2								1.0	
16		24.0	6,000											
17	X	24.0	6,000		1.3								1.2	
18		24.0	6,000											
19	X	24.0	6,000		1.2								1.1	
20		24.0	5,000											
21		24.0	5,000											
22	X	24.0	5,000		1.1								0.9	
23		24.0	5,000											
24	X	24.0	5,000		1.2								1.1	
25		24.0	5,000											
26	X	24.0	5,000		1.0								0.8	
27		24.0	6,000											
28		24.0	6,000											
29	X	24.0	6,000		1.0								0.8	
30		24.0	6,000											
31		24.0	6,000											
Total			170,000											
Avgerage			5,484											
Maximum			6,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills			PWS Identification Number:	3424029
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	41			Total Population Served at End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Chappell Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	2338 NE 55th St	City: Ocala	State: Florida	Zip Code:	34479
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Larry White	C	7082	Days 1st Shift
	Gary Kissick	C	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.

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID	3424029	Plant Name	Chappell Hills

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	X	24.0	5,000		1.0								0.9	
2	X	24.0	8,000		1.1								0.9	
3	X	24.0	6,000		1.1								0.8	
4		24.0	6,000											
5	X	24.0	6,000		1.0								0.8	
6		24.0	7,000											
7	X	24.0	7,000		1.0								0.8	
8		24.0	7,000											
9	X	24.0	6,000		1.1								0.9	
10		24.0	6,000											
11		24.0	7,000											
12	X	24.0	8,000		1.1								0.9	
13		24.0	7,000											
14	X	24.0	7,000		1.1								0.8	
15		24.0	6,000											
16	X	24.0	8,000		1.0								0.8	
17		24.0	8,000											
18		24.0	7,000											
19	X	24.0	7,000		0.9								0.7	
20		24.0	7,000											
21	X	24.0	7,000		0.4								0.6	
22		24.0	7,000											
23	X	24.0	7,000		1.0								0.8	
24		24.0	8,000											
25		24.0	8,000											
26	X	24.0	7,000		0.9								0.7	
27		24.0	7,000											
28	X	24.0	7,000		1.0								0.8	
29		24.0	6,000											
30	X	24.0	9,000		0.9								0.8	
31														
Total			209,000											
Avgerage			6,742											
Maximum			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.

I. General Water System Information for the Month/Year of:	April, 2010			
Consecutive System Name: Lake Suzy				PWS Identification Number: 6144856
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 568			Total Population Served at End of Month: 1533	
Consecutive System Owner:	Aqua Utilities Florida			
Contact Person:	Harry Householder		Contact Person's Title: Area Manager	
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 Distribution System Disinfectant Residual Data for the Month/Year of: April, 2010

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

Day of the Month	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	
2	3.0	
3	3.8	
4		
5	3.3	
6	3.1	
7	3.0	
8	3.2	
9	3.2	
10	2.4	
11		
12	3.6	
13	3.1	
14	3.2	
15	3.3	
16	2.7	
17	4.1	
18		
19	3.1	
20	2.9	
21	3.0	
22	3.0	
23	2.8	
24	3.2	
25		
26	3.7	
27	2.6	
28	3.2	
29	3.0	
30	3.8	

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.

Daniel Hostetler

Signature and Date 5/10/2010

Don Hostetler
Printed or Typed Name

C 14147
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

LF

Sanders Laboratories INC.
Environmental Testing Services

10090 BAVARIA RD
FT. MYERS, FL 33913
239-590-0337
☐ E85457

1050 ENDEAVOR CT
NOKOMIS, FL 34275
941-488-8103
☐ E84380

Lab Receipt Date & Time: 4-9-10 1230
Analysis Date & Time: 4-9-10 12:40
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 3.2 °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: N1004155 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Lake Suzy PWS I.D. 6 1 4 4 8 5 6

System Address: 12164 S-W Egret Cir City: Lake Suzy

System or Owner's Phone #: 967-7440 Fax #: _____

Collector: L Filler Collector's Phone # 488-5163

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4-9-10

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualifier[2]	Lab Sample Number
1	17731 Suzy Ave	900	D	2.5	7.6		A			-01A
2	11933 S-W Kingbird Cir	915	D	2.5	7.7		A			-02A

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant sample in the average.) 2.5

[2]Defined in Florida Administrative Code Rule 62-100, Table

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# _____) ☑ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: T Brooks
Title: Office Manager

Name and Mailing Address of Person to Receive Report

Auf
1616 Wendell Kent Rd
Sarasota FL
34240

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[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 Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Morningview			PWS Identification Number:	3350852
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	39			Total Population Served at End of Month:	137
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Morningview		Plant Telephone Number:	352-787-0980
Plant Address:	01322 English Road	City: Leesburg	State: Florida	Zip Code: 34748
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	306,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	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	Printed or Typed Name	License Number
	Will Fontaine	C-6813

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

PWS Identificaiton Number:	3350852	Plant Name:	Morningview

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0	6,050		1.1								0.8	
2	X	24.0	7,100		1.2								0.9	
3	X	24.0	5,600		1.2								0.8	
4	X	24.0	7,000		1.2								0.8	
5	X	24.0	4,400		1.0								0.6	
6	X	24.0	4,300		1.5									
7		24.0	6,900											
8	X	24.0	6,900		0.8								0.6	
9	X	24.0	6,200		0.8								0.5	
10	X	24.0	23,100		1.5								1.0	Tank Cleaning and Inspection
11	X	24.0	27,300		0.8								0.7	
12	X	24.0	4,200		1.2								1.0	
13	X	24.0	6,000		1.4									
14		24.0	6,950											
15	X	24.0	6,950		1.4								1.1	
16	X	24.0	6,900		1.2								0.9	
17	X	24.0	7,400		0.7								0.5	
18	X	24.0	5,400		0.8								0.6	
19	X	24.0	5,400		0.8								0.6	
20	X	24.0	5,300		1.3									
21		24.0	6,250											
22	X	24.0	6,250		1.0								0.9	
23	X	24.0	6,400		1.0								0.8	
24	X	24.0	4,900		1.0								0.8	
25	X	24.0	8,300		1.3								1.0	
26	X	24.0	12,000		1.0								0.9	
27	X	24.0	9,000		1.4									
28		24.0	7,500											
29	X	24.0	7,500		1.2								1.0	
30	X	24.0	5,800		1.2								1.0	
31		24.0												
Total			233,250											
Avgerage			7,524											
Maximum			27,300											

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773		
MAILING ADDRESS:	1343 N.E. 17th Rd.	LIMIT:	Final	REPORT:	Monthly
	Ocala, Fl. 34470	CLASS SIZE:	N/A	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002		
LOCATION:	7616 Arbordale Drive	MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
	Port Richey, FL 34668	NO DISCHARGE FROM SITE:	☐		
COUNTY:	Pasco	MONITORING PERIOD--From:	10/01/2008	To:	10/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	**0.118**	**0.107**	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.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 I 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 two weeks	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 two weeks	8-hour FPC
PARM Code 80082 I 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 two weeks	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 two weeks	8-hour FPC
PARM Code 00530 I 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		352-302-9713	**08/11/19**

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

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I 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 I 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 I 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 3MADF % Capacity is the 3MADF 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):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773 Facilty: Palm Terace Gardens WWTP
County: Pasco

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

	Flow (MGD) total 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 STAFFING

Lead Operator	Class: B	Certification No.: 8035	Name:	Don Hostetler	
Day Shift Operator	Class:	Certification No.:	Name:		
Day Shift Operator	Class:	Certification No.:	Name:		
Day Shift Operator	Class:	Certification No.:	Name:		
Chief Day Operator	Class:	Certification No.:	Name:		

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

* 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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods / Spring Lake Manor			PWS Identification Number:	3351021
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	180			Total Population Served at End of Month:	437
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			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:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Piney Woods\Spring Lake Manor			Plant Telephone Number:	352-787-0980
Plant Address:	2013 Spring Lake Rd / 2038 Live Oak Dr	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	Days 1st Shift
	Arthur House	C	16174	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.

2.9.10

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID	3351021	Plant Name	Piney Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	22,000		1.1								0.8	
2	X	24.0	38,000		1.1									
3		24.0	32,500											
4	X	24.0	32,500		1.0								0.8	
5	X	24.0	41,000		1.2								0.8	
6	X	24.0	31,000		1.1								0.8	
7	X	24.0	32,000		1.1								0.8	
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	X	24.0	36,000		1.2								1.0	
13	X	24.0	31,000		1.2								1.0	
14	X	24.0	38,000		1.2								1.0	
15	X	24.0	45,000		1.1								0.8	
16	X	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	X	24.0	43,000		1.6								1.1	
22	X	24.0	23,000		1.5								1.0	
23	X	24.0	40,000		1.5									
24		24.0	53,000											
25	X	24.0	53,000		1.4								1.1	
26	X	24.0	30,000		1.4								1.0	
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									
31		24.0	57,000											
Total			1,162,000											
Avgerage			37,484											
Maximum			57,000											

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

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

PWS ID	3351021	Plant Name	Spring Lake Manor

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0			1.0								0.8	
2	X	24.0			1.1									
3		24.0												
4	X	24.0			0.9								0.8	
5	X	24.0			0.9								0.8	
6	X	24.0			1.0								0.8	
7	X	24.0			1.0								0.8	
8	X	24.0			1.0								0.9	
9	X	24.0			1.0									
10		24.0												
11	X	24.0			1.1								1.0	
12	X	24.0			1.1								1.0	
13	X	24.0			1.1								1.0	
14	X	24.0			1.0								1.0	
15	X	24.0			1.0								0.8	
16	X	24.0			1.0									
17		24.0												
18	X	24.0			1.5								1.4	
19	X	24.0	200		1.3								1.2	
20	X	24.0			1.3								1.1	
21	X	24.0			1.2								1.1	
22	X	24.0			1.2								1.0	
23	X	24.0												
24		24.0												
25	X	24.0			1.2								1.1	
26	X	24.0			1.2								1.0	
27	X	24.0			1.2								1.1	
28	X	24.0			1.1								0.9	
29	X	24.0			1.1								1.0	
30	X	24.0			1.2									
31		24.0												
Total			200											
Avgerage			6											
Maximum			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.

Daily Finished-Water Production for the Month/Year of : January 2010

Community Water System (CWS) Name: Piney Woods

Public Water System (PWS) Identification Number: 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:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	22,000	0									22,000
2	38,000	0									38,000
3	32,500	0									32,500
4	32,500	0									32,500
5	41,000	0									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									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									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									43,000
22	23,000	0									23,000
23	40,000	0									40,000
24	53,000	0									53,000
25	53,000	0									53,000
26	30,000	0									30,000
27	38,000	0									38,000
28	21,000	0									21,000
29	39,000	0									39,000
30	45,000	0									45,000
31	57,000	0									57,000
Total											1,162,200
Avg.											37,490
Max.											57,000

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods / Spring Lake Manor			PWS Identification Number:	3351021
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	180			Total Population Served at End of Month:	437
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			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:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Piney Woods\Spring Lake Manor			Plant Telephone Number:	352-787-0980
Plant Address:	2013 Spring Lake Rd / 2038 Live Oak Dr	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	Days 1st Shift
	Arthur House	C	16174	Days 1st Shift

II. Certification by Lead/Chief Operator

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

3-9-10

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID:	3351021	Plant Name:	Piney Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	X	24.0	57,000		1.3								0.9	
2	X	24.0	47,000		1.3								0.9	
3	X	24.0	48,000		1.2								0.9	
4	X	24.0	33,000		1.3								0.9	
5	X	24.0	41,000		1.2								0.8	
6	X	24.0	22,000		1.2									
7		24.0	44,000											
8	X	24.0	44,000		1.1								0.8	
9	X	24.0	34,000		1.1								0.8	
10	X	24.0	30,000		0.7								0.6	
11	X	24.0	34,000		1.3								0.7	
12	X	24.0	30,000		1.3								0.9	
13	X	24.0	26,000		1.3									
14		24.0	43,000											
15	X	24.0	43,000		1.3								1.0	
16	X	24.0	33,000		1.4								1.0	
17	X	24.0	18,000		1.3								1.1	
18	X	24.0	45,000		1.3								1.1	
19	X	24.0	30,000		1.2								0.9	
20	X	24.0	23,000		1.2									
21		24.0	45,500											
22	X	24.0	45,500		1.3								0.9	
23	X	24.0	40,000		1.2								0.9	
24	X	24.0	32,000		1.1								0.9	
25	X	24.0	30,000		1.2								0.8	
26	X	24.0	27,000		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												
Total			1,007,500											
Avgerage			32,500											
Maximum			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.

Daily Finished-Water Production for the Month/Year of : February 2010

Community Water System (CWS) Name: Piney Woods

Public Water System (PWS) Identification Number: 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:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	57,000	0									57,000
2	47,000	0									47,000
3	48,000	0									48,000
4	33,000	0									33,000
5	41,000	200									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
Total											1,008,400
Avg.											32,529
Max.											57,000

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods / Spring Lake Manor			PWS Identification Number:	3351021
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	180			Total Population Served at End of Month:	437
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			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:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Piney Woods\Spring Lake Manor			Plant Telephone Number:	352-787-0980
Plant Address:	2013 Spring Lake Rd / 2038 Live Oak Dr	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	Days 1st Shift
	Arthur House	C	16174	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.

4-8-10

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS ID	3351021	Plant Name	Piney Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator* (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*: CT Calculations: Peak Flow Rate, gpd.	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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	X	24.0	38,500		1.1								0.8	
2	X	24.0	28,000		1.1								0.7	
3	X	24.0	31,000		1.1								0.7	
4	X	24.0	29,000		1.3								0.7	
5	X	24.0	31,000		1.3								0.7	
6	X	24.0	18,000		1.3								0.9	
7		24.0	46,000											
8	X	24.0	46,000		1.3								1.1	
9	X	24.0	31,000		1.4								1.0	
10	X	24.0	31,000		1.4								1.0	
11	X	24.0	35,000		1.4								1.0	
12	X	24.0	18,000		1.4								1.1	
13	X	24.0	31,000		1.4									
14		24.0	39,000											
15	X	24.0	39,000		1.3								1.0	
16	X	24.0	38,000		1.2								1.0	
17	X	24.0	29,000		1.1								0.8	
18	X	24.0	46,000		1.3								0.8	
19	X	24.0	26,000		1.4								1.0	
20	X	24.0	39,000		1.4									
21		24.0	44,000											
22	X	24.0	44,000		1.3								0.9	
23	X	24.0	30,000		1.2								0.9	
24	X	24.0	31,000		1.3								0.9	
25	X	24.0	44,000		1.3								0.9	
26	X	24.0	33,000		1.3								0.9	
27	X	24.0	22,000		1.3									
28		24.0	33,500											
29	X	24.0	33,500		1.3								0.9	
30	X	24.0	46,000		1.2								0.9	
31	X	24.0	36,000		1.2								0.9	
Total			1,066,500											
Avgerage			34,403											
Maximum			46,000											

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

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

PWS ID:	3351021	Plant Name:	Spring Lake Manor

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

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

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

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

Daily Finished-Water Production for the Month/Year of :											
	March 2010										
Community Water System (CWS) Name:	Piney Woods										
Public Water System (PWS) Identification Number:	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:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	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									35,000
12	18,000	0									18,000
13	31,000	0									31,000
14	39,000	0									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									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
Total											1,066,600
Avg.											34,406
Max.											46,100

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Piney Woods / Spring Lake Manor			PWS Identification Number:	3351021
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	180			Total Population Served at End of Month:	437
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontaine			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:	wmfontaine@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Piney Woods\Spring Lake Manor			Plant Telephone Number:	352-787-0980
Plant Address:	2013 Spring Lake Rd / 2038 Live Oak Dr	City: Fruitland Park	State: Florida	Zip Code:	34731
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	Days 1st Shift
	Arthur House	C	16174	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	Printed or Typed Name	License Number
5/7/2010	Will Fontaine	C-6813

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

PWS ID	3351021	Plant Name	Piney Woods

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	36,000		1.2								0.8	
2	X	24.0	41,000		1.2								0.8	
3	X	24.0	33,000		1.2									
4		24.0	49,000											
5	X	24.0	49,000		1.2								0.8	
6	X	24.0	52,000		1.2								0.9	
7	X	24.0	42,000		1.2								0.9	
8		24.0	35,500											
9	X	24.0	35,500		1.3								1.0	
10	X	24.0	45,000		1.3									
11	X	24.0	26,000		1.3								1.0	
12	X	24.0	55,000		1.4								1.1	
13	X	24.0	46,000		1.5								1.0	
14	X	24.0	32,000		1.4								1.1	
15	X	24.0	62,000		1.5								1.1	
16	X	24.0	32,000		1.4								1.2	
17	X	24.0	47,000		1.2									
18		24.0	49,000											
19	X	24.0	49,000		1.2								0.9	
20	X	24.0	31,000		1.1								0.9	
21	X	24.0	34,000		1.2								0.9	
22	X	24.0	33,000		1.1								0.8	
23	X	24.0	28,000		1.1								0.9	
24	X	24.0	41,000		1.2									
25		24.0	45,000											
26	X	24.0	45,000		1.1								0.8	
27	X	24.0	21,000		1.2								0.8	
28	X	24.0	45,000		1.2								0.7	
29	X	24.0	44,000		1.2								0.8	
30	X	24.0	32,000		1.1								0.7	
31														
Total			1,215,000											
Avgerage			39,194											
Maximum			62,000											

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

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

PWS ID	3351021	Plant Name	Spring Lake Manor

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0			1.0								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								0.8	
6	X	24.0			1.1								0.9	
7	X	24.0			1.0								0.9	
8		24.0												
9	X	24.0			1.1								1.0	
10	X	24.0			1.1									
11	X	24.0			1.2								1.0	
12	X	24.0			1.2								1.1	
13	X	24.0			1.2								1.0	
14	X	24.0			1.3								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												
19	X	24.0			1.0								0.9	
20	X	24.0			0.9								0.9	
21	X	24.0			1.0								0.9	
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	X	24.0			0.9								0.8	
27	X	24.0			0.9								0.8	
28	X	24.0			0.9								0.7	
29	X	24.0			0.9								0.8	
30	X	24.0			0.9								0.7	
31														
Total			200											
Avgerage			6											
Maximum			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.

Daily Finished-Water Production for the Month/Year of : April 2010

Community Water System (CWS) Name: Piney Woods

Public Water System (PWS) Identification Number: 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:	
	Piney Woods Well 1	Spring Lake Manor Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	432,000	201,600									633,600
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	36,000	0									36,000
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									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									62,000
16	32,000	200									32,200
17	47,000	0									47,000
18	49,000	0									49,000
19	49,000	0									49,000
20	31,000	0									31,000
21	34,000	0									34,000
22	33,000	0									33,000
23	28,000	0									28,000
24	41,000	0									41,000
25	45,000	0									45,000
26	45,000	0									45,000
27	21,000	0									21,000
28	45,000	0									45,000
29	44,000	0									44,000
30	32,000	0									32,000
31	0	0									0
Total											1,215,200
Avg.											39,200
Max.											62,000

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Ravenswood			PWS Identification Number:	3351062
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	46			Total Population Served at End of Month:	161
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant 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	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	John Worrell	C	6597	Days 1st Shift
	John Wyker	C	13803	Days 1st Shift

II. Certification by Lead/Chief Operator

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

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

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

PWS Identificaiton Number:	3351062	Plant Name:	Ravenswood

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0	17,700		1.3								1.0	
2		24.0	19,550											
3	X	24.0	19,550		1.5								1.3	
4		24.0	9,133											
5		24.0	9,133											
6	X	24.0	9,133		1.4								1.2	
7	X	24.0	7,600		1.5								1.3	
8	X	24.0	18,800		1.6								1.4	
9		24.0	7,450											
10	X	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	X	24.0	10,000		2.0								1.8	
16		24.0	8,550											
17	X	24.0	8,550		2.2								2.0	
18		24.0	9,033											
19		24.0	9,033											
20	X	24.0	9,033		1.1								0.9	
21		24.0	12,550											
22	X	24.0	12,550		0.9								0.8	
23		24.0	9,000											
24	X	24.0	9,000		1.0								0.8	
25		24.0	8,133											
26		24.0	8,133											
27	X	24.0	8,133		1.8								1.6	
28		24.0	7,700											
29	X	24.0	7,700		1.1								1.0	
30	X	24.0	6,100		1.0								0.9	
31	X	24.0	10,100		0.7								0.6	
Total			316,000											
Avgerage			10,194											
Maximum			19,550											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

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

B. Water Treatment Plant Information

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

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Paul Thompson	A7251

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

PWS Identification Number:	2544258	Plant Name:	Silver Lake Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1		24.0	4,367											
2		24.0	4,367											
3	X	24.0	4,367		0.6								0.3	
4	X	24.0	2,000		0.6								0.4	
5	X	24.0	2,200		0.6								0.3	
6	X	24.0	1,700		0.7								0.3	
7	X	24.0	4,100		0.6								0.3	
8		24.0	2,567											
9		24.0	2,567											
10	X	24.0	2,567		0.6								0.3	
11	X	24.0	2,300		0.6								0.3	
12	X	24.0	2,900		0.6								0.3	
13	X	24.0	3,300		0.6								0.3	
14	X	24.0	1,900		0.6								0.2	
15		24.0	2,933											
16		24.0	2,933											
17	X	24.0	2,933		0.6								0.2	
18	X	24.0	3,200		0.6								0.3	
19	X	24.0	3,400		0.7								0.3	
20	X	24.0	3,500		0.3								0.2	
21	X	24.0	2,300		0.5								0.3	
22		24.0	2,933											
23		24.0	2,933											
24	X	24.0	2,933		0.4								0.2	
25	X	24.0	2,900		0.4								0.2	
26	X	24.0	2,500		0.4								0.2	
27	X	24.0	2,100		0.5								0.2	
28	X	24.0	1,200		0.5								0.2	
29		24.0	3,000											
30		24.0	3,000											
31	X	24.0	3,000		0.8								0.5	
Total			88,900											
Avgerage			2,868											
Maximum			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

FLORIDA DEPARTMENT OF HEALTH

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. Chapter 62-555.350(2) 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. Chapter 62-532.500(3)(b)(4) 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.

