

**VOLUSIA COUNTY**

**Jungle Den WTF  
Jungle Den WWTF  
Tomoka View  
Twin Rivers**

Docket No. 080121-WS

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

Florida

**Volume 5  
Book 2  
Set 15 of 16**

**Containing:**

Monthly Operating Reports  
Monthly Discharge Reports  
Sample Results  
Permits  
Correspondence

DOCUMENT NUMBER - DATE

04334 MAY 22 08

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** January, 2007

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	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	3.0		17		
2	3.0		18	2.6	
3	2.6		19		
4			20		
5	2.6		21		
6			22	2.8	
7			23		
8	3.0		24		
9			25	3.0	
10			26		
11	2.5		27		
12			28		
13			29	2.8	
14			30		
15	3.0		31		
16					

**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.

1/22/07  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 221,420  
Monthly Average: 7,143

DOCUMENT NUMBER-DATE  
**04334 MAY 22 08**

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

FPSC-COMMISSION CLERK



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

**I. General Water System Information for the Month/Year of:** **February, 2007**

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: beheath@aguaamerica.com

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **February, 2007**

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	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	2.8		17		
2			18		
3			19	3.0	
4			20		
5	3.2		21		
6			22	3.2	
7			23		
8	3.4		24		
9			25		
10			26		
11			27	3.0	
12	3.4		28		
13			29		
14			30		
15	3.2		31		
16					

**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.

Signature and Date
 

3/7/07  
 Date
 

Paul Thompson  
 Printed or Typed Name
 

A7251  
 License Number or Title

Monthly Total Flow: 224,305  
 Monthly Average: 7,236



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

**I. General Water System Information for the Month/Year of:** **March, 2007**

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: beheath@aquaaamerica.com

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **March, 2007**

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	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		17		
2			18		
3			19	3.4	
4			20		
5	3.2		21		
6			22	3.5	
7			23		
8	3.2		24		
9			25		
10			26	3.5	
11			27		
12	3.0		28		
13			29	3.2	
14			30		
15	2.4		31		
16					

**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.

Signature and Date:  4/5/07 Printed or Typed Name: Paul Thompson License Number or Title: A7251

Monthly Total Flow: 248,715  
 Monthly Average: 8,023



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>May, 2007</b>	
Consecutive System Name:	Jungle Den	PWS Identification Number:	3644127
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	115	Total Population Served at End of Month:	230
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>May, 2007</b>	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	3.5		17	2.0	
2			18		
3			19		
4	3.5		20		
5			21	1.8	
6			22		
7	3.5		23		
8			24	1.5	
9			25		
10	3.4		26		
11			27		
12			28	1.9	
13			29		
14	3.2		30		
15			31	1.8	
16					

**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.

Signature and Date: 6/5/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 144,162  
Monthly Average: 4,650



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See Page 2 for Instructions.

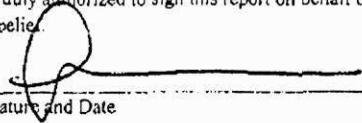
<b>I. General Water System Information for the Month/Year of:</b>		<b>June, 2007</b>	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	115	Total Population Served at End of Month:	230
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

<b>II. Daily Distribution System Disinfectant Residual Data (for the Month/Year of:</b>		<b>June, 2007</b>	
Type of Disinfectant Residual Maintained in Distribution System:			
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	1.8		17		
2			18	0.9	
3			19		
4	1.8		20		
5			21	1.2	
6			22		
7	1.8		23		
8			24		
9			25	1.5	
10			26		
11	2.0		27		
12			28	1.3	
13			29		
14	2.0		30		
15			31		
16					

**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.

Signature and Date:  7/6/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 130,844  
Monthly Average: 4,221



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** April, 2007

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	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			17		
2	3.2		18		
3	3.0		19	3.2	
4			20		
5	3.0		21		
6			22		
7			23	3.2	
8			24		
9	2.6		25		
10			26	3.0	
11			27		
12	3.4		28		
13			29		
14			30		
15			31		
16	3.0				

**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.

5/3/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number or Title

Monthly Total Flow: 161,188  
 Monthly Average: 5,200



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>July, 2007</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>July, 2007</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17		
2	1.5		18		
3			19	1.4	
4			20		
5	2.0		21		
6			22		
7			23	1.4	
8			24		
9	1.1		25		
10			26	1.3	
11			27		
12	0.9		28		
13	1.2		29	0.9	
14			30		
15			31		
16	1.5				

**III. Certification by Authorized Representative**

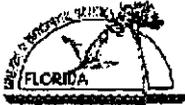
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.