3. The air relief valves 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. Chapter 62-550.518(1) 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

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

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,

Daniela Sloan

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
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Lynne M. Saddler, MD, MPH
Assistant Director

Bre. 2 Hill
Bacteriological Sampling Pl.
PWS. ID # 3532355

Jan	Well	Lot # 135	Club House
Feb	Well	Lot # 212	Lot # 354
March	Well	Lot # 132	Lot # 211
April	Well	Lot # 135	Club House
May	Well	Lot # 212	Lot # 354
June	Well	Lot # 132	Lot # 211
July	Well	Lot # 135	Club House
Aug.	Well	Lot # 212	Lot # 354
Sept.	Well	Lot # 132	Lot # 211
Oct.	Well	Lot # 135	Club House
Nov.	Well	Lot # 212	Lot # 354
Dec.	Well	Lot # 132	Lot # 211

Map Attach

AQUA SM

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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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 Breeze Hill distribution system are representative of water throughout the entire distribution system.

- The Breeze Hill system is a *community* public water system which serves a population less than 3,300. Two 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

- All production wells shall be sampled monthly on the same day as distribution samples. 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 single 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

EPA

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. 124[1]
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and *Escherichia 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 *E. coli,* 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 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

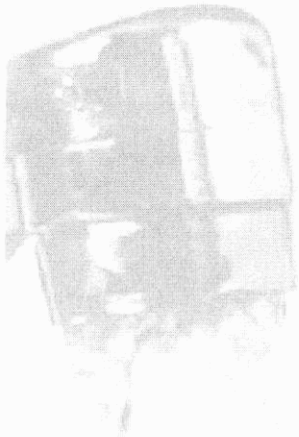
- Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least 3 REPEAT samples must be collected and analyzed for total coliforms:
  - One REPEAT sample must be collected from the same tap as the original sample.
  - One REPEAT sample must be collected within five service 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 waived 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.



Public Water System ROUTINE Monitoring Frequencies

Population	Minimum Samples/ Month	Population	Minimum Samples/ Month	Population	Minimum Samples/ Month
25-1,000*	1	21,501-25,000	25	450,001-600,000	210
1,001-2,500	2	25,001-33,000	30	600,001-780,000	240
2,501-3,300	3	33,001-41,000	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	50,001-59,000	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,000	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	220,001-320,000	150		
17,201-21,500	20	320,001-450,000	180		

*Includes PWSs which have at least 15 service connections, but serve <25 people.

What are the Other Provisions?

Systems collecting fewer than 5 ROUTINE samples per month . . .	Must have a sanitary survey every 5 years (or every 10 years if it is a non-community water system using protected and disinfected ground water).**
Systems using surface water or ground water under the direct influence of surface water (GWUDI) and meeting filtration avoidance criteria . . .	Must collect and have analyzed one coliform sample each day the turbidity of the source water exceeds 1 NTU. This sample must be collected from a tap near the first service connection.

** As per the IESWTR, states must conduct sanitary surveys for community surface water and GWUDI systems in this category every 3 years (unless reduced by the state based on outstanding performance).

How is Compliance Determined?

- Compliance is based on the presence or absence of total coliforms.
- Compliance is determined each calendar month the system serves water to the public (or each calendar month that sampling occurs for systems on reduced monitoring).
- The results of ROUTINE and REPEAT samples are used to calculate compliance.

A Monthly MCL Violation is Triggered if:

A system collecting fewer than 40 samples per month . . .	Has greater than 1 ROUTINE/REPEAT sample per month which is total coliform-positive.
A system collecting at least 40 samples per month . . .	Has greater than 5.0 percent of the ROUTINE/REPEAT samples in a month total coliform-positive.

An Acute MCL Violation is Triggered if:

Any public water system . . .	Has any fecal coliform- or *E. coli*-positive REPEAT sample or has a fecal coliform- or *E. coli*-positive ROUTINE sample followed by a total coliform-positive REPEAT sample.

What are the Public Notification and Reporting Requirements?

For a Monthly MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 14 days.[2]
For an Acute MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 72 hours.[2]
Systems with ROUTINE or REPEAT samples that are fecal coliform- or *E. coli*-positive . . .	Must notify the state by the end of the day they are notified of the result or by the end of the next business day if the state office is already closed.

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.

EPA
United States
Environmental Protection
Agency

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.

Purpose of Triggered Source Water Monitoring

- The purpose of triggered source water monitoring is to evaluate whether the presence of total coliform in the distribution system is due to fecal contamination in the ground water source.
- This type of source water monitoring is triggered by routine total coliform monitoring required by the Total Coliform Rule (TCR) (40 CFR 141.21).
  - Since TCR monitoring is conducted regularly, triggered source water monitoring can occur at any time and thus provides an ongoing evaluation of ground water sources.

Triggered Source Water Monitoring Requirements

Systems Required to Conduct Triggered Source Water Monitoring

GWSs are subject to triggered source water monitoring 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. ► Do not purchase 100% of their water (and therefore have a source at which to sample).

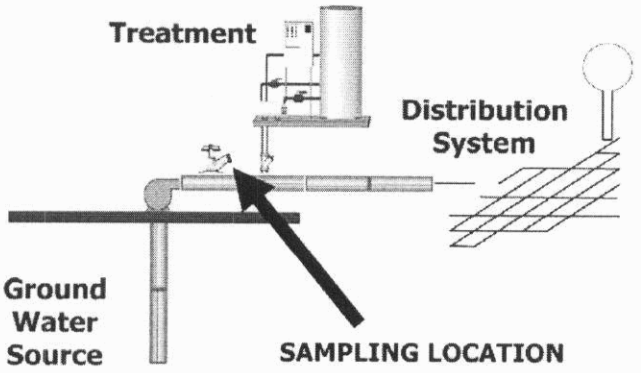
Situations Leading to Triggered Source Water Monitoring

GWSs must conduct triggered source water monitoring when:	► The system is notified of a total coliform-positive sample collected in compliance with the TCR unless: ■ The total coliform sample is invalidated by the State. ■ The State allows an exception to the GWR triggered source water monitoring requirements. OR ► The system is a wholesale system and is notified by one of its consecutive systems that the consecutive system had a total coliform-positive sample during TCR monitoring.

Collecting and Analyzing Triggered Source Water Monitoring Samples

When triggered source water monitoring is required, GWSs 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 total coliform-positive sample (unless the 24-hour limit is extended by the State). ■ Sample must be taken before treatment or at a State-approved location after treatment (see the diagram on the next page). ► Ensure all samples are analyzed for the presence of a fecal indicator (e.g., *E. coli*, enterococci, or coliphage) using an approved GWR method. ► If a fecal indicator-positive source sample is invalidated by the State, the GWS must collect another source water sample within 24 hours of being notified by the State of the sample invalidation using an approved method. See the "Analytical Methods Approved for the Ground Water Rule" at http://www.epa.gov/safewater/methods/analyticalmethods.html.

- 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.



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

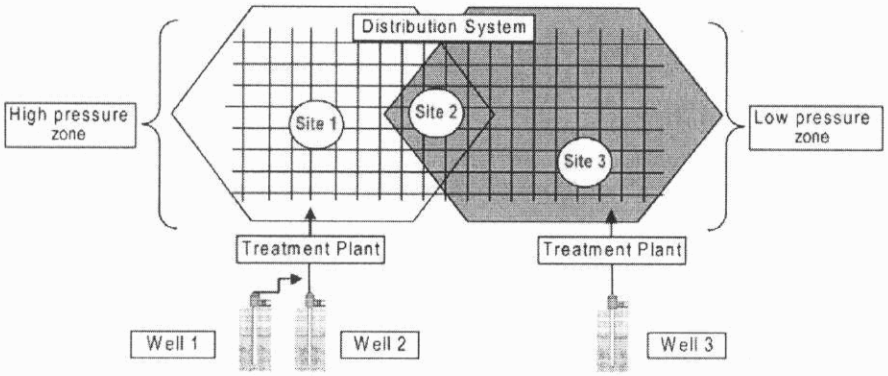
Representative Source Sampling

- 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.

- 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 coliform-positive 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.

Notification Requirements

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 Deadlines for Triggered Source Water Monitoring for Drinking Water Systems

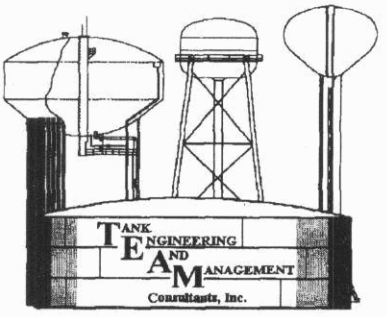
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
December 1,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

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



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

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

By:
Jeff W. Kitchen
Vice President
API Certification No. 22467

Reviewed By:
1/15/10
Robert A. Herz, P.E.
P.E. No. 33147

RE: Inspection Report
4,500-Gallon Hydropneumatic Tank
Aqua Utilities Florida – Ocala, FL
TEAM Project No. 09-0961

On December 8, 2008 2009 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

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 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.

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)

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

Shell:

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

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

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.

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:

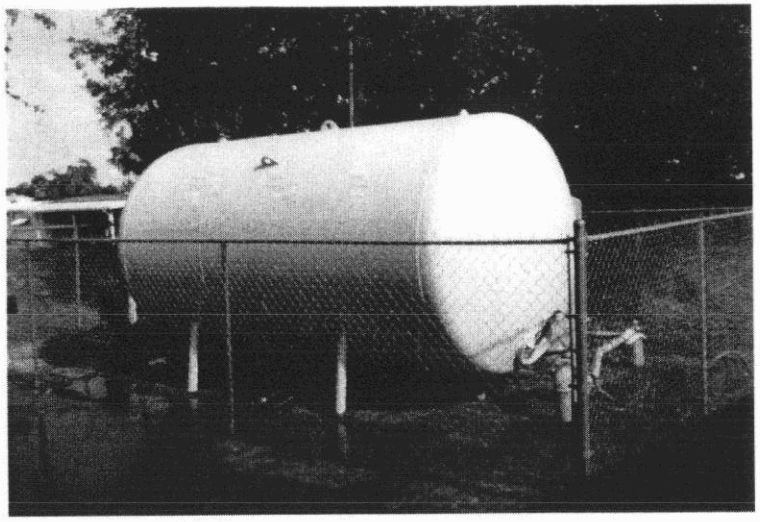
1. **The pressure relief valves should be tested and maintained at 80 psi or lower.**

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.**

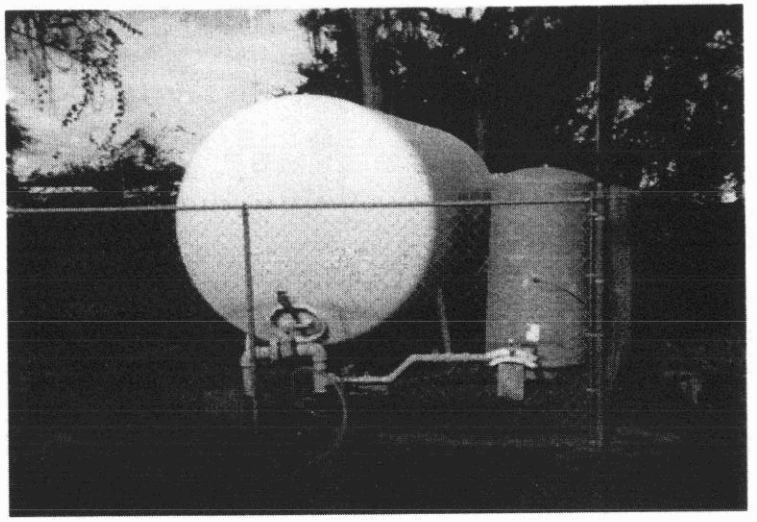
3. **It is recommended that the tank is lifted from the saddles and the area between the saddles and tank be inspected, prepared, and painted to prevent corrosion.**

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

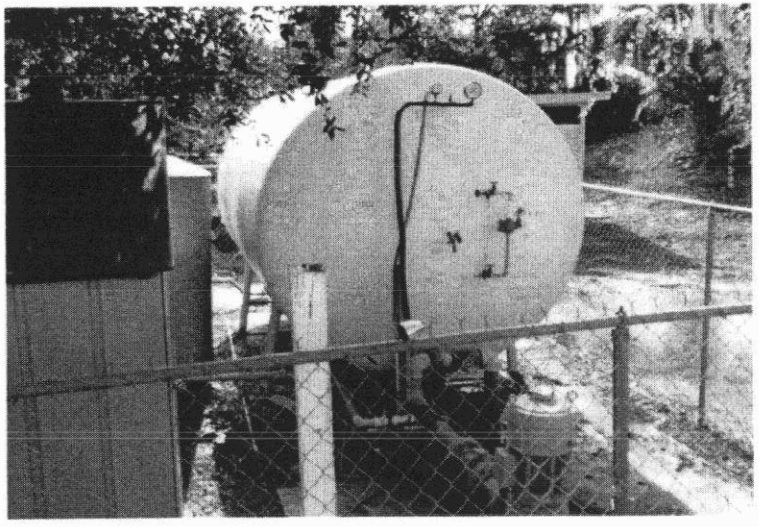
Sincerely,
Tank Engineering and Management Consultants, Inc.



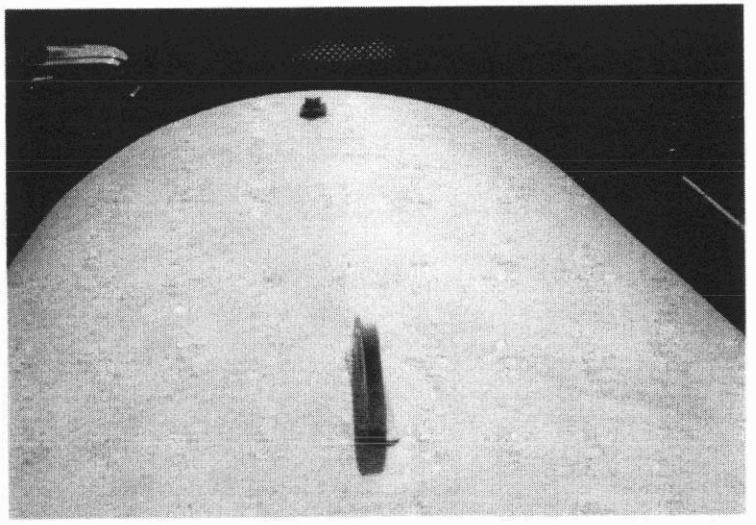
1. Tank Overall.



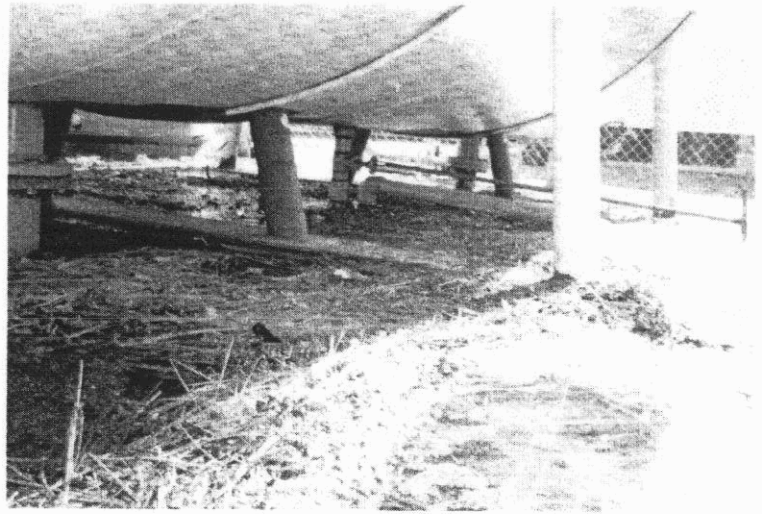
2. Tank Head and Manway.



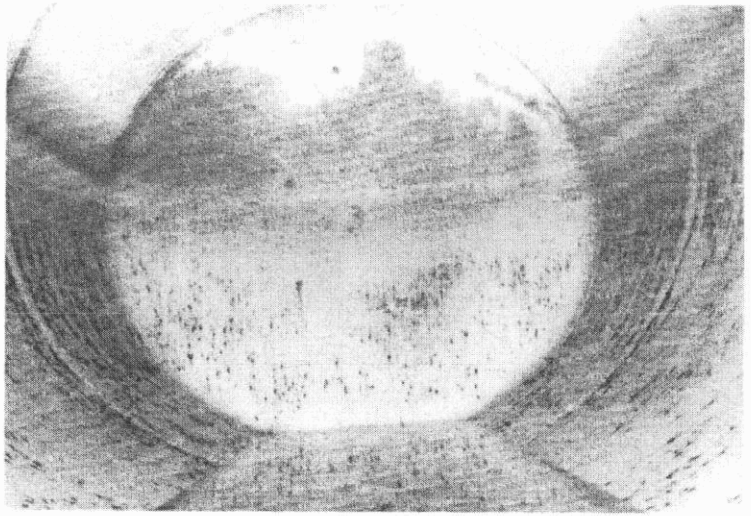
3. Tank Head and Nozzles.



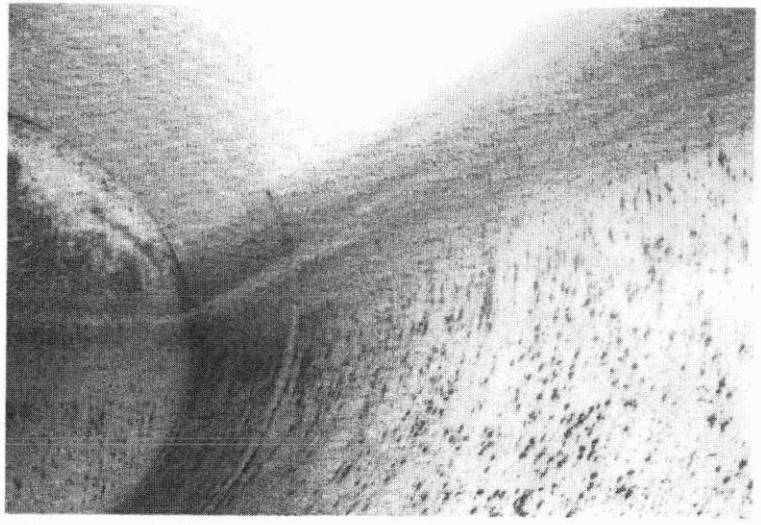
4. Tank Top.