8/8/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number or Title

Monthly Total Flow: **159,500**  
 Monthly Average: **5,145**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>August, 2007</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>August, 2007</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	1.3		17	2.0	
2			18		
3	1.5		19		
4			20	1.6	
5			21	1.8	
6	1.0		22		
7			23	1.4	
8	1.1		24	1.4	
9	1.2		25		
10	1.2		26		
11			27	0.9	
12			28		
13	1.5		29	1.2	
14	2.5		30		
15	2.4		31	0.9	
16	2.4				

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.

Signature and Date: 8/6/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **129,900**  
Monthly Average: **4,190**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of</b>		<b>September, 2007</b>	
Consecutive System Name: <b>Jungle Den</b>		PWS Identification Number: 3644127	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of</b>		<b>September, 2007</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17	2.0	
2			18		
3	1.4		19	1.8	
4			20		
5	1.0		21	1.4	
6			22		
7	1.5		23		
8			24	0.8	
9			25		
10	1.8		26		
11			27	1.2	
12	2.0		28		
13			29		
14	2.0		30		
15			31		
16					

**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.

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

10/09/07

Printed or Typed Name: **Paul Thompson**

License Number or Title: **A7251**

Monthly Total Flow: **129,895**  
 Monthly Average: **4,190**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>October, 2007</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>October, 2007</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	1.4		17		
2			18		
3	2.0		19	1.5	
4			20		
5	1.0		21		
6			22	2.0	
7			23		
8	1.6		24	1.5	
9			25		
10	1.8		26	1.2	
11			27		
12			28		
13			29	1.3	
14			30		
15	2.0		31		
16	1.1				

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.

**11/08/07**  
 Printed or Typed Name
 

**A7251**  
 License Number or Title

Monthly Total Flow: **101,265**  
 Monthly Average: **3,267**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **November, 2007**

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	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	1.0		17		
2			18		
3			19	1.5	
4			20		
5	1.3		21		
6			22	1.8	
7	1.0		23		
8			24		
9	1.2		25		
10			26	1.6	
11			27		
12	1.4		28		
13			29	1.4	
14			30		
15	1.8		31		
16					

**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.

12/7/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number or Title

Monthly Total Flow: 130,253  
 Monthly Average: 4,202



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for instructions.

I. General Water System Information for the Month/Year of: <b>December, 2007</b>		PWS Identification Number: 3644127
Consecutive System Name: <b>Jungle Den</b>		
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month:	115	Total Population Served at End of Month: 230
Consecutive System Owner: <b>Aqua Utilities Florida</b>		
Contact Person:	<b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address:	<b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number:	<b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>December, 2007</b>		Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17	2.2	
2			18		
3	1.5		19		
4			20	1.6	
5			21		
6	2.0		22		
7			23		
8			24	2.4	
9			25		
10	2.0		26		
11			27	2.0	
12			28		
13	2.0		29		
14			30		
15			31	0.2	
16					

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.

**01/09/08**  
 Signature and Date
 

 Paul Thompson  
 Printed or Typed Name
 

 A7251  
 License Number or Title

Monthly Total Flow: 159,440  
 Monthly Average: 5,143



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>January, 2006</b>		PWS Identification Number: 3644127	
Consecutive System Name: <b>Jungle Den</b>			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Total Population Served at End of Month: 230	
Number of Service Connections at End of Month: 115			
Consecutive System Owner: <b>Aqua Utilities Florida</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person: <b>Brian Heath</b>		City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's Telephone Number: <b>(352) 787-0980</b>			
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>January, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17		
2	1.2	1	18		
3	0.9		19	1.2	
4	0.9		20		
5			21		
6	1.0		22		
7			23	1.0	
8			24		
9	1.2		25		
10			26	1.3	
11			27		
12	1.6		28		
13			29		
14			30	1.0	
15			31		
16	1.5				

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: 209,450  
 Monthly Average: 6,756



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: **Jungle Den** PWS Identification Number: **3644127**

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: **115** Total Population Served at End of Month: **230**

Consecutive System Owner: **Aqua Utilities Florida**

Contact Person: **Brian Heath** Contact Person's Title: **Area Manager**

Contact Person's Mailing Address: **PO Box 490310** City: **Leesburg** State: **FL** Zip Code: **34749**

Contact Person's Telephone Number: **(352) 787-0980** Contact Person's Fax Number: **(352) 787-6333**

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **February, 2006**

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	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	1.4		17		
2			18		
3	1.4		19		
4			20	1.1	
5			21		
6	1.2		22		
7	0.6		23	1.5	
8			24		
9	0.8		25		
10			26		
11			27	1.2	
12			28		
13	0.9		29		
14			30		
15			31		
16	1.2				

**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.

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

Monthly Total Flow: **211.615**  
Monthly Average: **6.826**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>March, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>March, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	0.9		17		
2			18		
3	1.2		19		
4			20	0.9	
5			21		
6	1.1		22		
7			23	0.9	
8			24		
9	0.8		25		
10			26		
11			27	1.1	
12			28		
13	1.0		29		
14			30	1.4	
15			31	1.4	
16	1.4				

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **201,700**  
 Monthly Average: **6,506**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>April, 2006</b>		PWS Identification Number: 3644127	
Consecutive System Name: <b>Jungle Den</b>			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>115</b>		Total Population Served at End of Month: <b>230</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>April, 2006</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17	1.0	
2			18		
3	1.2		19		
4			20	1.2	
5			21		
6	1.0		22		
7			23		
8			24	1.8	
9			25		
10	1.3		26		
11			27	2.2	
12			28	1.9	
13	1.2		29		
14			30		
15			31		
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **177,273**  
 Monthly Average: **5,718**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>May, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>May, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	1.7		17		
2	2.3		18	2.5	
3			19		
4	2.4		20		
5			21		
6			22	2.2	
7			23		
8	1.6		24		
9			25	2.0	
10			26		
11	1.8		27		
12			28		
13			29	2.4	
14			30		
15	1.4		31		
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **171,423**  
 Monthly Average: **5,530**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>June, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>June, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.5		17		
2			18		
3			19	1.4	
4			20		
5	2.6		21		
6	1.9		22	2.0	
7			23		
8	2.5		24		
9			25		
10			26	2.3	
11			27		
12	2.8		28		
13			29	2.1	
14			30		
15	2.6		31		
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **156,425**  
 Monthly Average: **5,046**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>July, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>July, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17	1.9	
2			18		
3	2.4		19		
4			20	2.4	
5	2.6		21		
6	2.6		22		
7			23		
8			24		
9			25	1.8	
10			26		
11	2.4		27		
12			28	2.0	
13			29		
14	2.4		30		
15			31	2.4	
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **163,410**  
 Monthly Average: **5,271**



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>August, 2006</b>	
Consecutive System Name: Jungle Den		PWS Identification Number: 3644127	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>August, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.4		17	2.2	
2			18		
3			19		
4	2.5		20		
5			21	2.4	
6			22		
7	2.4		23		
8			24	2.1	
9			25		
10	2.6		26		
11			27		
12			28	2.4	
13			29		
14	2.4		30		
15			31	2.1	
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: 167,070  
 Monthly Average: 5,389



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of: <b>September, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>September, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17		
2			18	2.1	
3			19		
4	2.4		20		
5			21	2.5	
6			22		
7	2.4		23		
8			24		
9			25	2.2	
10			26		
11	2.2		27		
12			28	2.4	
13			29		
14	2.4		30		
15			31		
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **141,570**  
 Monthly Average: **4,567**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		<b>October, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>		PWS Identification Number: <b>3644127</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>115</b>		Total Population Served at End of Month: <b>230</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b>   Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		<b>October, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17		
2	2.2		18		
3			19	2.6	
4			20		
5	2.1		21		
6			22		
7			23	2.5	
8			24		
9	2.3		25		
10			26	2.4	
11			27		
12	0.6		28		
13			29		
14			30	2.6	
15			31		
16	2.8				

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.

Signature and Date	Paul Thompson <i>Printed or Typed Name</i>	A7251 <i>License Number or Title</i>
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Monthly Total Flow: **159,135**  
 Monthly Average: **5,133**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>November, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>November, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.6		17		
2			18		
3	2.8		19		
4			20	2.2	
5			21		
6	2.6		22		
7			23	2.4	
8			24		
9	2.6		25		
10			26		
11			27	2.6	
12			28		
13	2.5		29		
14			30		
15			31		
16	2.4				

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **191,329**  
 Monthly Average: **6,172**



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>December, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>December, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.8		17		
2			18	2.6	
3			19		
4	3.0		20		
5			21	2.8	
6			22		
7	2.8		23		
8			24		
9			25		
10			26	3.0	
11	2.8		27		
12			28		
13			29	2.4	
14			30		
15	3.0		31		
16					

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.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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Monthly Total Flow: **213,600**  
 Monthly Average: **6,890**



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: beheath@aquaaamerica.com

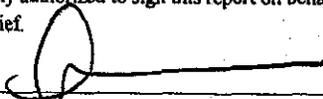
**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** January, 2006

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	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			17		
2	1.2	1	18		
3	0.9		19	1.2	
4	0.9		20		
5			21		
6	1.0		22		
7			23	1.0	
8			24		
9	1.2		25		
10			26	1.3	
11			27		
12	1.6		28		
13			29		
14			30	1.0	
15					
16	1.5				

**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.

Signature and Date:  2/2/06 Printed or Typed Name: Paul Thompson License Number or Title: A7251