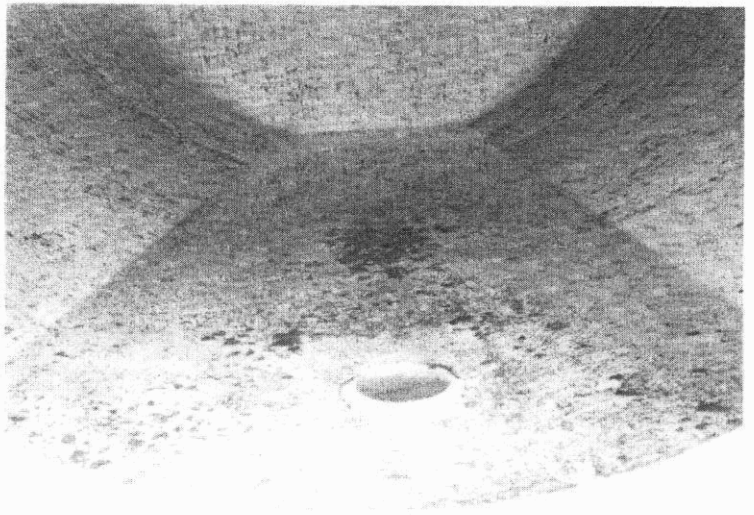
5. Tank Saddle.



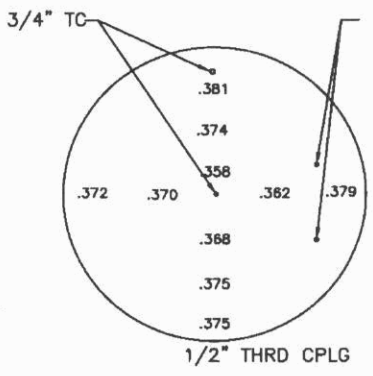
6. Tank Interior Overall.



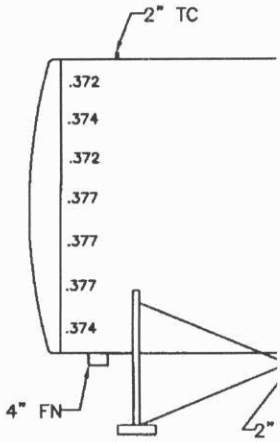
7. Tank Interior Side.



8. Tank Interior Bottom.



EAST HEAD



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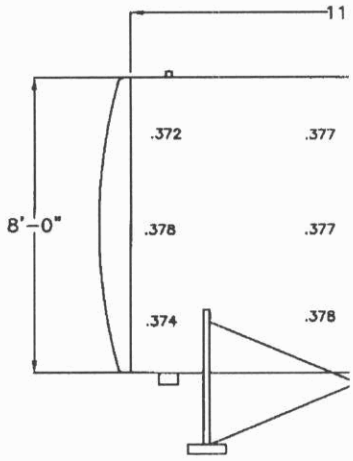

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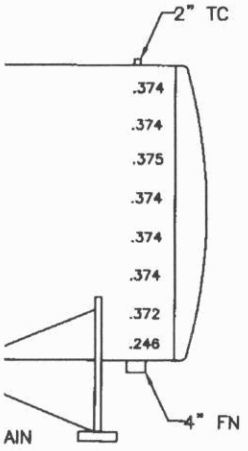

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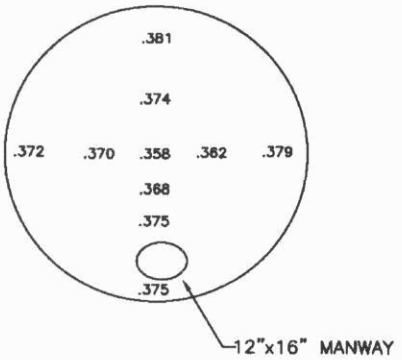
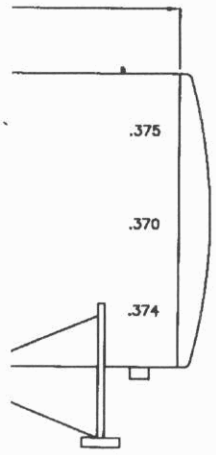


WEST HEAD



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HYDROPNEUMATIC TANK INSPECTION
AQUA UTILITIES FLORIDA
BREEZE HILL – 4,500 GALLON

ARCHIVE FILE 09-0961
PROJECT NO. 09-0961
DRAWING NO. 1 OF 1

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

April 7, 2010

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).

2. *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

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

RESIDUALS MANAGEMENT

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

COMET ENTRY DATE
__/__/__

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Breeze Hill WWTP 152 Breeze Hill Lake Wales, FL 33853	FLA011034	Polk	3-18-10/ 1135 hours

Names of Field Representatives	Title	Phone
Dan Sherwood	Operator	

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Mr. Patrick Farris Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748	Environmental Compliance Specialist		

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
☒ Domestic ☐ Industrial				Were Photos Taken(Y/N): Y	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦Permit	NE	3. Laboratory	NC	6. Facility Site Review	IC	9. ♦Effluent Quality
NC	2. ♦Compliance Schedules	NE	4. Sampling	NC	7. Flow Measurement	NC	10. ♦Effluent Disposal
		NC	5. ♦Records & Reports	NC	8. ♦Operation & Maintenance	NE	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Letter

Names and Signatures of Inspectors	District Office/Phone Number	Date
Jamie Lewis	813-632-7600 ext. 302	4-5-10
Joe Graham/ Nangellie SanInocencio		
Signature of Reviewer Joe Squitieri	**District Office/Phone Number** 813-632-7600 ext. 309	**Date** 4/6/10

AQUA SM

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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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

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 faciliy 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

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

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 Authorized Representative[1] 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
WWTF & AUF office and can be submitted upon request.

_____ 5-11-2010
Signature of Applicant or Authorized Representative[1] 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)

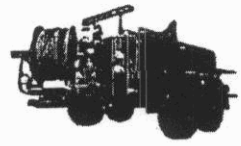
I certify that the final operation and maintenance manual for these domestic wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and 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)

6967 N. Palmer Way
Hernando, FL 34442

352-302-8672
Fax 352-860-2663

T-N-T SEWER LLC



NAME OF PREMISE: BREEZE HILL

STREET ADDRESS: BREEZE HILL DR. CITY: LAKE WALES

LOCATION OF DEVICE: INSIDE PLANT ON THE RIGHT

Manufacturer: SA 909 Model: 3 Serial No: 267569 Size: 3/4

RP ☑ DDC ☐ DC ☐ PVB ☐ Meter #: NO METER

Pressure drop across first check valve: 10 PSI - 10 Reading:

NO. 2 SHUT OFF VALVE LEAKED ☐ CLOSED TIGHT ☑ REPAIRED ☐ REPLACED ☐

	CHECK VALVE # 1	CHECK VALVE # 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED ☐ 2. CLOSED TIGHT ☐	1. LEAKED ☐ 2. CLOSED TIGHT ☐	OPENED AT ____ LBS DID NOT OPEN ☐	AIR INLET OPENED AT ____ PSI DID NOT OPEN ☐
REPAIRS	CLEANED ☐ REPLACED: RUBBER PARTS KIT ☐ C. V. ASSEMBLY ☐ OR DISC ☐ O-RINGS ☐ SEAT ☐ SPRING ☐ STEM GUIDE ☐ RETAINER ☐ LOCK NUTS ☐ OTHER ☐	CLEANED ☐ REPLACED: RUBBER PARTS KIT ☐ C. V. ASSEMBLY ☐ OR DISC ☐ O-RINGS ☐ SEAT ☐ SPRING ☐ STEM GUIDE ☐ RETAINER ☐ LOCK NUTS ☐ OTHER ☐	CLEANED ☐ REPLACED: RUBBER PARTS KIT ☐ R. V. ASSEMBLY ☐ OR DISC ☐ O-RINGS ☐ SEAT ☐ SPRING ☐ GUIDE ☐ DIAPHRAGM ☐ OTHER ☐	CHECK VALVE ____ PSI LEAKED ☐ CLEANED ☐ REPLACED: DISC AIR INLET ☐ C.V. ASSEMBLY ☐ DISC C.V. ☐ O-RINGS ☐ SPRING ☐ GUIDE ☐ OTHER ☐
FINAL TEST	CLOSED TIGHT ☑ PSI 10	CLOSED TIGHT ☑ PSI 15	OPEN AT 5 LBS REDUCED PRESSURE	SATISFACTORY ☐

REMARKS:

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION OF THE UNIT.

CERTIFIED TESTING COMPANY T-N-T SEWER

TEST EQUIPMENT USED: M.O WEST LAST CALIBRATION DATE: 2/12/10

LICENSE EXPIRATION DATE: / /

INITIAL TEST BY: RUSTY CERTIFIED TESTER NO. 4138 DATE 2/24/10

REPAIRED BY: CERTIFIED REPAIR NO: DATE / /

FINAL TEST BY: CERTIFIED TESTER NO. DATE / /

PHONE NO: FAX NO: FILE TAM REPORT

Central Florida Controls, Inc.

PUMP FLOW REPORT

FACILITY: AQUA UTILITIES FLORIDA
BREEZE HILL

LOCATION: WWTP MAIN LIFT STATION
LAKESIDE TRAIL& BREEZE WAY

PUMP #: ONE

HOUR METER READING BEFORE TEST: 4085.28

HOUR METER READING AFTER TEST: 4085.38

FLOW TEST WAS PERFORMED THREE TIMES. EACH TEST PUMP WAS TURNED ON FOR ONE MINUTE AND THE TOTALIZED FLOW RECORDED. WITH THESE THREE VALUES THE AVERAGE FLOW WAS CALCULATED.

METER READING

	TEST 1	TEST 2	TEST 3
TOTALIZED FLOW:	68	70	67

AVERAGE FLOW RATE TOTAL: 68.33333 GPM OR 4100 GPH

HOUR METER TEST

	HOUR METER	STOP WATCH
START:	4085.28	
STOP:	4085.38	
ELASPED TIME:	0.10 hr	ELASPED TIME: 6 MINUTES

COMMENTS:

TEST EQUIPMENT USED: PANAMETRICS PT 878 TRANSIT TIME METER S/N 1679 CAL 7/10/09
CALIBRATED STOP WATCH VWR TRACEABLE STOPWATCH S/N 20352977

Field Engineer Signature: Date: 5/5/2010

Customer Signature: Date:

Central Florida Controls, Inc.

PUMP FLOW REPORT

FACILITY: AQUA UTILITIES FLORIDA
BREEZE HILL

LOCATION: WWTP MAIN LIFT STATION
LAKESIDE TRAIL& BREEZE WAY

PUMP #: TWO

HOUR METER READING BEFORE TEST: 4257.77

HOUR METER READING AFTER TEST: 4257.87

FLOW TEST WAS PERFORMED THREE TIMES. EACH TEST PUMP WAS TURNED ON FOR ONE MINUTE AND THE TOTALIZED FLOW RECORDED. WITH THESE THREE VALUES THE AVERAGE FLOW WAS CALCULATED.

METER READING

	TEST 1	TEST 2	TEST 3
TOTALIZED FLOW:	81	80	81

AVERAGE FLOW RATE TOTAL: 80.66667 GPM OR 4840 GPH

HOUR METER TEST

	HOUR METER	STOP WATCH
START:	4257.77	
STOP:	4257.87	
ELASPED TIME:	.1 HOURS	ELASPED TIME: 6 MINUTES

COMMENTS:

TEST EQUIPMENT USED: PANAMETRICS PT 878 TRANSIT TIME METER S/N 1679 CAL 7/10/09
CALIBRATED STOP WATCH VWR TRACEABLE STOPWATCH S/N 20352977

Field Engineer Signature: [signature] Date: 5/5/2010

Customer Signature: _____ Date: _____

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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

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:

C. Larry Edwards
C. Larry Edwards
API Certified Tank Inspector

Reviewed By:

David Nickl, P.E.

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.

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.
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 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.
5. 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:	1998
DIAMETER:	8 feet
SHELL LENGTH:	12'-0"
HEAD TYPE:	Ellipsoidal
JOINT DESIGN:	Entire tank is Butt-welded
SADDLES:	Two steel saddles on concrete piers
MANWAY:	(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.

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)

$$p = \frac{2SEt}{D + 0.2t} = \frac{(17500)(1)(0.345)}{96 + 0.1(0.345)} = \mathbf{125.69\ psi}$$

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")

$$p = \frac{SEt}{R + 0.6t} = \frac{(17500)(1)(0.326)}{48 + (0.6)(0.326)} = \mathbf{118.37\ psi}$$

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:

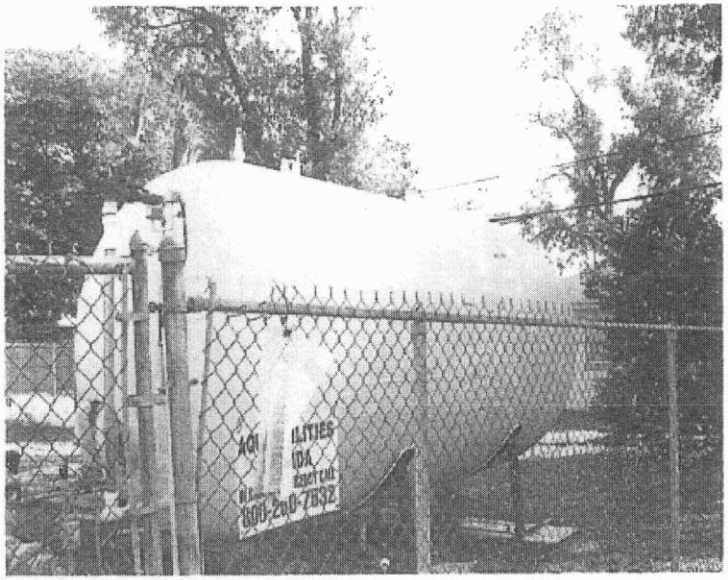
The tank is in overall good structural condition. Very little, if any, metal loss has occurred since the original construction. The engineering evaluation for the entire tank requires the maximum working pressure be limited to the code stamped pressure of 100 PSI. The pressure relief valves should be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

RECOMMENDATIONS:

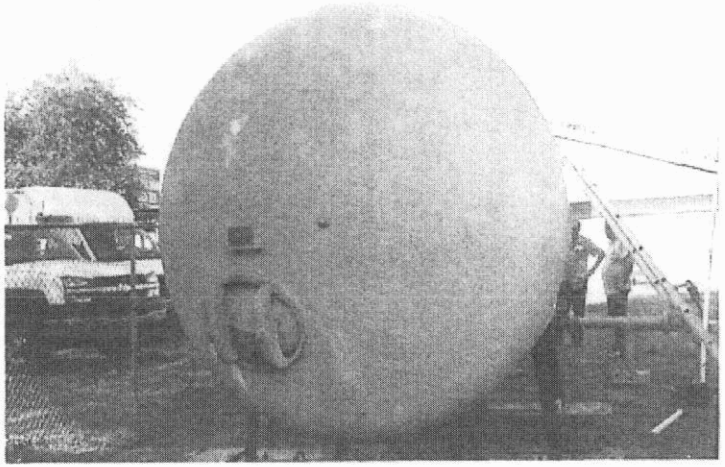
1. **The pressure relief valves should be tested and maintained at 100 PSI or lower**

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

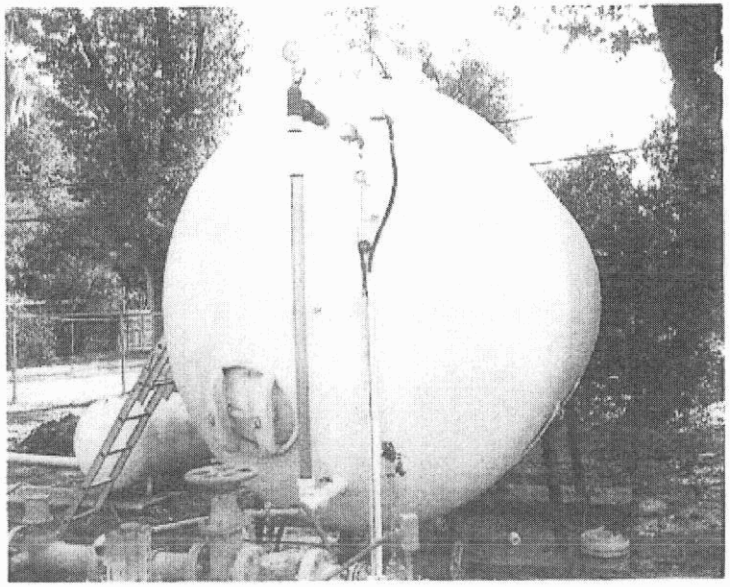
Thank you,
Tank Engineering and Management Consultants, Inc.



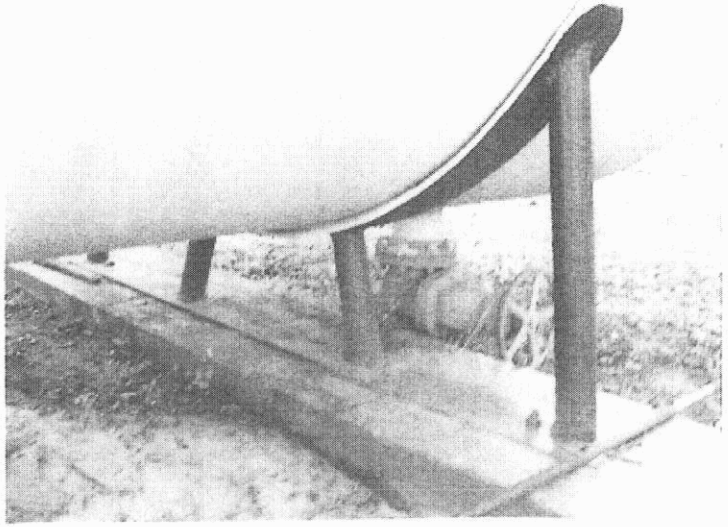
1. Overall view of tank.



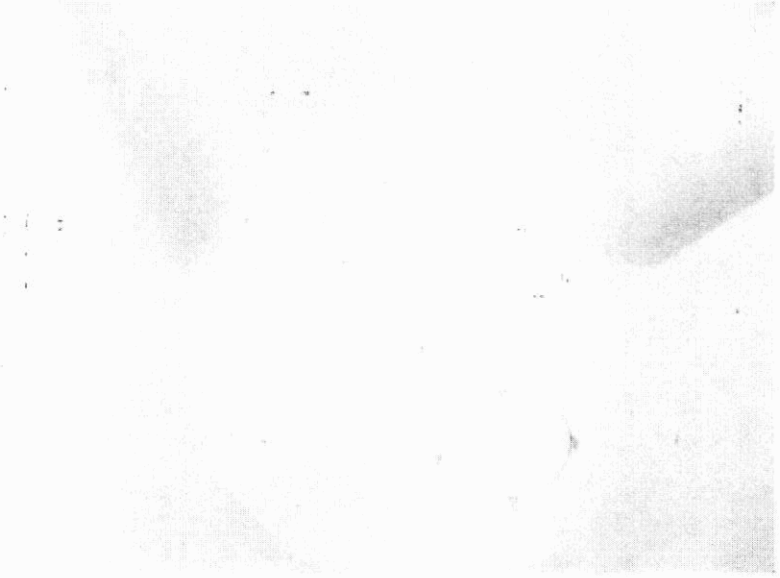
2. View of tank head and manway.



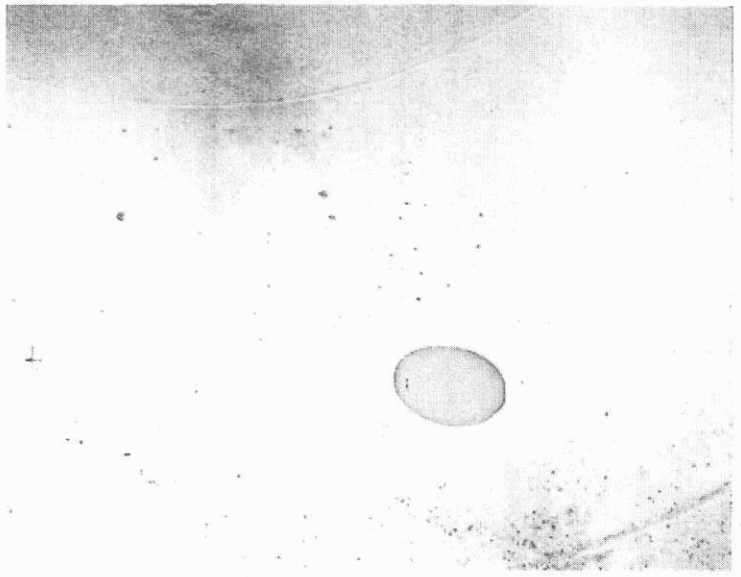
3. View of tank head.



4. View of typical saddle.

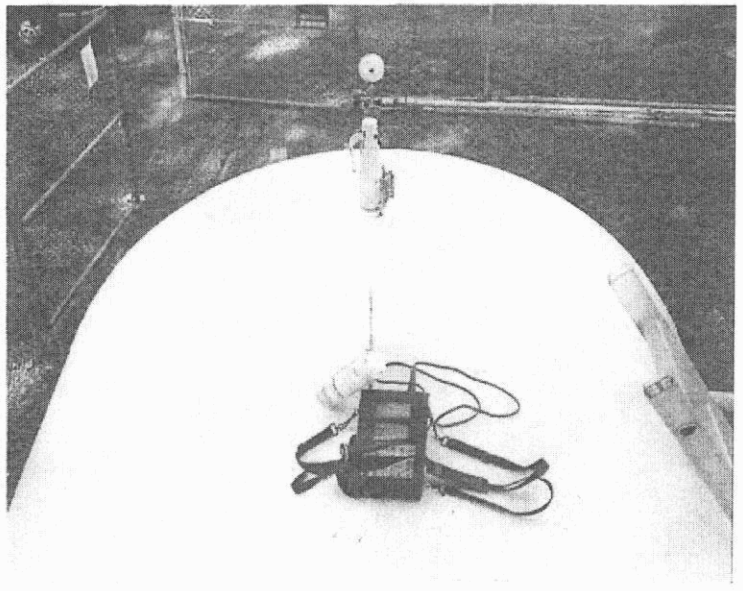


5. Minor coating failure in tank.

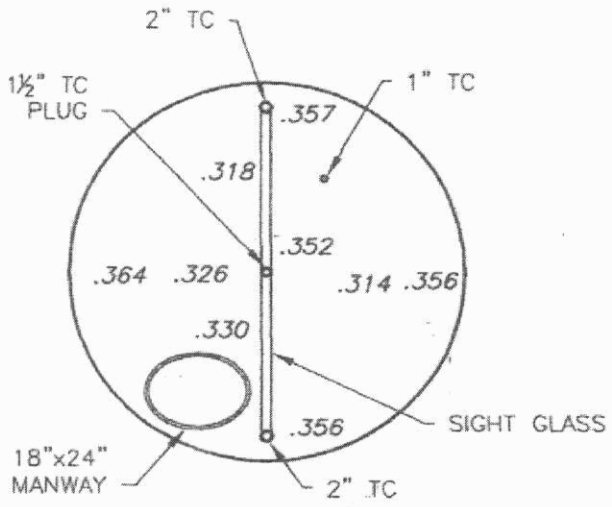


6. Minor coating failure in tank.

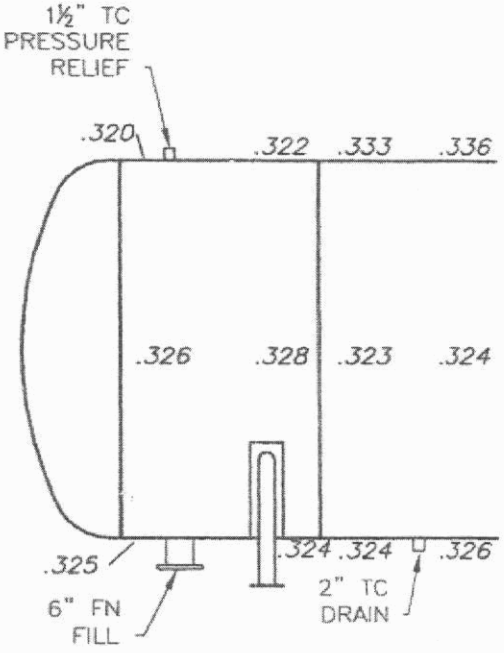
7. Minor coating failure in tank.



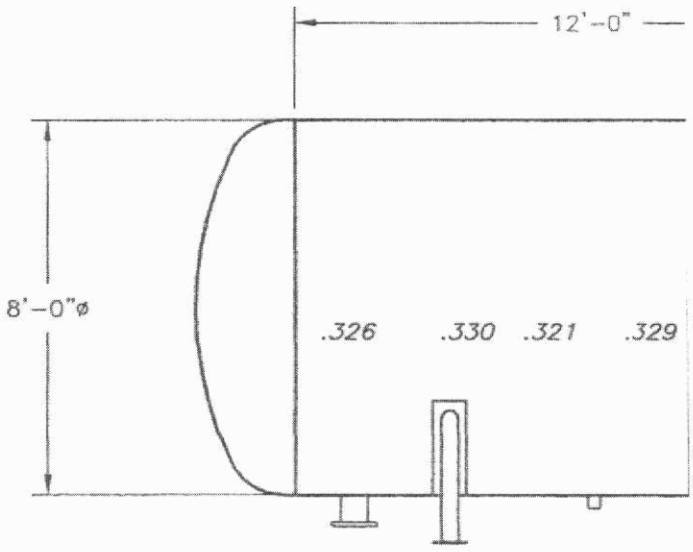
8. View of pressure relief.



WEST HEAD



SOUTH SIDE

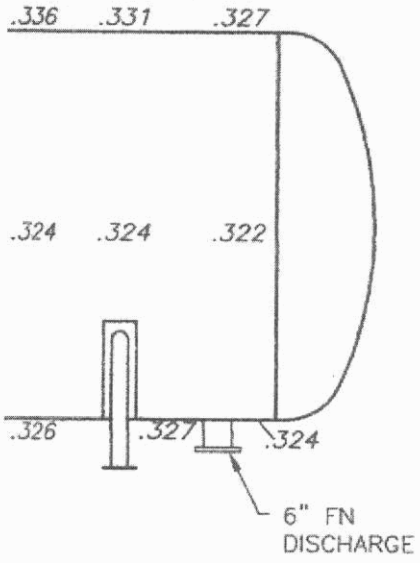


NORTH SIDE

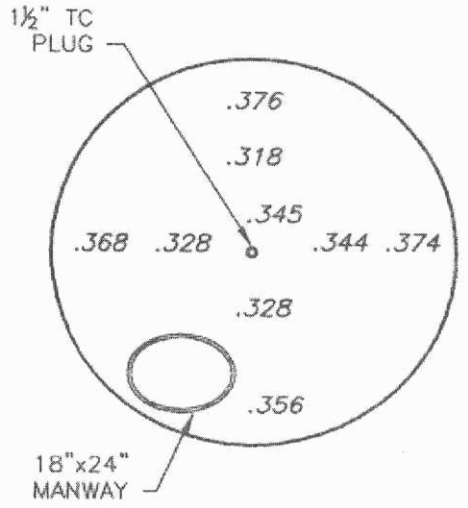
.XXX = ULTRASONIC THICKNESS MEASUREMENT IN INCHES

DRAWN BY:	DAL
CHECKED BY:	CLE
APPROVED BY:	JWK
SCALE:	NTS
DATE:	9/13/06

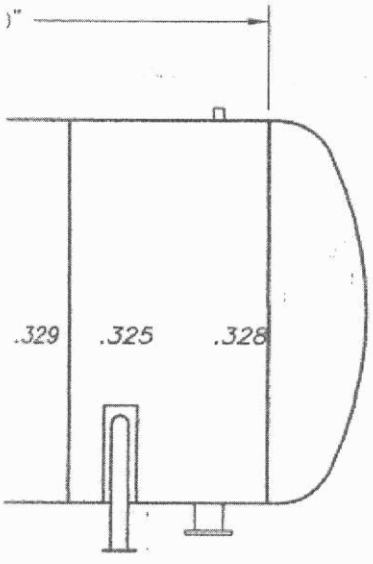
Tank Engineering Consulta
5808 Breckenridg
Tampa, Flor
PHONE (813) 620-2022



SIDE



EAST HEAD



SIDE

ring And Management
sultants, Inc.
kenridge Pkwy., Suite A
a, Florida 33610
)-2022 • FAX (813) 620-2050

HYDROPNEUMATIC TANK INSPECTION
AQUA UTILITIES FLORIDA
GIBSONIA – 5K GAL

ARCHIVE FILE 06-0811-i2

PROJECT NO. 06-0811

DRAWING NO. 1 OF 1

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

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

May 26, 2010

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

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.

- Chapter 62-555.350(2) 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

Digitally signed by Owen Devine
DN: cn=Owen Devine, o, ou=Polk County Health Department, email=Owen_Devine@doh.state.fl.us, 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

Page 2
Aqua America Utilities - Gibsonia Estates

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

Email copy to:

[Dennis Mulldun] cfmcfalls@aquaamerica.com

[Steve Fuller] slfuller@aquaamerica.com

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

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
JAN 18 2010
Aqua Utilities Florida Inc.

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

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. Chapter 62-555.350(2) indicates that all equipment must be maintained in good operating condition.

2. Some of the components show signs of corrosion. Chapter 62-555.350(2) indicates that all equipment must be maintained in good operating condition.

3. The check valve on well AAC3686 discharge line is malfunctioning. Chapter 62-555.350(2) 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 Chapter 62-555.350(2) 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. Chapter 62-555.320(8)(c) 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. Chapter 62-555.350(2) 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

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

3W

using. Chapter 62-550.518(1) 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.

Recommendation: 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. Chapter 62-555.320(20) 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,

Daniela Schiopu
Environmental Specialist II

Xc: Dennis Mulldun, Aqua America Utilities
Steve Fuller

AQUA SM

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 JMLihvarcik@aquaamerica.com.

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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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 Lake Gibson Estates distribution system are representative of water throughout the entire distribution system.
- The Lake Gibson Estates system is a *community* public water system which serves a population less than 3,300. Two 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**
1	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
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 on the same day as distribution samples. 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 single 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

EPA

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. 124[1]
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and *Escherichia 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 *E. coli*, 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 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 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 waived 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.

Public Water System ROUTINE Monitoring Frequencies

Population	Minimum Samples/ Month	Population	Minimum Samples/ Month	Population	Minimum Samples/ Month
25-1,000*	1	21,501-25,000	25	450,001-600,000	210
1,001-2,500	2	25,001-33,000	30	600,001-780,000	240
2,501-3,300	3	33,001-41,000	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	50,001-59,000	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,000	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	220,001-320,000	150		
17,201-21,500	20	320,001-450,000	180		

*Includes PWSs which have at least 15 service connections, but serve <25 people.

What are the Other Provisions?

Systems collecting fewer than 5 ROUTINE samples per month . . .	Must have a sanitary survey every 5 years (or every 10 years if it is a non-community water system using protected and disinfected ground water).**
Systems using surface water or ground water under the direct influence of surface water (GWUDI) and meeting filtration avoidance criteria . . .	Must collect and have analyzed one coliform sample each day the turbidity of the source water exceeds 1 NTU. This sample must be collected from a tap near the first service connection.

** As per the IESWTR, states must conduct sanitary surveys for community surface water and GWUDI systems in this category every 3 years (unless reduced by the state based on outstanding performance).

How is Compliance Determined?

- Compliance is based on the presence or absence of total coliforms.
- Compliance is determined each calendar month the system serves water to the public (or each calendar month that sampling occurs for systems on reduced monitoring).
- The results of ROUTINE and REPEAT samples are used to calculate compliance.

A Monthly MCL Violation is Triggered if:

A system collecting fewer than 40 samples per month . . .	Has greater than 1 ROUTINE/REPEAT sample per month which is total coliform-positive.
A system collecting at least 40 samples per month . . .	Has greater than 5.0 percent of the ROUTINE/REPEAT samples in a month total coliform-positive.

An Acute MCL Violation is Triggered if:

Any public water system . . .	Has any fecal coliform- or *E. coli*-positive REPEAT sample or has a fecal coliform- or *E. coli*-positive ROUTINE sample followed by a total coliform-positive REPEAT sample.

What are the Public Notification and Reporting Requirements?

For a Monthly MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 14 days.[2]
For an Acute MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 72 hours.[2]
Systems with ROUTINE or REPEAT samples that are fecal coliform- or *E. coli*-positive . . .	Must notify the state by the end of the day they are notified of the result or by the end of the next business day if the state office is already closed.

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.

EPA
United States
Environmental Protection
Agency

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.

Purpose of Triggered Source Water Monitoring

- The purpose of triggered source water monitoring is to evaluate whether the presence of total coliform in the distribution system is due to fecal contamination in the ground water source.
- This type of source water monitoring is triggered by routine total coliform monitoring required by the Total Coliform Rule (TCR) (40 CFR 141.21).
  - Since TCR monitoring is conducted regularly, triggered source water monitoring can occur at any time and thus provides an ongoing evaluation of ground water sources.

Triggered Source Water Monitoring Requirements

Systems Required to Conduct Triggered Source Water Monitoring

GWSs are subject to triggered source water monitoring 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. ▶ Do not purchase 100% of their water (and therefore have a source at which to sample).

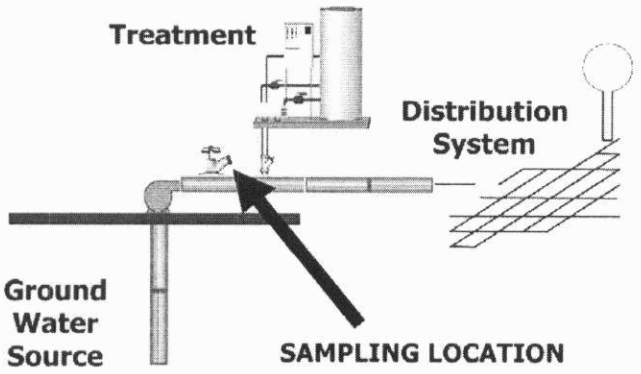
Situations Leading to Triggered Source Water Monitoring

GWSs must conduct triggered source water monitoring when:	▶ The system is notified of a total coliform-positive sample collected in compliance with the TCR unless: ■ The total coliform sample is invalidated by the State. ■ The State allows an exception to the GWR triggered source water monitoring requirements. OR ● The system is a wholesale system and is notified by one of its consecutive systems that the consecutive system had a total coliform-positive sample during TCR monitoring.

Collecting and Analyzing Triggered Source Water Monitoring Samples

When triggered source water monitoring is required, GWSs 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 total coliform-positive sample (unless the 24-hour limit is extended by the State). ■ Sample must be taken before treatment or at a State-approved location after treatment (see the diagram on the next page). ▶ Ensure all samples are analyzed for the presence of a fecal indicator (e.g., *E. coli*, enterococci, or coliphage) using an approved GWR method. ▶ If a fecal indicator-positive source sample is invalidated by the State, the GWS must collect another source water sample within 24 hours of being notified by the State of the sample invalidation using an approved method. See the "Analytical Methods Approved for the Ground Water Rule" at http://www.epa.gov/safewater/methods/analyticalmethods.html.

- 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.



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

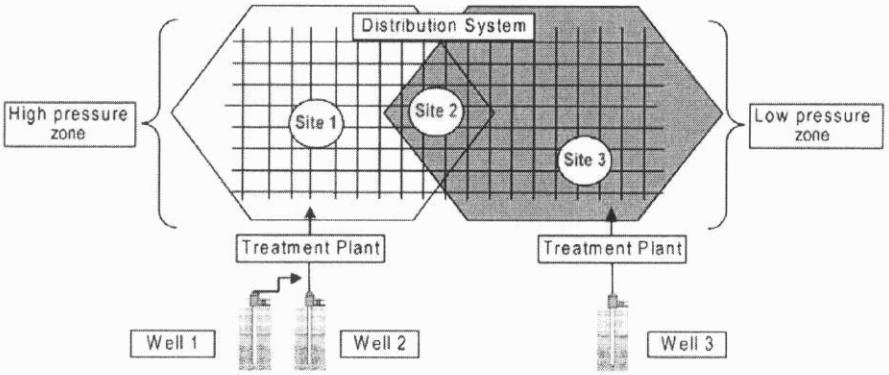
Representative Source Sampling

- 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.

- 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 coliform-positive 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.

Notification Requirements

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 Deadlines 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.

AQUA SM

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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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

FLORIDA DEPARTMENT OF HEALTH

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). Chapter 62-555.350(2) indicates that all equipment must be maintained in good operating condition.

2. The check valve on well AAG3811 does not work. Chapter 62-555.350(2) 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. Chapter 62-555.350(2) 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 Chapter 62-555.320, Chapter 62-532.500, 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

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

Sincerely,

Daniela Sloan

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

May 27, 2010

C/ROSALIE OAKS
PWS: Id. No. 3531546

RECEIVED
JUN - 7 2010
Aqua Utilities
Florida Inc.

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. Chapter 62-550.518 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.

Reminder: 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,

Daniela Sloan
Environmental Specialist II

Xc: Dan Sherwood, Aqua Utilities

POLK COUNTY HEALTH DEPARTMENT
OFFICE OF THE DIRECTOR

Daniel O. Haight, MD, FACP
Director

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Lynne M. Saddler, MD, MPH
Assistant Director

Bacteriological Sampling Plan

Rosalie Oaks
PWS Number 3531546

Purpose: 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

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

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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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 Rosalie Oaks distribution system are representative of water throughout the entire distribution system.

- The Rosalie Oaks system is a *community* public water system which serves a population less than 3,300. Two 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 on the same day as distribution samples. 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 single 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

EPA

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. 124[1]**
Purpose	**Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and *Escherichia 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 *E. coli*, 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 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

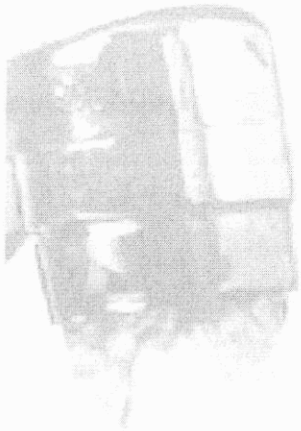
- **Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least 3 REPEAT samples must be collected and analyzed for total coliforms:**
  - **One REPEAT sample must be collected from the same tap as the original sample.**
  - **One REPEAT sample must be collected within five 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 waived 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.



Public Water System ROUTINE Monitoring Frequencies

Population	Minimum Samples/ Month	Population	Minimum Samples/ Month	Population	Minimum Samples/ Month
25-1,000*	1	21,501-25,000	25	450,001-600,000	210
1,001-2,500	2	25,001-33,000	30	600,001-780,000	240
2,501-3,300	3	33,001-41,000	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	50,001-59,000	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,000	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	220,001-320,000	150		
17,201-21,500	20	320,001-450,000	180		

*Includes PWSs which have at least 15 service connections, but serve <25 people.

What are the Other Provisions?

Systems collecting fewer than 5 ROUTINE samples per month . . .	Must have a sanitary survey every 5 years (or every 10 years if it is a non-community water system using protected and disinfected ground water).**
Systems using surface water or ground water under the direct influence of surface water (GWUDI) and meeting filtration avoidance criteria . . .	Must collect and have analyzed one coliform sample each day the turbidity of the source water exceeds 1 NTU. This sample must be collected from a tap near the first service connection.

** As per the IESWTR, states must conduct sanitary surveys for community surface water and GWUDI systems in this category every 3 years (unless reduced by the state based on outstanding performance).

How is Compliance Determined?

- Compliance is based on the presence or absence of total coliforms.
- Compliance is determined each calendar month the system serves water to the public (or each calendar month that sampling occurs for systems on reduced monitoring).
- The results of ROUTINE and REPEAT samples are used to calculate compliance.

A Monthly MCL Violation is Triggered if:

A system collecting fewer than 40 samples per month . . .	Has greater than 1 ROUTINE/REPEAT sample per month which is total coliform-positive.
A system collecting at least 40 samples per month . . .	Has greater than 5.0 percent of the ROUTINE/REPEAT samples in a month total coliform-positive.

An Acute MCL Violation is Triggered if:

Any public water system . . .	Has any fecal coliform- or *E. coli*-positive REPEAT sample or has a fecal coliform- or *E. coli*-positive ROUTINE sample followed by a total coliform-positive REPEAT sample.

What are the Public Notification and Reporting Requirements?

For a Monthly MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 14 days.[2]
For an Acute MCL Violation	▸ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation. ▸ The public must be notified within 72 hours.[2]
Systems with ROUTINE or REPEAT samples that are fecal coliform- or *E. coli*-positive . . .	Must notify the state by the end of the day they are notified of the result or by the end of the next business day if the state office is already closed.

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.

EPA
United States
Environmental Protection
Agency

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.

Purpose of Triggered Source Water Monitoring

- The purpose of triggered source water monitoring is to evaluate whether the presence of total coliform in the distribution system is due to fecal contamination in the ground water source.
- This type of source water monitoring is triggered by routine total coliform monitoring required by the Total Coliform Rule (TCR) (40 CFR 141.21).
  - Since TCR monitoring is conducted regularly, triggered source water monitoring can occur at any time and thus provides an ongoing evaluation of ground water sources.

Triggered Source Water Monitoring Requirements

Systems Required to Conduct Triggered Source Water Monitoring

GWSs are subject to triggered source water monitoring 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. ▶ Do not purchase 100% of their water (and therefore have a source at which to sample).

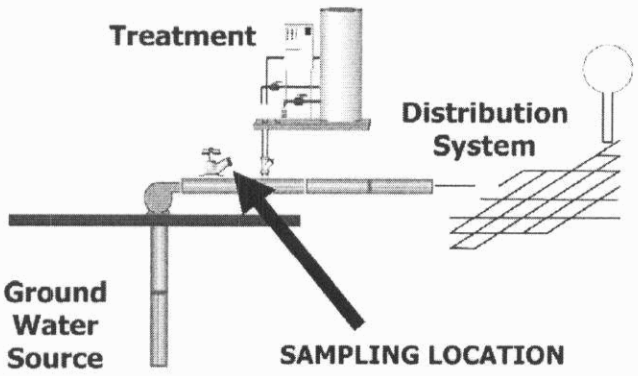
Situations Leading to Triggered Source Water Monitoring

GWSs must conduct triggered source water monitoring when:	▶ The system is notified of a total coliform-positive sample collected in compliance with the TCR unless: ■ The total coliform sample is invalidated by the State. ■ The State allows an exception to the GWR triggered source water monitoring requirements. OR ● The system is a wholesale system and is notified by one of its consecutive systems that the consecutive system had a total coliform-positive sample during TCR monitoring.

Collecting and Analyzing Triggered Source Water Monitoring Samples

When triggered source water monitoring is required, GWSs 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 total coliform-positive sample (unless the 24-hour limit is extended by the State). ■ Sample must be taken before treatment or at a State-approved location after treatment (see the diagram on the next page). ▶ Ensure all samples are analyzed for the presence of a fecal indicator (e.g., *E. coli*, enterococci, or coliphage) using an approved GWR method. ▶ If a fecal indicator-positive source sample is invalidated by the State, the GWS must collect another source water sample within 24 hours of being notified by the State of the sample invalidation using an approved method. See the "Analytical Methods Approved for the Ground Water Rule" at http://www.epa.gov/safewater/methods/analyticalmethods.html.

- 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.



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

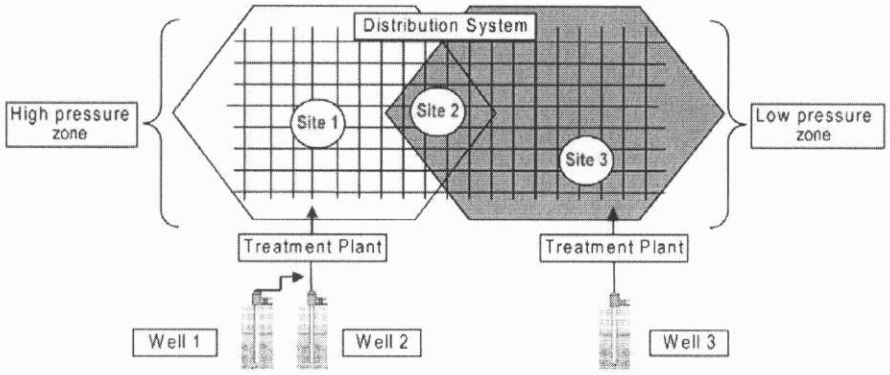
Representative Source Sampling

- 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.

- 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 coliform-positive 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.

Notification Requirements

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 Deadlines for Triggered Source Water Monitoring for Drinking Water Systems

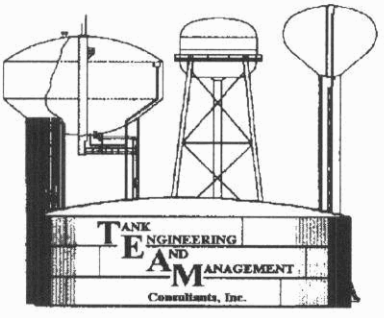
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
December 1,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

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



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

TANK ENGINEERING AND MANAGEMENT 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

By:
Jeff W. Kitchen
Vice President
API Certification No. 22467

Reviewed By:
1/16/10
Robert A. Herz, P.E.
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

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:

p = pressure (psi)
E = joint efficiency (100%) (1-piece head)
L = diameter (96")
t = minimum thickness (0.351")
S = allowable Stress (15,000 psi)

$$p = \frac{SEt}{0.885L + 0.1t} = \frac{(15{,}000)(1)(0.351)}{84.96 + 0.1(0.351)} = \mathbf{61.94\ psi}$$

Shell:

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")

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

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.

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:

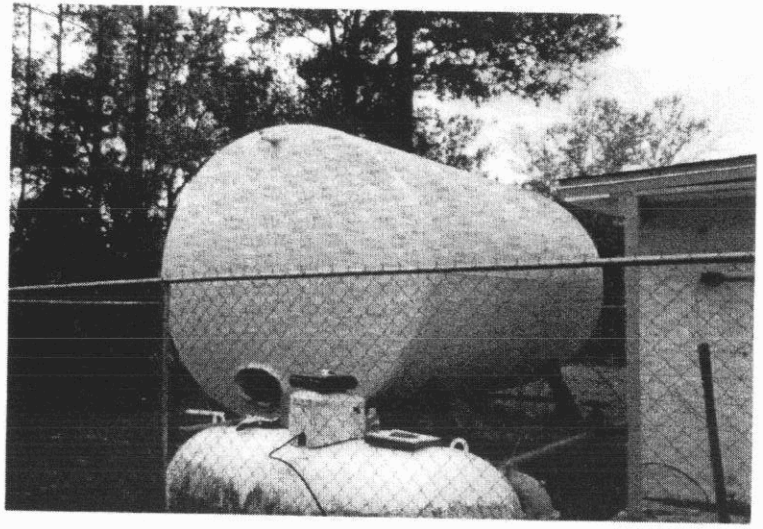
1. **It is recommended that the tank be replaced.**

2. **If the tank is to remain in service, the pressure relief valves should be tested and maintained at 22 psi or lower.**

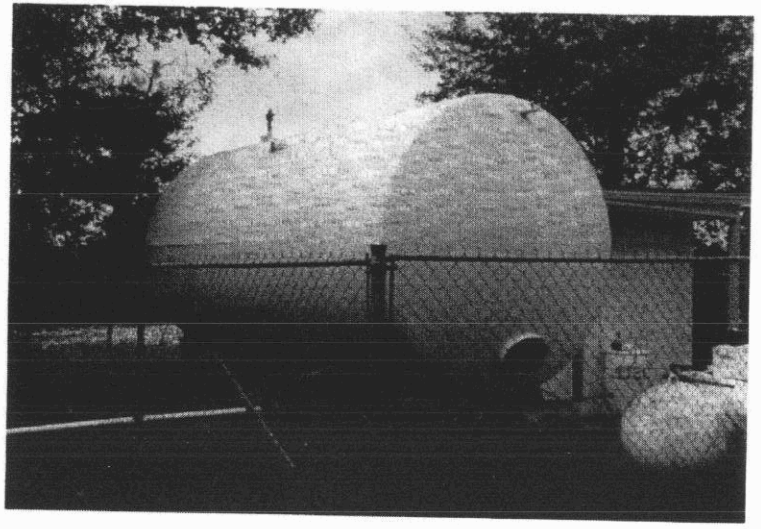
3. **If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water. Typical coating systems are detailed in AWWA D102.**

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

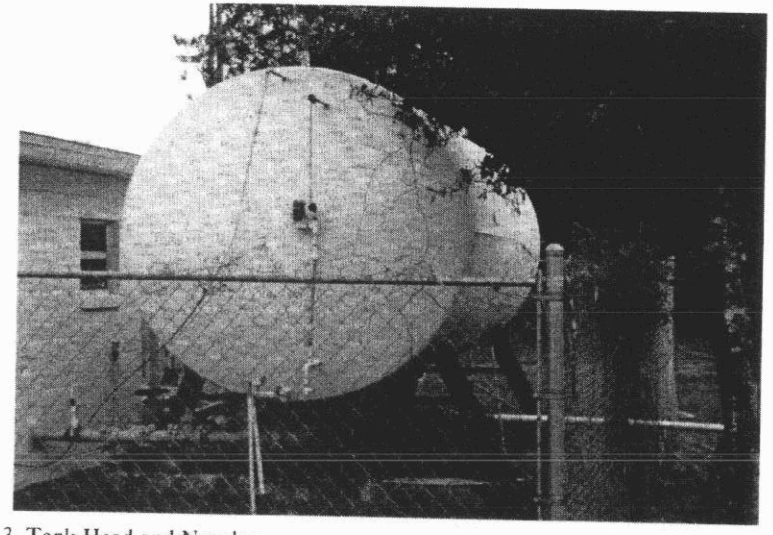
Sincerely,
Tank Engineering and Management Consultants, Inc.



1. Tank Overall.

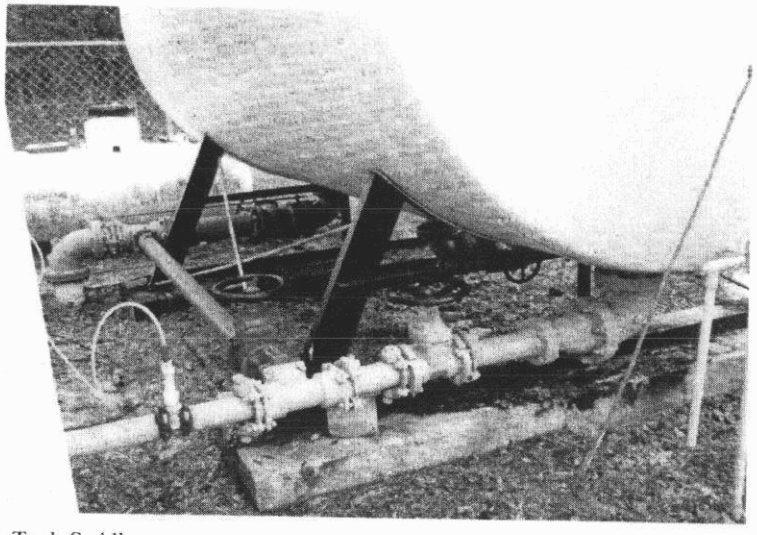


2. Tank Head and Manway.

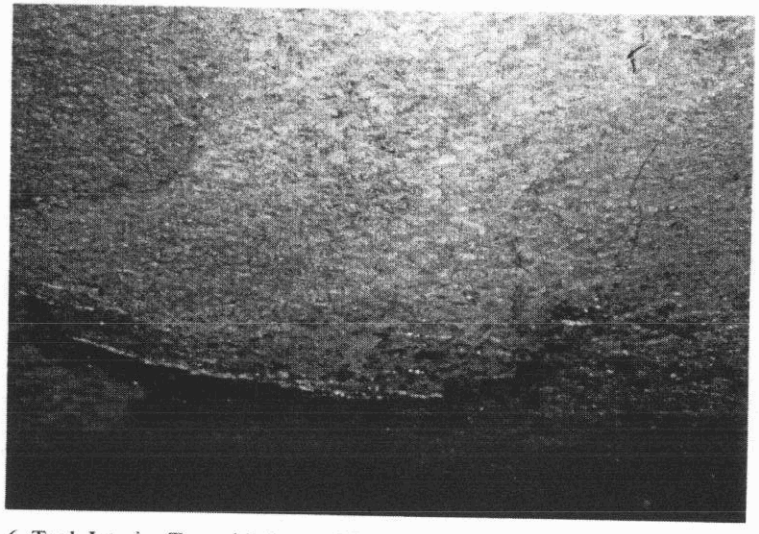


3. Tank Head and Nozzles.

4. Tank Top.

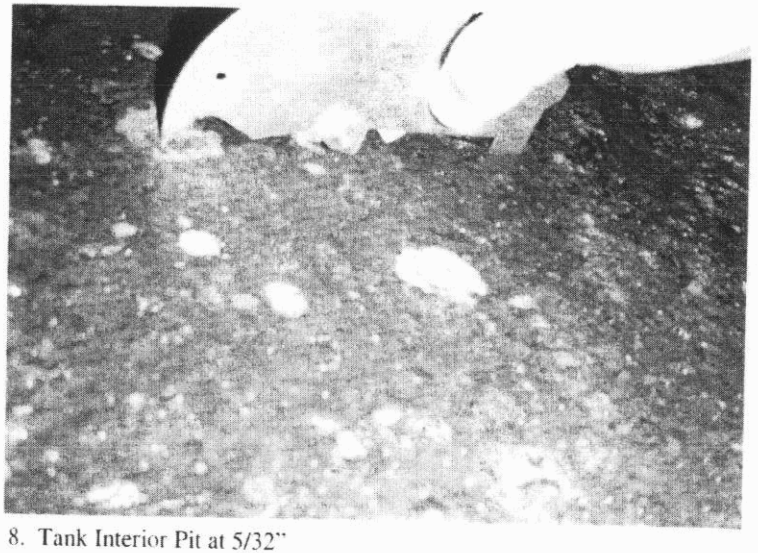


5. Tank Saddle.

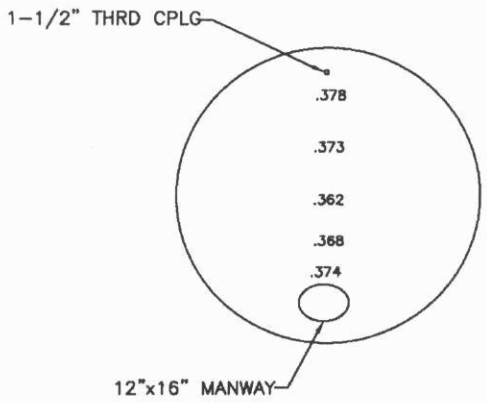


6. Tank Interior Top with Severe Metal Loss.

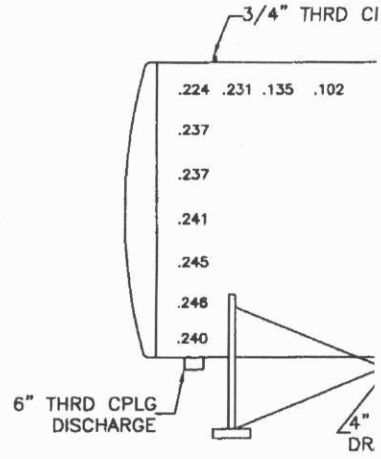
7. Tank Interior Pit at 3/16"



8. Tank Interior Pit at 5/32"



EAST HEAD



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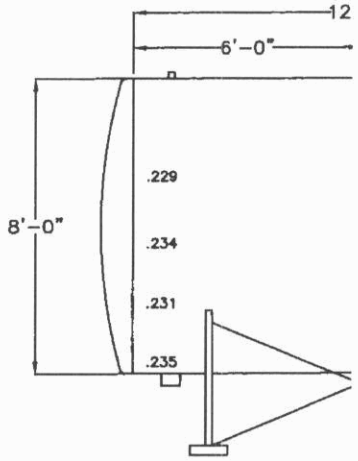

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CHECKED BY:	JWK	(
APPROVED BY:	RAH	
SCALE:	NTS	
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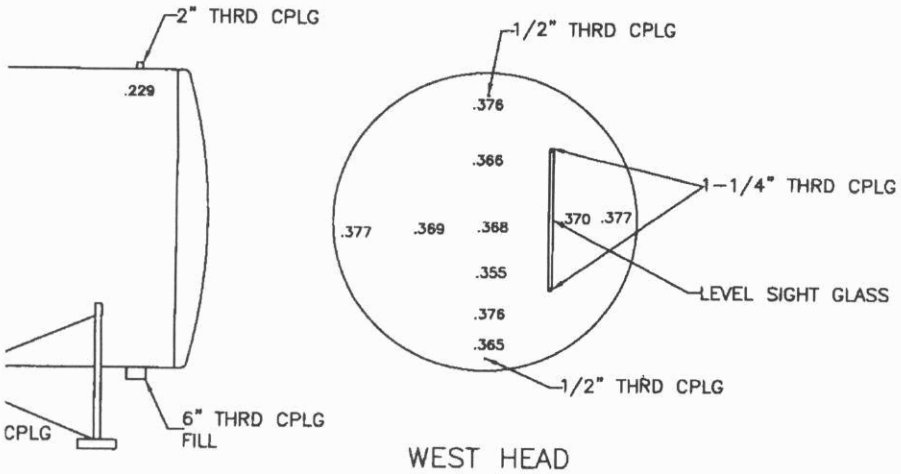

WEST HEAD

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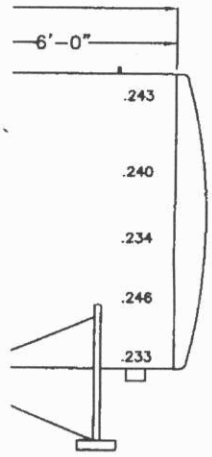

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Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

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 C*hapter 62 of the Florida Administrative Code.*

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

Sincerely,

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 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 only 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 not be mailed to them, is attached. This notice was: ☐mailed with bill; ☐published in newspaper/newsletter; or ☐other (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

(To be completed by all CWSs. Check all items that apply and describe as indicated.)

In addition to the methods selected in Part II,

☒ **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 _____

☒ 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? ☒Yes ☐No

(B) Is your system regulated by the Public Service Commission (PSC)? ☒Yes ☐No

If Yes, was a copy of your CCR sent to the PSC, as required by rule? ☒Yes ☐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 ☐No ☒ 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: Patrick Farris

NAME (please print): Patrick Farris

TITLE: Environmental Compliance Specialist DATE: 7/15/10

☒ **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.

* Except as noted, results in the Level Detected column are the highest average at any sampling point or the highest single detected level at a sampling point, depending on sampling frequency.

Radiological Contaminants

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	Erosion of natural deposits
Radium 226 + 228 or Combined Radium (pCi/l)	06/09	N	2.1	NA	0	5	

Inorganic Contaminants

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	N	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	N	1.6	NA	NA	60	

Lead and Copper (Tap Water)

Contaminant and Unit of Measurement	Dates of Sampling (mo./yr.)	AL Violation Y/N	90th 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	Corrosion of household plumbing
Lead (ppb)	07/08	N	1.1	0	0	15	

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.

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other

☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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 (to be completed by sampler – Please type or print legibly)

System Name: Bellaire PWS I D #: 3424000

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

Address: SE 52 ST

City: Ocala State: Fla ZIP Code: 34471

Phone #: 3523030718 Fax #: 732 3213

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Bellaire #1 Location Code (if known):

Sample Date: 9.22.09 Sample Time: 0700 (AM) PM (Circle One)

Sample Location (be specific): 5132 SE 27 ST #1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH 7.3

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☒ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 3523030718 Sampler's Fax #: 732 3213

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Mark March (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 9.22.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: #1
Sample Location: 5132 SE 27 ST #1
Laboratory Assigned Submission Number: 0912128 Date Sample(s) Received: 9/22/09

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): E83079 PA *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

Signature: Lisa K Saupp Date: October 6, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: 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	0.61	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	0.61	U	EPA552.2	0.61	10/2/09		E83079
2454	Dibromoacetic Acid	N/A	µg/L	1.6		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 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	0.61		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	µg/L	0.25	U	EPA524.2	0.25	9/25/09		E83079
2944	Dibromochloromethane	N/A	µg/L	0.27	I	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

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

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: 1:20 PM 9-22-09

Client: Aqua Utilities

Submission Number: 0912128

Report to: (Name & Mailing Address)
on File

Copy to: [X] DEP Central [ ] DEP Southwest
[ ] DEP Northeast [ ] DEP Other:
[ ] DOH Marion County [ ] DOH Other:
[ ] N/A (for information only)

PO Number:
Contact Name: Mark March
Contact Phone: 352 3030718

System Information
System Name: Bellaire
System ID Number: 3424000

Sample Information
Sample Location: 5132 SE 27 ST #1
Sampler Name: Mark March
Date Sample Collected: 9.22.09
Time Sample Collected: 0700

Field Test Results (if applicable) Cl_2 Residual: 0.9
Temp: 76 pH: 7.3 DO:
Other:

Sample Custody
Relinquished Signature: M. March
Date: 9.22.09 Time: 1320 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By:
Sample Temperature at Time of Receipt: 3.6 °C
[X] On Ice [ ] Not on Ice
Paid Check or Receipt Number:
Comments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
[ ] NO_3 [ ] NO_2 [ ] F	
[ ] CN	
[ ] All Metals [ ] Sb [ ] As [ ] Ba [ ] Be [ ] Cd	
[ ] Cr [ ] Pb [ ] Hg [ ] Ni [ ] Se [ ] Na [ ] Tl	
[ ] Asbestos	
Secondary Contaminants	
[ ] Cl [ ] SO_4 [ ] TDS [ ] F [ ] Color	
[ ] Odor	
[ ] Foaming Agents	
[ ] All Metals [ ] Al [ ] Cu [ ] Fe [ ] Mn [ ] Ag [ ] Zn	
Disinfection Byproducts	
[X] Total THM (All 4) [ ] THM Partial:	0912128-A
[X] HAA (All 5) [ ] HAA Partial:	
[ ] Other:	
Radionuclides	
[ ] Gross Alpha [ ] Ra^{226} [ ] Ra^{228} [ ] U	
[ ] Other:	
Volatile Organic Contaminants	
[ ] All 21	
[ ] Partial:	
Synthetic Organic Contaminants	
[ ] All Except Dioxin	
[ ] Partial:	
Miscellaneous	
[ ] Turbidity [ ] Alkalinity [ ] Conductivity	
[ ] Total Sulfide	
[ ] Dissolved Metals (Field Filtered):	
[ ] Other:	
[ ] Other:	
[ ] 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.

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

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

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other

☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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 or print legibly)

System Name: Bellaire PWS I.D. #: 3424000

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

Address: SE 52 ST

City: Ocala State: Fla ZIP Code:

Phone #: 3523030718 Fax #: 732 3213

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Bellaire #2 Location Code (if known):

Sample Date: 9.22.09 Sample Time: 0720 (AM) PM (Circle One)

Sample Location (be specific): 5081 SE. 20 ST. #2

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: 7.3

Sample Type (Check Only One)

☒ Distribution
☐ Entry Point (to Distribution)
☐ Plant Tap (not for compliance with 62-550)
☐ Raw (at well or intake)
☐ Max Residence Time
☐ Ave Residence Time
☐ Near First Customer

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

☒ Routine Compliance (with 62-550)
☐ Confirmation of MCL Exceedance*
☐ Composite of Multiple Sites**
☐ Clearance (permitting)
☐ Other:

☒ Quarterly (Which Quarter? 2nd)
☐ Special (not for compliance with 62-550)
☐ Violation Resolution
☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 3523030718 Sampler's Fax #: 7323213

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Mark March (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 9.22.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: #2
Sample Location: 5081 SE 20 ST #2
Laboratory Assigned Submission Number: 0912129 Date Sample(s) Received: 9/22/09

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): E83079 PA *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.

Signature: Lisa Saupp Date: October 6, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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

Disinfectant Residual (mg/L): 1.0

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	0.61	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	0.61	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	I	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

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: 1:20 p 9-22-09

Client: Aqua Utilities

Submission Number: 0912129

Report to: (Name & Mailing Address)
on File

Copy to: [X] DEP Central [ ] DEP Southwest
[ ] DEP Northeast [ ] DEP Other:
[ ] DOH Marion County [ ] DOH Other:
[ ] N/A (for information only)

PO Number:
Contact Name: Mark March
Contact Phone: 3523036718

System Information
System Name: Belleaire
System ID Number: 3424000

Sample Information
Sample Location: 5081 SE 20th Ct #2
Sampler Name: Mark March
Date Sample Collected: 9.22.09
Time Sample Collected: 0720

Field Test Results (if applicable) Cl_2 Residual: 1.0
Temp: 71.2 pH: 7.3 DO:
Other:

Sample Custody
Relinquished Signature: M. March
Date: 9.22.09 Time: 1320 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By:
Sample Temperature at Time of Receipt: 7.9 °C
[X] On Ice [ ] Not on Ice
Paid Check or Receipt Number:
Comments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
[ ] NO_3 [ ] NO_2 [ ] F	
[ ] CN	
[ ] All Metals [ ] Sb [ ] As [ ] Ba [ ] Be [ ] Cd [ ] Cr [ ] Pb [ ] Hg [ ] Ni [ ] Se [ ] Na [ ] Tl	
[ ] Asbestos	
Secondary Contaminants	
[ ] Cl [ ] SO_4 [ ] TDS [ ] F [ ] Color	
[ ] Odor	
[ ] Foaming Agents	
[ ] All Metals [ ] Al [ ] Cu [ ] Fe [ ] Mn [ ] Ag [ ] Zn	
Disinfection Byproducts	
[X] Total THM (All 4) [ ] THM Partial:	
[X] HAA (All 5) [ ] HAA Partial:	0912129-A
[ ] Other:	
Radionuclides	
[ ] Gross Alpha [ ] Ra^{226} [ ] Ra^{228} [ ] U	
[ ] Other:	
Volatile Organic Contaminants	
[ ] All 21	
[ ] Partial:	
Synthetic Organic Contaminants	
[ ] All Except Dioxin	
[ ] Partial:	
Miscellaneous	
[ ] Turbidity [ ] Alkalinity [ ] Conductivity	
[ ] Total Sulfide	
[ ] Dissolved Metals (Field Filtered):	
[ ] Other:	
[ ] Other:	
[ ] Other:	
[ ] Other:	

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

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

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other

☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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 (to be completed by sampler – Please type or print legibly)

System Name: Bellaire PWS I.D. #: 3424000

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

Address: SE 52 ST

City: Ocala State: Fla ZIP Code:

Phone #: 352 303 0718 Fax #: 732 3213

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Bellaire #3 Location Code (if known):

Sample Date: 9.22.09 Sample Time: 0750 (AM) PM (Circle One)

Sample Location (be specific): 2192 SE 50 Terr #3

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .68 mg/L Field pH: 7.2

Sample Type (Check Only One)

- ☒ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☒ Quarterly (Which Quarter? 2ND)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 352 303 0718 Sampler's Fax #: 732 3213

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Mark March (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 9.22.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: #3
Sample Location: 2192 SE 50 Terr #3
Laboratory Assigned Submission Number: 0912130 Date Sample(s) Received: 9/22/09

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): E83079 PA *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

Signature: Lisa K Saupp Date: October 6, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: 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	0.61	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	0.61	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	0.61	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	0.65		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	I	EPA524.2	0.25	9/25/09		E83079
2950	Total Trihalomethanes	80	µg/L	0.97		EPA524.2	0.25	9/25/09		E83079

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

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: 1:20 PM 9-22-09

Client: Aqua Utilities

Submission Number: 0912130

Report to: (Name & Mailing Address)
on File

Copy to: ☒ DEP Central ☐ DEP Southwest
☐ DEP Northeast ☐ DEP Other:
☐ DOH Marion County ☐ DOH Other:
☐ N/A (for information only)

PO Number:
Contact Name: Mark March
Contact Phone: 3523030718

System Information
System Name: Bellaire
System ID Number: 342 4000

Sample Information
Sample Location: 2192 SE 50 Terr #3
Sampler Name: Mark March
Date Sample Collected: 9.22.09
Time Sample Collected: 0750

Field Test Results (if applicable) Cl_2 Residual: 0.8
Temp: pH: 7.2 DO:
Other:

Sample Custody
Relinquished Signature: M. March
Date: 9.22.09 Time: 1322 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By:
Sample Temperature at Time of Receipt: 9.9 °C
☒ On Ice ☐ Not on Ice
Paid Check or Receipt Number:
Comments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
☐ NO_3 ☐ NO_2 ☐ F	
☐ CN	
☐ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd ☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl	
☐ Asbestos	
Secondary Contaminants	
☐ Cl ☐ SO_4 ☐ TDS ☐ F ☐ Color	
☐ Odor	
☐ Foaming Agents	
☐ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn	
Disinfection Byproducts	
☒ Total THM (All 4) ☐ THM Partial:	0912130-A
☒ HAA (All 5) ☐ HAA Partial:	
☐ Other:	
Radionuclides	
☐ Gross Alpha ☐ Ra^{226} ☐ Ra^{228} ☐ U	
☐ Other:	
Volatile Organic Contaminants	
☐ All 21	
☐ Partial:	
Synthetic Organic Contaminants	
☐ All Except Dioxin	
☐ Partial:	
Miscellaneous	
☐ Turbidity ☐ Alkalinity ☐ Conductivity	
☐ Total Sulfide	
☐ Dissolved Metals (Field Filtered):	
☐ Other:	
☐ Other:	
☐ 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.

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other
☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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 (to be completed by sampler – Please type or print legibly)

System Name: Bellaire PWS I.D. #: 3 4 2 4 0 0 0

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

Address: PO Box 490310

City: Leesburg State: Fla ZIP Code: 34749

Phone #: 352 3030718 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 12.10.09 Sample Time: 0552 (AM) PM (Circle One)

Sample Location (be specific): 2192 SE 50 Terr.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☒ Ave Residence Time
- ☐ Near First Customer

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

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☒ Quarterly (Which Quarter? 3RD)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 352 3030718 Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Mark March (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 12.10.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: Not Provided
Sample Location: 2192 SE 50 Terr
Laboratory Assigned Submission Number: 0915656 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.

Signature: Lisa K Saupp Date: December 30, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory
☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: 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	I	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	I	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

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

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: 3:23 pm / 12-10-09

Client: Aqua Utilities

Submission Number: 0915656

Report to: (Name & Mailing Address)
PO Box 490310
Leesburg Fla. 34749

Copy to: ☒ DEP Central ☐ DEP Southwest
☐ DEP Northeast ☐ DEP Other: _____
☐ DOH Marion County ☐ DOH Other: _____
☐ N/A (for information only)

PO Number: _____
Contact Name: Mark March
Contact Phone: 3523036718

System Information
System Name: Bellaire
System ID Number: 3424000

Sample Information
Sample Location: 2192 SE 50 Terr
Sampler Name: Mark March
Date Sample Collected: 12.10.09
Time Sample Collected: 0850
Field Test Results (if applicable) Cl_2 Residual: 1.0
Temp: _____ pH: _____ DO: _____
Other: _____

Sample Custody
Relinquished Signature: M. March
Date: 12.10.09 Time: 1526 Condition: _____
Relinquished Signature: _____
Date: _____ Time: _____ Condition: _____
Received By: M. Mann
Sample Temperature at Time of Receipt: 3.0 °C
☒ On Ice ☐ Not on Ice
Paid Check or Receipt Number: _____
Comments: _____

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
☐ NO_3 ☐ NO_2 ☐ F	
☐ CN	
☐ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd ☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl	
☐ Asbestos	
Secondary Contaminants	
☐ Cl ☐ SO_4 ☐ TDS ☐ F ☐ Color	
☐ Odor	
☐ Foaming Agents	
☐ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn	
Disinfection Byproducts	
☒ Total THM (All 4) ☐ THM Partial: _____	0915656-A
☒ HAA (All 5) ☐ HAA Partial: _____	
☐ Other: _____	
Radionuclides	
☐ Gross Alpha ☐ Ra^{226} ☐ Ra^{228} ☐ U	
☐ Other: _____	
Volatile Organic Contaminants	
☐ All 21	
☐ Partial: _____	
Synthetic Organic Contaminants	
☐ All Except Dioxin	
☐ Partial: _____	
Miscellaneous	
☐ Turbidity ☐ Alkalinity ☐ Conductivity	
☐ Total Sulfide	
☐ Dissolved Metals (Field Filtered): _____	
☐ Other: _____	
☐ Other: _____	
☐ Other: _____	
☐ Other: _____	

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other

☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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 (to be completed by sampler – Please type or print legibly)

System Name: Bellaire PWS I.D. #: 3 4 2 4 0 0 0

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

Address: PO Box 490310

City: Leesburg State: Fla ZIP Code: 34749

Phone #: 3523030718 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 12.10.09 Sample Time: 0830 (AM) PM (Circle One)

Sample Location (be specific): 5081 SE 205T

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

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☒ Ave Residence Time
- ☐ Near First Customer

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

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☒ Quarterly (Which Quarter? 3RD)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 3523030718 Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, MARK MARCH (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 12.10.09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: Not Provided
Sample Location: 5081 SE 20 ST
Laboratory Assigned Submission Number: 0915657 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

Signature: Lisa K Saupp Date: December 30, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☐Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory
☐Other:_____

Person Notified:_____ Date Notified:_____

Comments:_____

Date Reviewed:_____ DEP / DOH Reviewing Official:_____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: 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	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.

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

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: 3:23pm / 12-10-09

Client: Aqua Utilities

Submission Number: 0915657

Report to: (Name & Mailing Address)
PO Box 490310
Leesburg, Fla. 34749

Copy to: [X] DEP Central [ ] DEP Southwest
[ ] DEP Northeast [ ] DEP Other:
[ ] DOH Marion County [ ] DOH Other:
[ ] N/A (for information only)

PO Number:
Contact Name: Mark Mauk
Contact Phone: 352 3030718

System Information
System Name: Belleaire
System ID Number: 3424000

Sample Information
Sample Location: 5081 SE 20 ST
Sampler Name: Mark Mauk
Date Sample Collected: 12.10.09
Time Sample Collected: 0830

Field Test Results (if applicable) Cl_2 Residual: 1.0
Temp: pH: DO:
Other:

Sample Custody
Relinquished Signature: Mark Mauk
Date: 12/10/09 Time: 1524 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By: M. Morse
Sample Temperature at Time of Receipt: 2.2 °C
[X] On Ice [ ] Not on Ice
Paid Check or Receipt Number:
Comments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
[ ] NO_3 [ ] NO_2 [ ] F	
[ ] CN	
[ ] All Metals [ ] Sb [ ] As [ ] Ba [ ] Be [ ] Cd [ ] Cr [ ] Pb [ ] Hg [ ] Ni [ ] Se [ ] Na [ ] Tl	
[ ] Asbestos	
Secondary Contaminants	
[ ] Cl [ ] SO_4 [ ] TDS [ ] F [ ] Color	
[ ] Odor	
[ ] Foaming Agents	
[ ] All Metals [ ] Al [ ] Cu [ ] Fe [ ] Mn [ ] Ag [ ] Zn	
Disinfection Byproducts	
[X] Total THM (All 4) [ ] THM Partial:	0915657-A
[X] HAA (All 5) [ ] HAA Partial:	
[ ] Other:	
Radionuclides	
[ ] Gross Alpha [ ] Ra^{226} [ ] Ra^{228} [ ] U	
[ ] Other:	
Volatile Organic Contaminants	
[ ] All 21	
[ ] Partial:	
Synthetic Organic Contaminants	
[ ] All Except Dioxin	
[ ] Partial:	
Miscellaneous	
[ ] Turbidity [ ] Alkalinity [ ] Conductivity	
[ ] Total Sulfide	
[ ] Dissolved Metals (Field Filtered):	
[ ] Other:	
[ ] Other:	
[ ] Other:	
[ ] Other:	

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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):

☑ DEP Central District
☐ DEP Southwest District
☐ DEP Northeast District
☐ DEP
☐ Other

☐ DOH Marion County
☐ DOH Lake County
☐ DOH Sumter County
☐ DOH
☐ 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

09740 3

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

System Name: Bellaire PWS I.D. #: 3 4 2 4 0 0 0

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

Address: SE 52 AV

City: Ocala State: Fla ZIP Code:

Phone #: 3523030718 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 6.16.09 Sample Time: 1450 AM (PM) (Circle One)

Sample Location (be specific): POE at Water Plant

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .6 mg/L Field pH: 7.4

Sample Type (Check Only One)

- ☐ Distribution
- ☒ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- ☒ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE. See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Mark March

Sampler's Phone #: 352 3030718 Sampler's Fax #: 732 3213

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, MARK MARCH (Print Name), Operator (Print Title),

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

Signature: Mark March Date: 6/17/09

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

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 Number: Not Provided
Sample Location: Point of Entry
Laboratory Assigned Submission Number: 097403 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
Synthetic Organics, All Except Dioxin

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.

Signature: Lisa K Saupp Date: July 14, 2009

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐Yes ☐No Sample Analysis Info Satisfactory: ☐Yes ☐No
☐Replacement Sample(s) Requested (circle or highlight group(s) above) ☐Revised Report Requested (circle or highlight group(s) above)
☐Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): ☐MCL(s) Exceeded ☒Detection(s) ☐Incomplete Report
☐Missing Analyte Sheet(s) ☐Location Unsatisfactory ☐Analysis Unsatisfactory

☐Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____

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10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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

System Name: 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
[illegible]	Nickel	0.1	mg/L	0.0025	U	EPA200.7	0.0025	6/22/09		E83079
[illegible]	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	I	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.

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: 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
[illegible]	Odor	3	TON	1	U	SM2150B	1	6/17/09	1:55 PM	E83265
[illegible]	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.

AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822
FAX (352) 625-6638

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

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

RADIONUCLIDES
62-550.310(6)

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

U - The parameter was analyzed but not detected.

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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 ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab 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	U	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	µg/L	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.

eporting Format 62-550.730
ffective January 1995, Revised January 2007

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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 Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab 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

U - The parameter was analyzed but not detected

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: 8:47 am / 6-17-09

C.. .. Aqua Utilities

Submission Number: 097403

Report to: (Name & Mailing Address)
- On File -

Copy to: ☒ DEP Central ☐ DEP Southwest
☐ DEP Northeast ☐ DEP Other:
☐ DOH Marion County ☐ DOH Other:
☐ N/A (for information only)

PO Number:
Contact Name: Mark March
Contact Phone: 352 3c30718

System Information
System Name: Bellaire
System ID Number: 3424000

S le Information
Sample Location: Point of Entry
Sampler Name: Mark March
Date Sample Collected: 6.16.09
Time Sample Collected: 14:50
Field Test Results (if applicable) Cl_2 Residual: 0.6
Temp: pH: 7.4 DO:
Other:

Sample Custody
Relinquished Signature: Mark March
Date: 6/17/09 Time: 0845 Condition:
Relinquished Signature:
Date: Time: Condition:
Received By: M. Moore
Sample Temperature at Time of Receipt: 4 °C
☐ On Ice ☐ Not on Ice
Paid Check or Receipt Number:
Comments:

Parameter(s) Requested	Sample Number
Inorganic Contaminants	
☒ NO_3 ☒ NO_2 ☒ F	097403-A
☒ CN	097403-B
☒ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd ☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl	097403-C
☐ Asbestos	
Secondary Contaminants	
☒ Cl ☒ SO_4 ☒ TDS ☒ F ☒ Color	097403-A
☒ Odor	097403-D
☒ Foaming Agents	097403-E
☒ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn	097403-C
Disinfection Byproducts	
☐ Total THM (All 4) ☐ THM Partial:	
☐ HAA (All 5) ☐ HAA Partial:	
☐ Other:	
Radionuclides	
☒ Gross Alpha ☒ Ra^{226} ☒ Ra^{228} ☒ U	097403-F
☐ Other:	
Volatile Organic Contaminants	
☒ All 21	097403-G
☐ Partial:	
Synthetic Organic Contaminants	
☒ All Except Dioxin	097403-H
☐ Partial:	
Miscellaneous	
☐ Turbidity ☐ Alkalinity ☐ Conductivity	
☐ Total Sulfide	
☐ Dissolved Metals (Field Filtered):	
☐ Other:	
☐ Other:	
☐ Other:	
☐ Other:	

AQUA

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748-0310

T: 352.787.0980
F: 352.787.6333
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,

Jean Day

Jean Day
Administrative Assistant

Enclosure

HBEL, Inc.

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

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

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

Quality Control Summary

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

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HBEL, Inc.

2340 SW Poma Drive, Palm 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[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: ***2037388001***					*Sampled: 02/22/10 12:30*		*Received: 02/23/10 10:30*			
Sample ID: ***POE Grab***					*Matrix: Water*		Results reported on Wet Weight Basis			
Nitrate as N		**2.7**	mg/L	0.0030	EPA 300.0	IC8306		02/23/10 14:39	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC8306		02/23/10 14:39	JL	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

___FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

Company: AQUA Utilities
Address: P.O Box 490310
Leesburg FL Zip: 34749
Phone (352) 787-0980 Fax: 787-6333
Client Contact: G Kissick (904) 237-0919
Project Name: Bellaire #6577
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time
Or
Rush in ____ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked (Y) N: 2.8c
Custody Seals Intact Y N: N/A
pH Checked Y N
LAB # 2037588

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE N02	PRESERVATIVE N03							COMMENTS
001	2-22-10	12:30 Pm	G	DW	1	P.O.E	1	1							cl2 Res 0.9
															Ph –
															Temp –
															Pws # 3424000
															2010

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

* Sample Type: G=Grab C=Composite

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

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
GK		
DATE/TIME 2-22-2010	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	DATE/TIME	DATE/TIME 2-23-10 1030

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

CHAIN PAGE 1 of 1

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 02/22/10 Sample Time: 12:30 PM

Sample Location (be specific): POE Grab

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

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

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

☐Routine Compliance (with 62-550)
☐Confirmation of MCL Exceedence*
☐Composite of Multiple Sites**
☐Clearance (permitting)
☐Other: _____

☐Quarterly (Which Qtr?_____
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 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): Sample 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 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☑ Nitrate	☐ Partial		☐ Bromate
☑ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 26-Feb-10

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990
Phone: (772) 320-0091 Fax: (772) 320-0145

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.

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

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

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6577 Bellaire THM/HAA5 **[2037431]**
Received: 2/25/10 10:25

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HBEL, Inc.

2340 SW Poma Drive, Palm City FL 349
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2037431]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* 6577 Bellaire THM/HAA5

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2037431001** *Sample ID:* **5081 SE 20th Street Grab**					*Sampled: 02/24/10 12:10* *Matrix: Water*		*Received: 02/25/10 10:25* Results reported on Wet Weight Basis			
Bromodichloromethane		**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
Dibromochloromethane		**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 Acid		**0.28 U**	ug/L	0.28	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 2:47	JL	E96080
Monochloroacetic Acid		**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** *Sample ID:* **219 SE 50th Terrace**					*Sampled: 02/24/10 12:30* *Matrix: Water*		*Received: 02/25/10 10:25* Results reported on Wet Weight Basis			
Bromodichloromethane		**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
Dibromochloromethane		**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 Acid		**0.28 U**	ug/L	0.28	EPA 552.1	PEST5502	03/2/10 7:00	03/3/10 3:24	JL	E96080
Monochloroacetic Acid		**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

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 4155 St. Johns Pkwy. Suite 1300 Sanford, FL 32771
___FDOH # E84418 16331 Cortez Blvd. Brooksville, FL 34601

Company: AQUA Utilities
Address: PO Box 490310
Leesburg FL Zip: 34749
Phone: (352) 787-0980 Fax: 787-6333
Client Contact: GKissick (904) 237-0919
Project Name: Belaire #6577
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time
Or
Rush in ____ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: 1.4 °C
Custody Seals Intact: Y N N/A
pH Checked: Y N
LAB # 2037431

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED							COMMENTS
								A	B						
								HAAS	TTHM						
	2-24-10	1205 PM	G	DW	1	5081 SE 20TH STREET		✓							Chlor -
001	2-24-10	1210 PM	G	DW	3	5081 SE 20TH STREET			✓						PH -
	2-24-10	1225 PM	G	DW	1	219 SE 50TH Terrace		✓							Chlor -
2	2-24-10	1230 PM	G	DW	3	219 SE 50TH Terrace			✓						PH -
															STAGE II
						~~Trip Blk~~									4TH QTR

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

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY GK	RELINQUISHED BY	RELINQUISHED BY	
DATE/TIME 2-24-2010	DATE/TIME	DATE/TIME	
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY	
DATE/TIME	DATE/TIME	DATE/TIME 2.25.10 1025	

Report Page 1 of 1

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

CHAIN PAGE 1 of 1

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 02/24/10 Sample Time: 12:10 PM

Sample Location (be specific): 5081 SE 20th Street Grab

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 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:: 2/25/2010

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

Lab Assigned Report Number or Job ID: 2037431001

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 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes _X_ No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 09-Mar-10

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990
Phone: (772) 320-0091 Fax: (772) 320-0145

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La 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**	I	EPA 552.1	0.66	3/03/10	2:47 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.30**	I	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**	I	EPA 524.2	0.24	3/06/10	3:21 AM	E96080
2942	Bromoform	[N/A]	ug/L	**0.15**	U	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
2950	Total Trihalomethanes	[80]	ug/L	**0.59**		EPA 524.2	0.15	3/06/10	3:21 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

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 02/24/10 Sample Time: 12:30 PM

Sample Location (be specific): 219 SE 50th Terrace

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 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:: 2/25/2010

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

Lab Assigned Report Number or Job ID: 2037431002

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 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 09-Mar-10

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990
Phone: (772) 320-0091 Fax: (772) 320-0145

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	
Sampling Date:	2/24/10 12:30		
Date Received:	2/25/10 10:25		

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2450	Monochloroacetic Acid	[N/A]	ug/L	**0.88**	U	EPA 552.1	0.88	3/03/10	3:24 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**0.78**	I	EPA 552.1	0.66	3/03/10	3:24 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.24**	I	EPA 552.1	0.20	3/03/10	3:24 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28**	U	EPA 552.1	0.28	3/03/10	3:24 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.43**	I	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**	I	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
2943	Bromodichloromethane	[N/A]	ug/L	**0.26**	U	EPA 524.2	0.26	3/06/10	3:56 AM	E96080
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.

HBEL, Inc.

5600 U.S. 1 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

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Bellaire THM/HAA5 Grab **[2134773]**
Received: 5/15/09 12:47

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 524.2			
		Bromoform	Precision - Outside acceptance limits between the LCS and LCDS.

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134773]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Bellaire THM/HAA5 Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2134773001** *Sample ID:* **5081 SE 20th St**					*Sampled: 05/14/09 13:00* *Matrix: Water*		*Received: 05/15/09 12:47* Results reported on Wet Weight Basis			
Bromodichloromethane		**3.3**	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:15	WR	E96080
Bromoform		**1.2**	ug/L	0.41	EPA 524.2	VOC3096		05/28/09 2:15	WR	E96080
Chloroform		**3.0**	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:15	WR	E96080
Dibromochloromethane		**3.5**	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 2:15	WR	E96080
Total THMs		**11**	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 2:15	WR	E96080
Dibromoacetic Acid		**0.69**	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E96080
Dichloroacetic Acid		**2.1**	ug/L	0.66	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 0:36	JL	E96080
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		**0.88 U**	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	E96080
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: **2134773002** *Sample ID:* **2192 SE 50th Terr**					*Sampled: 05/14/09 13:15* *Matrix: Water*		*Received: 05/15/09 12:47* Results reported on Wet Weight Basis			
Bromodichloromethane		**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
Dibromochloromethane		**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	05/29/09 1:12	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		**0.28 U**	ug/L	0.28	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Monochloroacetic Acid		**0.88 U**	ug/L	0.88	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Total HAAs		**3.2**	ug/L	0.18	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Trichloroacetic acid		**0.21**	ug/L	0.20	EPA 552.1	PEST5346	05/28/09 12:48	05/29/09 1:12	JL	E96080
Laboratory ID: **2134773003** *Sample ID:* **Trip Blank-SE 20th St**					*Sampled:* *Matrix: Water*		*Received: 05/15/09 12:47* Results reported on Wet Weight Basis			
Bromodichloromethane		**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
Dibromochloromethane		**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	WR	E96080
Laboratory ID: **2134773004** *Sample ID:* **Trip Blank-SE 50th Terr**					*Sampled:* *Matrix: Water*		*Received: 05/15/09 12:47* Results reported on Wet Weight 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	WR	E96080
Chloroform		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:56	WR	E96080
Dibromochloromethane		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3096		05/28/09 3:56	WR	E96080
Total THMs		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3096		05/28/09 3:56	WR	E96080

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

CERTIFICATE OF ANALYSIS

[2134773]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Bellaire THM/HAA5 Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

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

___FDOH # E84418 16331 Cortez Blvd. Brooksville, FL 34601

Company: AQUA UTILITIES

Address: 11150 Thomas AVE

LEESBURG, FL Zip: 34748

Phone: 386-937-1143 Fax: 386-329-9977

Client Contact: PAUL THOMPSON

Project Name: BELLAIRE

Sampled By: MARK MARCH

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days

Requires Laboratory Approval

For Lab Use Only

Temperature Checked (Y) N: 0°C

Custody Seals Intact: Y N

pH Checked: Y N

LAB # 213773

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE ST	PRESERVATIVE NaHSO4	ANALYSES REQUESTED TTHM	ANALYSES REQUESTED HAA5	COMMENTS
001	5/14/09	1200	G	DW	4	5081 SE 20th ST.			X	X	ch 1.1
002	5/14/09	13:15	G	DW	4	2192 SE 50th Terr.			X	X	ch 0.8
003					2	Triple Blank SE 20th					
004					2	Triple Blank SE 50th Terr					

Preservation Key

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

* Sample Type: G=Grab C=Composite

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

Report Page 5 of 5

RELINQUISHED BY		RELINQUISHED BY David Waring	RELINQUISHED BY Fed Ex
DATE/TIME	5/14/09 7:30pm	DATE/TIME 5-15-09 10:30am	DATE/TIME 5-15-09 1247 5-19-09 1030
RECEIVED BY	David Waring	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY Jones Relinquished by Fed Ex
DATE/TIME	5-15-09 07:30am	DATE/TIME 5-15-09 1045	DATE/TIME 05/15/09 1247 05/18/09 1600

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

CHAIN PAGE 1 of 1

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 05/14/09 Sample Time: 1:00 PM

Sample Location (be specific): 5081 SE 20th St

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____)
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/15/09

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

Lab Assigned Report Number or Job ID: 2134773001

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 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes _X_ No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 01-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID	Bellaire THM/HAA5 Grab
Sample Location:	5081 SE 20th St	Disinfectant Residual (mg/L)	
Sample Number:	2134773001	PWS ID	
Sampling Date:	5/14/09 13:00		
Date Received:	5/15/09 12:47		

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]	ug/L	**0.88 U**		EPA 552.1	0.88	5/29/09	12:36 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**2.1**		EPA 552.1	0.66	5/29/09	12:36 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	**0.20 U**		EPA 552.1	0.20	5/29/09	12:36 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	**0.28 U**		EPA 552.1	0.28	5/29/09	12:36 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	**0.69**		EPA 552.1	0.18	5/29/09	12:36 AM	E96080
2456	Total Haloacetic Acids (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	Bromodichloromethane	[N/A]	ug/L	**3.3**		EPA 524.2	0.25	5/28/09	2:15 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**3.5**		EPA 524.2	0.30	5/28/09	2:15 AM	E96080
2950	Total Trihalomethanes	[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.

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 05/14/09 Sample Time: 1:15 PM

Sample Location (be specific): 2192 SE 50th Terr

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/15/09

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

Lab Assigned Report Number or Job ID: 2134773002

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 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☒ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 01-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID	Bellaire THM/HAA5 Grab
Sample Location:	2192 SE 50th Terr	Disinfectant Residual (mg/L)	
Sample Number:	2134773002	PWS ID	
Sampling Date:	5/14/09 13:15		
Date Received:	5/15/09 12:47		

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]	ug/L	**0.88 U**		EPA 552.1	0.88	5/29/09	1:12 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	**2.2**		EPA 552.1	0.66	5/29/09	1:12 AM	E96080
2452	Trichloroacetic acid	[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 Acid	[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	Bromodichloromethane	[N/A]	ug/L	**3.9**		EPA 524.2	0.25	5/28/09	2:49 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**3.7**		EPA 524.2	0.30	5/28/09	2:49 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	**12.07**		EPA 524.2	0.25	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

* 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.

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____

Sample Location (be specific): Trip Blank-SE 20th St

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/15/09

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

Lab Assigned Report Number or Job ID: 2134773003

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 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 01-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID	Bellaire THM/HAA5 Grab
Sample Location:	Trip Blank-SE 20th St	Disinfectant Residual (mg/L)	
Sample Number:	2134773003	PWS ID	
Sampling Date:			
Date Received:	5/15/09 12:47		

Contam ID	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	Bromodichloromethane	[N/A]	ug/L	**0.25 U**		EPA 524.2	0.25	5/28/09	3:22 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**0.30 U**		EPA 524.2	0.30	5/28/09	3:22 AM	E96080
2950	Total Trihalomethanes	[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 62-550.730
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.

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____

Sample Location (be specific): Trip Blank-SE 50th Terr

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 5/15/09

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

Lab Assigned Report Number or Job ID: 2134773004

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 30	☐ All 21	☒ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 01-Jun-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client:	Aqua Utilities Florida, Inc.	Report Number/ Job ID	Bellaire THM/HAA5 Grab
Sample Location:	Trip Blank-SE 50th Terr	Disinfectant Residual (mg/L)	
Sample Number:	2134773004	PWS ID	
Sampling Date:			
Date Received:	5/15/09 12:47		

Contam ID	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	3:56 AM	E96080
2942	Bromoform	[N/A]	ug/L	**0.41 U**		EPA 524.2	0.41	5/28/09	3:56 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	**0.25 U**		EPA 524.2	0.25	5/28/09	3:56 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	**0.30 U**		EPA 524.2	0.30	5/28/09	3:56 AM	E96080
2950	Total Trihalomethanes	[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 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.

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment 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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1		24.0	62,000											
2	X	24.0	62,000		1.0								1.0	
3		24.0	63,000											
4		24.0	63,000											
5	X	24.0	48,000		1.0								0.8	
6		24.0	48,000											
7	X	24.0	59,000		0.8								0.8	
8		24.0	59,000											
9	X	24.0	57,000		1.2								1.2	
10		24.0	57,000											
11		24.0	57,000											
12	X	24.0	43,000		1.2								1.0	
13		24.0	43,000											
14	X	24.0	50,000		1.0								1.0	
15		24.0	50,000											
16	X	24.0	62,000		1.2								1.0	
17		24.0	63,000											
18		24.0	63,000											
19	X	24.0	52,000		1.4								1.0	
20		24.0	53,000											
21	X	24.0	75,000		1.2								1.2	
22		24.0	75,000											
23	X	24.0	78,000		1.2								1.2	
24		24.0	78,000											
25		24.0	78,000											
26	X	24.0	66,000		1.2								1.0	
27		24.0	67,000											
28	X	24.0	65,000		1.0								1.0	
29		24.0	66,000											
30	X	24.0	69,000		1.2								1.0	
31		24.0	70,000											
Total			1,901,000											
Avgerage			61,323											
Maximum			78,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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 ☐ 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.):	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
	Gary Kissick	C	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.

2/8/10

Signature and Date

Paul Thompson

Printed or Typed Name

A-7251

License Number

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

PWS ID	3424000	Plant Name	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	37,000		1.2								1.2	
2		24.0	37,000											
3		24.0	37,000											
4	X	24.0	38,000		1.4								1.2	
5		24.0	39,000											
6	X	24.0	33,000		0.7								0.4	
7		24.0	34,000											
8	X	24.0	45,000		1.0								0.8	
9		24.0	44,000											
10		24.0	44,000											
11	X	24.0	42,000		2.0								2.0	
12		24.0	42,000											
13	X	24.0	43,000		1.5								1.3	
14		24.0	43,000											
15	X	24.0	43,000		1.7								1.5	
16		24.0	43,000											
17		24.0	36,000											
18	X	24.0	36,000		1.3								1.1	
19		24.0	37,000										1.2	
20	X	24.0	38,000		1.5								1.3	
21		24.0	39,000											
22	X	24.0	40,000		1.5								1.2	
23		24.0	40,000											
24		24.0	36,000											
25	X	24.0	37,000		1.3								1.1	
26		24.0	39,000											
27	X	24.0	40,000		1.3								1.1	
28		24.0	39,000											
29	X	24.0	39,000		1.3								1.1	
30		24.0	39,000											
31		24.0	39,000											
Total			1,218,000											
Avgerage			39,290											
Maximum			45,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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 ☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1		24.0	70,000											
2	X	24.0	64,000		1.2								1.0	
3		24.0	65,000											
4	X	24.0	75,000		1.2								1.2	
5		24.0	76,000											
6	X	24.0	80,000		1.4								1.2	
7		24.0	80,000											
8		24.0	81,000											
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	
12		24.0	79,000											
13		24.0	79,000											
14	X	24.0	90,000		1.2								1.2	
15		24.0	90,000											
16	X	24.0	72,000		1.4								1.2	
17		24.0	72,000											
18	X	24.0	66,000		1.2								1.2	
19		24.0	66,000											
20	X	24.0	77,000		1.4								1.2	
21		24.0	78,000											
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	X	24.0	88,000		1.2								1.0	
28		24.0	89,000											
29		24.0												
30		24.0												
31		24.0												
Total			2,124,000											
Avgerage			68,516											
Maximum			90,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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:				
	Gary Kissick	C	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	Printed or Typed Name	License Number
3/9/10	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	31,000		1.3								1.1	
2		24.0	32,000											
3	X	24.0	34,000		1.3								1.1	
4		24.0	35,000											
5	X	24.0	40,000		1.2								1.0	
6		24.0	40,000											
7		24.0	41,000											
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	
11		24.0	29,000											
12	X	24.0	41,000		1.4								1.2	
13		24.0	41,000											
14		24.0	42,000											
15	X	24.0	32,000		1.1								0.9	
16		24.0	33,000											
17	X	24.0	38,000		1.2								1.0	
18		24.0	38,000											
19	X	24.0	45,000		1.0								0.8	
20		24.0	45,000											
21		24.0	45,000											
22	X	24.0	31,000		0.9								0.6	
23		24.0	32,000											
24	X	24.0	32,000		1.0								0.7	
25		24.0	31,000											
26	X	24.0	35,000		1.0								0.6	
27		24.0	35,000											
28		24.0	35,000											
29		24.0												
30		24.0												
31		24.0												
Total			1,003,000											
Avgerage			32,355											
Maximum			45,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.): 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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1		24.0	89,000											
2	X	24.0	55,000		1.4								1.2	
3		24.0	54,000											
4	X	24.0	84,000		1.0								1.0	
5		24.0	84,000											
6	X	24.0	99,000		0.9								0.8	
7		24.0	99,000											
8		24.0	100,000											
9	X	24.0	75,000		1.0								0.6	
10		24.0	80,000											
11	X	24.0	93,000		1.2								1.0	
12		24.0	93,000											
13		24.0	94,000											
14	X	24.0	113,000		1.0								1.0	
15		24.0	113,000											
16	X	24.0	75,000		1.0								1.0	
17		24.0	75,000											
18	X	24.0	100,000		1.0								1.0	
19		24.0	100,000											
20	X	24.0	69,000		1.0								0.8	
21		24.0	70,000											
22		24.0	70,000											
23	X	24.0	96,000		1.0								0.8	
24		24.0	89,000		0.8								0.8	
25	X	24.0	89,000											
26		24.0	80,000		1.0								0.8	
27	X	24.0	69,000		0.8								0.8	
28		24.0	69,000											
29		24.0	69,000											
30	X	24.0	50,000		1.0								0.8	
31		24.0	50,000											
Total			2,545,000											
Avgerage			82,097											
Maximum			113,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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:				
	Gary Kissick	C	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.

4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID	3424000	Plant Name	Belleair

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
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, °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 that Involves Taking Water System Components Out of Operation
1	X	24.0	33,000		1.3								0.9	
2		24.0	34,000											
3	X	24.0	40,000		1.4								1.1	
4		24.0	40,000											
5	X	24.0	43,000		1.3								1.0	
6		24.0	43,000											
7		24.0	44,000											
8	X	24.0	39,000		1.3								0.9	
9		24.0	39,000											
10	X	24.0	42,000		1.3								0.9	
11		24.0	43,000											
12	X	24.0	33,000		1.3								1.1	
13		24.0	34,000											
14		24.0	34,000											
15	X	24.0	40,000		1.1								0.8	
16		24.0	41,000											
17	X	24.0	36,000		1.6								1.3	
18		24.0	36,000											
19	X	24.0	45,000		2.4								2.0	
20		24.0	45,000											
21		24.0	44,000											
22	X	24.0	36,000		2.2								1.9	
23		24.0	37,000											
24	X	24.0	38,000		2.1								1.7	
25		24.0	38,000											
26	X	24.0	37,000		1.8								1.5	
27		24.0	38,000											
28		24.0	38,000											
29	X	24.0	35,000		1.5								1.2	
30		24.0	36,000											
31	X	24.0	33,000		1.4								1.1	
Total			1,194,000											
Avgerage			38,516											
Maximum			45,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	55,000		1.0								1.0	
2		24.0	55,000											
3	X	24.0	63,000		1.0								0.8	
4		24.0	63,000											
5		24.0	64,000											
6	X	24.0	57,000		1.0								0.8	
7		24.0	57,000											
8	X	24.0	52,000		1.0								0.6	
9		24.0	52,000											
10	X	24.0	65,000		1.0								1.0	
11		24.0	65,000											
12		24.0	66,000											
13	X	24.0	41,000		1.0								0.8	
14		24.0	41,000											
15	X	24.0	59,000		0.8								0.6	
16		24.0	59,000											
17	X	24.0	62,000		1.2								1.0	
18		24.0	62,000											
19		24.0	62,000											
20	X	24.0	49,000		1.4								1.0	
21		24.0	50,000											
22	X	24.0	76,000		1.2								1.0	
23		24.0	77,000											
24	X	24.0	81,000		0.6								0.4	
25		24.0	81,000											
26		24.0	80,000											
27	X	24.0	74,000		0.8								0.6	
28		24.0	75,000											
29	X	24.0	76,000		0.6								0.5	
30		24.0	77,000											
31		24.0												
Total			1,896,000											
Avgerage			61,161											
Maximum			81,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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 ☐ 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.):	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:	Gary Kissick	C	7846	Days 1st Shift
	Larry White	C	7082	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.

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A-7251
License Number

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	33,000											
2	X	24.0	37,000		1.2								0.8	
3		24.0	42,000											
4		24.0	40,000											
5	X	24.0	47,000		1.0								0.7	
6		24.0	46,000											
7	X	24.0	50,000		0.7								0.5	
8		24.0	49,000											
9	X	24.0	59,000		2.0								1.4	
10		24.0	60,000											
11		24.0	60,000											
12	X	24.0	44,000		1.0								0.6	
13		24.0	44,000											
14	X	24.0	52,000		2.2								2.0	
15		24.0	53,000											
16	X	24.0	55,000		1.9								1.7	
17		24.0	56,000											
18		24.0	56,000											
19	X	24.0	43,000		1.4								1.1	
20		24.0	43,000											
21	X	24.0	48,000		1.4								1.0	
22		24.0	48,000											
23	X	24.0	58,000		1.4								1.0	
24		24.0	58,000											
25		24.0	59,000											
26	X	24.0	49,000		1.2								0.8	
27		24.0	49,000											
28	X	24.0	60,000		1.1								0.7	
29		24.0	60,000											
30	X	24.0	69,000		1.3								1.0	
31		24.0												
Total			1,527,000											
Avgerage			49,258											
Maximum			69,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0	93,000		1.2								1.2	
2		24.0	93,000											
3		24.0	93,000											
4	X	24.0	79,000		1.2								1.2	
5		24.0	79,000											
6	X	24.0	96,000		1.1								1.0	
7		24.0	97,000											
8	X	24.0	102,000		1.1								1.0	
9		24.0	102,000											
10		24.0	104,000		1.2								1.0	
11	X	24.0	71,000											
12		24.0	71,000		1.2								1.2	
13	X	24.0	56,000											
14		24.0	56,000		1.4								1.0	
15	X	24.0	60,000											
16		24.0	60,000											
17		24.0	60,000											
18	X	24.0	37,000		1.2								1.2	
19		24.0	37,000											
20	X	24.0	32,000		1.4								1.2	
21	X	24.0	50,000		1.2								1.2	
22	X	24.0	39,000		1.2								1.0	
23		24.0	38,000											
24		24.0	38,000											
25	X	24.0	42,000		1.4								1.2	
26	X	24.0	37,000		1.4								1.0	
27		24.0	38,000											
28	X	24.0	51,000		1.2								1.2	
29	X	24.0	55,000		1.4								1.0	
30		24.0	55,000											
31		24.0	55,000											
Total			1,976,000											
Avgerage			63,742											
Maximum			104,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0	53,000		1.2								1.2	
2		24.0	53,000											
3	X	24.0	46,000		1.2								1.0	
4		24.0	47,000											
5	X	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	
9		24.0	50,000											
10	X	24.0	61,000		1.2								1.2	
11	X	24.0	66,000		1.2								1.0	
12	X	24.0	59,000		1.4								1.2	
13		24.0	59,000											
14		24.0	59,000											
15	X	24.0	55,000		1.2								1.0	
16		24.0	55,000											
17	X	24.0	54,000		1.2								1.0	
18		24.0	54,000											
19	X	24.0	59,000		1.2								1.2	
20		24.0	59,000											
21		24.0	60,000											
22	X	24.0	50,000		1.0								0.8	
23		24.0	51,000											
24	X	24.0	58,000		1.0								1.0	
25		24.0	58,000											
26	X	24.0	67,000		1.2								0.8	
27		24.0	68,000											
28		24.0	68,000											
29	X	24.0	51,000		1.0								1.0	
30		24.0	52,000											
31		24.0												
Total			1,665,000											
Avgerage			53,710											
Maximum			68,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1	X	24.0	54,000		1.2								1.0	
2		24.0	54,000											
3	X	24.0	52,000		1.2								1.2	
4		24.0	52,000											
5		24.0	52,000											
6	X	24.0	37,000		1.0								1.0	
7		24.0	37,000											
8	X	24.0	41,000		1.0								1.0	
9		24.0	42,000											
10		24.0	42,000											
11	X	24.0	50,000		1.2								1.0	
12		24.0	51,000											
13	X	24.0	44,000		1.0								1.0	
14		24.0	44,000											
15	X	24.0	43,000		0.8								0.8	
16	X	24.0	48,000		0.8								0.6	
17	X	24.0	54,000		1.8								1.6	
18		24.0	53,000											
19		24.0	53,000											
20	X	24.0	48,000		1.9								1.7	
21		24.0	49,000											
22	X	24.0	44,000		1.6								1.6	
23		24.0	45,000											
24	X	24.0	50,000		1.3								1.2	
25		24.0	50,000											
26		24.0	49,000											
27	X	24.0	40,000		1.1								1.1	
28		24.0	40,000											
29	X	24.0	42,000		1.2								1.1	
30		24.0	42,000											
31	X	24.0	41,000		1.2								1.0	
Total			1,443,000											
Avgerage			46,548											
Maximum			54,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
1		24.0	42,000											
2	X	24.0	32,000		1.2								1.2	
3		24.0	32,000											
4	X	24.0	37,000		1.2								1.2	
5		24.0	37,000											
6	X	24.0	60,000		1.0								1.0	
7		24.0	60,000											
8		24.0	60,000											
9		24.0	60,000											
10	X	24.0	46,000		1.2								1.0	
11		24.0	46,000											
12	X	24.0	39,000		1.0								1.0	
13	X	24.0	52,000		1.0								0.8	
14	X	24.0	47,000		1.0								1.0	
15		24.0	47,000											
16		24.0	47,000											
17	X	24.0	58,000		1.0								1.0	
18		24.0	58,000											
19	X	24.0	27,000		1.0								1.0	
20		24.0	27,000											
21	X	24.0	42,000		1.2								0.8	
22		24.0	42,000											
23		24.0	42,000											
24	X	24.0	36,000		1.0								0.8	
25		24.0	37,000											
26	X	24.0	37,000		1.0								1.0	
27		24.0	38,000											
28	X	24.0	50,000		0.8								0.8	
29		24.0	50,000											
30		24.0	50,000											
31	X	24.0	41,000		1.2								1.0	
Total			1,379,000											
Avgerage			44,484											
Maximum			60,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	41,000											
2	X	24.0	41,000		0.8								0.6	
3	X	24.0	26,000		1.2								1.2	
4	X	24.0	45,000		1.2								1.0	
5		24.0	37,667											
6		24.0	37,667											
7	X	24.0	37,667		1.4								1.2	
8		24.0	39,000											
9	X	24.0	39,000		1.0								1.0	
10		24.0	41,000											
11	X	24.0	41,000		1.2								1.0	
12		24.0	50,667											
13		24.0	50,667											
14	X	24.0	50,667		1.2								1.0	
15		24.0	47,000											
16	X	24.0	47,000		1.2								1.2	
17		24.0	48,000											
18	X	24.0	48,000		1.0								0.6	
19		24.0	43,667											
20		24.0	43,667											
21	X	24.0	43,667		1.0								0.8	
22		24.0	36,500											
23	X	24.0	36,500		1.0								1.0	
24		24.0	48,000											
25	X	24.0	48,000		1.2								1.2	
26		24.0	60,333											
27		24.0	60,333											
28	X	24.0	60,333		1.2								1.0	
29		24.0	52,000											
30	X	24.0	52,000		1.4								1.0	
31		24.0												
Total			1,353,000											
Avgerage			43,645											
Maximum			60,333											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, ^{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		
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	X	24.0	39,000		1.4								1.2	
6		24.0	39,000											
7	X	24.0	61,000		1.2								1.2	
8		24.0	62,000											
9	X	24.0	66,000		1.4								1.2	
10		24.0	66,000											
11		24.0	66,000											
12	X	24.0	56,000		1.4								1.2	
13		24.0	57,000											
14	X	24.0	51,000		1.2								1.2	
15		24.0	51,000											
16	X	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								1.0	
20		24.0	54,000											
21	X	24.0	70,000		1.2								1.2	
22		24.0	70,000											
23	X	24.0	68,000		1.2								1.0	
24		24.0	68,000											
25		24.0	68,000											
26	X	24.0	32,000		1.2								1.2	
27		24.0	32,000											
28	X	24.0	64,000		1.2								1.0	
29		24.0	65,000											
30	X	24.0	59,000		2.2								2.2	
31		24.0	59,000											
Total			1,790,000											
Avgerage			57,742											
Maximum			70,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Belleair		PWS Identification Number:	3424000
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			
Contact Person:	Paul Thompson		Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name:	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 ☐ 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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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Other Operators:	Mark March	C	8287	Days 1st Shift
	Gary Kissick	C	7846	Days 1st Shift

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Signature and Date	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	60,000											
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	
5		24.0	62,000											
6	X	24.0	63,000		1.2								1.2	
7		24.0	64,000											
8		24.0	64,000											
9	X	24.0	45,000		1.0								0.8	
10		24.0	46,000											
11	X	24.0	40,000		1.2								0.8	
12		24.0	41,000											
13	X	24.0	57,000		1.0								0.7	
14		24.0	58,000											
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											
22		24.0	59,000											
23	X	24.0	41,000		1.9								1.8	
24		24.0	41,000											
25	X	24.0	46,000		1.6								1.3	
26		24.0	46,000											
27	X	24.0	45,000		1.5								1.3	
28		24.0	45,000											
29		24.0	45,000											
30	X	24.0	51,000		1.4								1.2	
31		24.0												
Total			1,548,000											
Avgerage			49,935											
Maximum			64,000											

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

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

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 Number:	3424000
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				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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	☐ 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.):	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
	Gary Kissick	C	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	Printed or Typed Name	License Number
	Paul Thompson	A-7251

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

PWS ID:	3424000	Plant Name:	Belleair

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	51,000											
2	X	24.0	34,000		1..2								1.0	
3		24.0	35,000											
4	X	24.0	41,000		1.2								1.2	
5		24.0	41,000											
6		24.0	41,000											
7	X	24.0	38,000		1.4								1.2	X = HPT Inspection
8	X	24.0	51,000		1.2								1.2	
9		24.0	50,000											
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								1.0	
17		24.0	36,500											
18	X	24.0	36,500		1.2								1.0	
19		24.0	44,667											
20		24.0	44,667											
21	X	24.0	44,667		1.8								1.6	
22		24.0	41,000											
23	X	24.0	41,000		1.4								1.2	
24	X	24.0	34,000		1.2								1.2	
25		24.0	33,000											
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											
Avgerage			39,694											
Maximum			53,500											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: January-08

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	[x] 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		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City: Ocala State: FL	Zip Code: 34471
Type of Water Treated by Plant:	[x] Raw Ground 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 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	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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number

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

PWS Identification Number: 3424000	Plant Name: Belleair

III. Daily Data for the Month/Year of: January-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	59,000		1.2								1.2	
2		24 hrs	60,000											
3		24 hrs	60,000											
4	X	24 hrs	58,000		1.4								1.2	
5		24 hrs	58,000											
6		24 hrs	58,000											
7	X	24 hrs	47,000		1.4								1	
8		24 hrs	48,000											
9	X	24 hrs	56,000		1.2								1	
10		24 hrs	57,000											
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	X	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	X	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	X	24 hrs	46,000		1.2								1	
26		24 hrs	46,000											
27		24 hrs	47,000											
28	X	24 hrs	42,000		1.4								1.2	
29		24 hrs	43,000											
30	X	24 hrs	51,000		1.4								1	
31		24 hrs	51,000											
Total			1,515,000											
Average			48,871											
Maximum			60,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: February-08

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	[x] 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		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City: Ocala State: FL	Zip Code: 34471
Type of Water Treated by Plant:	[x] Raw Ground 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 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	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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number

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

PWS Identification Number: 3424000	Plant Name: Belleair

III. Daily Data for the Month/Year of: February-08

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	56,000		1.2								1	
2		24 hrs	56,000											
3		24 hrs	56,000											
4	X	24 hrs	54,000		1								0.8	
5	X	24 hrs	38,000		0.8								0.6	
6	X	24 hrs	53,000		1								0.6	
7		24 hrs	54,000											
8	X	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		24 hrs	48,000											
13	X	24 hrs	52,000		1								0.8	
14		24 hrs	52,000											
15	X	24 hrs	51,000		1								0.8	
16		24 hrs	51,000											
17		24 hrs	51,000											
18	X	24 hrs	42,000		1								0.6	
19	X	24 hrs	43,000		0.8								0.6	
20	X	24 hrs	47,000		1.4								1.2	
21		24 hrs	48,000											
22	X	24 hrs	47,000		1.4								1.2	
23		24 hrs	48,000											
24		24 hrs	48,000											
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								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											
Maximum			57,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: March-08

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
PWS Type:	[x] 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				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Belleair			Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated by Plant:	[x] Raw Ground 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 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	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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number

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

PWS Identification Number:	3424000	Plant Name:	Belleair

III. Daily Data for the Month/Year of: March-08

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	58,000											
2		24 hrs	58,000											
3	X	24 hrs	40,000		0.8								0.6	
4		24 hrs	41,000											
5	X	24 hrs	50,000		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											
17	X	24 hrs	50,000		1.2								1	
18		24 hrs	50,000											
19	X	24 hrs	56,000		1.2								1.1	
20		24 hrs	56,000											
21	X	24 hrs	57,000		1.2								1	
22		24 hrs	57,000											
23		24 hrs	57,000											
24	X	24 hrs	55,000		1								1	
25		24 hrs	56,000											
26	X	24 hrs	78,000		1								1	
27		24 hrs	78,000											
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			1,693,000											
Average			54,613											
Maximum			78,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: April-08

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	[x] 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		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City: Ocala State: FL	Zip Code: 34471
Type of Water Treated by Plant:	[x] Raw Ground 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 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	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

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

PWS Identification Number:	3424000	Plant Name:	Belleair

III. Daily Data for the Month/Year of: April-08

Means of Achieving Four-Log Virus Inactiviation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	48,000											
2	X	24 hrs	83,000		1								1	
3		24 hrs	84,000											
4	X	24 hrs	52,000		1								0.8	
5		24 hrs	52,000											
6		24 hrs	53,000											
7	X	24 hrs	49,000		1								0.6	
8		24 hrs	50,000											
9	X	24 hrs	56,000		1								0.8	
10		24 hrs	56,000											
11	X	24 hrs	83,000		1								1	
12		24 hrs	83,000											
13		24 hrs	83,000											
14	X	24 hrs	54,000		1.2								1	
15		24 hrs	54,000											
16	X	24 hrs	85,000		1.4								1	
17		24 hrs	85,000											
18	X	24 hrs	90,000		1.2								1	
19		24 hrs	90,000											
20		24 hrs	90,000											
21	X	24 hrs	79,000		1								1	
22	X	24 hrs	88,000		1								0.8	
23		24 hrs	88,000											
24	X	24 hrs	91,000		1.2								1	
25	X	24 hrs	109,000		1								1	
26		24 hrs	109,000											
27		24 hrs	109,000											
28	X	24 hrs	77,000		1.2								0.8	
29		24 hrs	78,000											
30	X	24 hrs	99,000		1								0.8	
31		24 hrs												
Total			2,307,000											
Average			76,900											
Maximum			109,000											

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

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

See page 4 for instructions

I. General Information for the Month/Year of: May-08

A. Public Water System (PWS) Information

PWS Name:	Belleair			PWS Identification Number:	3424000
PWS Type:	[x] 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				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Belleair			Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated by Plant:	[x] Raw Ground 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 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	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

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

PWS Identification Number: 3424000	Plant Name: Belleair

III. Daily Data for the Month/Year of: May-08

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	99,000											
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								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		24 hrs	36,000											
16	X	24 hrs	102,000		1								0.6	
17		24 hrs	102,000											
18		24 hrs	102,000											
19	X	24 hrs	96,000		1								0.6	
20		24 hrs	96,000											
21	X	24 hrs	88,000		0.8								0.6	
22		24 hrs	89,000											
23	X	24 hrs	96,000		0.8								0.8	
24		24 hrs	97,000											
25		24 hrs	97,000											
26	X	24 hrs	99,000		1								0.6	
27	X	24 hrs	105,000		1								0.8	
28	X	24 hrs	118,000		0.8								0.6	
29	X	24 hrs	126,000		0.6								0.6	
30	X	24 hrs	104,000		1.2								0.8	
31		24 hrs	103,000											
Total			3,031,000											
Average			97,774											
Maximum			126,000											

** 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

OCD-PW-SS-10-0094

Marion County – PW	PWS ID Number
Belleair Subdivision	3424000
Chappell Hills	3424029
West View Subdivision	3424036
49th Street Village	3424631
Ocala Oaks S/D	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 April 2, 2010.** *(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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name **BELLEAIR SUBDIVISION** County Marion PWS ID # **3424000**
Plant Location 2400 SE 52nd Avenue, Ocala, Florida, 32760 Phone 352-732-3504
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, Florida 34748
Contact Person Patrick Farris Title Env. Compliance Specialist Phone 352-435-4029
This Survey Date 02/17/10 Last Survey Date 02/15/07 Last Compliance Inspection Date 07/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 132,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 218
Population Served 763 Basis Operator

OPERATION & MAINTENANCE LOG: Yes
Location Housing
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Gary Kissick C-7846

Hrs/day: *Required* *Visit *Actual* *Visit
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
Comments *3 visits/week on nonconsecutive days for a total of 0.3 hour/week.

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Day (from MORs) 55,570 gpd
Maximum Day (from MORs) 113,000 gpd 03/2009
Comments

Flow Measuring Device Flow Meter
Meter Size & Type 3" Kent
Date Last Calibrated Unknown

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Yes
Source Elliot Propane
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well Pumps
☒ High Service Pumps
☒ Treatment Equipment
Satisfy avg. daily demand? ☒Yes ☐No ☐Unknown
Audio-visual alarm? ☐Yes ☒No
Comments

PLANS AND MAPS

Coliform Sampling Plan	☒ Yes	☐ No	☐ N/A
D/DBP Monitoring Plan	☒ Yes	☐ No	☐ N/A
Lead and Copper Plan	☒ Yes	☐ No	☐ N/A
Distribution System Map	☒ Yes	☐ No	☐ N/A
Emergency Response Plan	☒ Yes	☐ No	☐ N/A

Comments

PREVENTIVE MAINTENANCE/O&M
Operation & Maintenance Manual ☒ Yes ☐ No
Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program	☐ Yes	☒ No	☐ N/A
Records	☐ Yes	☒ No	☐ N/A
Isolation Valve Exercise	☒ Yes	☐ No	☐ N/A
Records	☐ Yes	☒ No	☐ N/A

Comments

CROSS CONNECTION CONTROL
BFPAs None noted # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 08/2007
Comments

PWS ID # 3424000
Date 02/17/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAC3114)	2 (AAC3103)		
Year Drilled		1980	1980		
Depth Drilled		105'	97'		
Drilling Method		Cable tool	Cable tool		
Type of Grout		Cement	Cement		
Static Water Level		32'	36'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		92 gpm	92 gpm		
Strainer		Screen	Screen		
Length (outside casing)		97'	63'		
Diameter (outside casing)		4"	4"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	92	92		
	Motor Horsepower	5	5		
Well casing 12" above grade?		No	No		
Well Casing Sanitary Seal		Ok	Ok		
Raw Water Sampling Tap		Yes	Yes		
Above Ground 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 (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 30% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 0.86 Remote 1.08
Remote tap location 5420 SE 22nd Place
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic 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	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Visible Algae Growth
Protective Screen Condition
Frequency of Cleaning
Date Last Inspected/Cleaned
Comments

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

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 *The bottom of hydropneumatic tank 2 has 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		
Type	Centrifugal		
Make	Baldor		
Model	VM3559		
Capacity (gpm)	Unknown		
Motor HP	Unknown		
Date Installed	Unknown		

Comments

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 http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

- 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 _____ Title Env. Specialist II Date 02/23/10

Approved by _____ Title Env. Supervisor II Date 02/23/10

RESPONSE

Please provide any changes to the following:

PWS ID Number: 3424000

PWS Name: Belleair Subdivision

Mailing Address: _____

Date: _____

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: Jill M. Farris, Environmental Specialist II

In response to the Department's **Sanitary Survey Report** for the subject public water system dated February 17, 2010, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

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

Marion County – PW	**PWS ID Number**
Belleair Subdivision	**3424000**
Chappell Hills	**3424029**
West View Subdivision	**3424036**
49th Street Village	**3424631**
Ocala Oaks Subdivision	**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 PAFarris@aquaamerica.com. Thank you.

Sincerely,

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

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.