Monthly Total Flow: 209,450  
 Monthly Average: 6,756

DOCUMENT NUMBER-DATE

04334 MAY 22 8



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>February, 2006</b>	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	115	Total Population Served at End of Month: 230	
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL    Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>February, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	1.4		17		
2			18		
3	1.4		19		
4			20	1.1	
5			21		
6	1.2		22		
7	0.6		23	1.5	
8			24		
9	0.8		25		
10			26		
11			27	1.2	
12			28		
13	0.9		29		
14			30		
15			31		
16	1.2				

**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.

Signature and Date: 3/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 211,615  
Monthly Average: 6,826



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>March, 2006</b>	
Consecutive System Name: Jungle Den		PWS Identification Number: 3644127	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <a href="mailto:beheath@aquaaamerica.com">beheath@aquaaamerica.com</a>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>March, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	0.9		17		
2			18		
3	1.2		19		
4			20	0.9	
5			21		
6	1.1		22		
7			23	0.9	
8			24		
9	0.8		25		
10			26		
11			27	1.1	
12			28		
13	1.0		29		
14			30	1.4	
15			31	1.4	
16	1.4				

**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.

Signature and Date: 4/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 201,700  
Monthly Average: 6,506



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

**I. General Water System Information for the Month/Year of:** April, 2006

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** April, 2006

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	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			17	1.0	
2			18		
3	1.2		19		
4			20	1.2	
5			21		
6	1.0		22		
7			23		
8			24	1.8	
9			25		
10	1.3		26		
11			27	2.2	
12			28	1.9	
13	1.2		29		
14			30		
15			31		
16					

**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.

Signature and Date:  5/4/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 177,273  
Monthly Average: 5,718



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den PWS Identification Number: 3644127

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 115 Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333

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

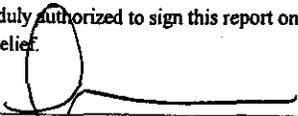
**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of** May, 2006

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	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	1.7		17		
2	2.3		18	2.5	
3			19		
4	2.4		20		
5			21		
6			22	2.2	
7			23		
8	1.6		24		
9			25	2.0	
10			26		
11	1.8		27		
12			28		
13			29	2.4	
14			30		
15	1.4		31		
16					

**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.

Signature and Date:  6/6/06

Printed or Typed Name: Paul Thompson

License Number or Title: A7251

Monthly Total Flow: 171,423  
 Monthly Average: 5,530



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of <b>June, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>June, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.5		17		
2			18		
3			19	1.4	
4			20		
5	2.6		21		
6	1.9		22	2.0	
7			23		
8	2.5		24		
9			25		
10			26	2.3	
11			27		
12	2.8		28		
13			29	2.1	
14			30		
15	2.6		31		
16					

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.

Signature and Date: 7/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **136,425**  
Monthly Average: **5,046**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>July, 2006</b>	
Consecutive System Name:	Jungle Den	PWS Identification Number: 3644127	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	115	Total Population Served at End of Month: 230	
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>July, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17	1.9	
2			18		
3	2.4		19		
4			20	2.4	
5	2.6		21		
6	2.6		22		
7			23		
8			24		
9			25	1.8	
10			26		
11	2.4		27		
12			28	2.0	
13			29		
14	2.4		30		
15			31	2.4	
16					

**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.

Signature and Date: 8/8/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: 163,410  
Monthly Average: 5,271



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>August, 2006</b>		PWS Identification Number: 3644127	
Consecutive System Name: <b>Jungle Den</b>			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>115</b>		Total Population Served at End of Month: <b>230</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>August, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.4		17	2.2	
2			18		
3			19		
4	2.5		20		
5			21	2.4	
6			22		
7	2.4		23		
8			24	2.1	
9			25		
10	2.6		26		
11			27		
12			28	2.4	
13			29		
14	2.4		30		
15			31	2.1	
16					

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.

Signature and Date: 8/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **167,070**  
Monthly Average: **5,389**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		<b>September, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>		PWS Identification Number: <b>3644127</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>115</b>		Total Population Served at End of Month: <b>230</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		<b>September, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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			17		
2			18	2.1	
3			19		
4	2.4		20		
5			21	2.5	
6			22		
7	2.4		23		
8			24		
9			25	2.2	
10			26		
11	2.2		27		
12			28	2.4	
13			29		
14	2.4		30		
15			31		
16					

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.

Signature and Date: 10/4/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **141,570**  
Monthly Average: **4,567**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>October, 2006</b>		PWS Identification Number: 3644127	
Consecutive System Name: <b>Jungle Den</b>			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>115</b>		Total Population Served at End of Month: <b>230</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>October, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Date	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	Date	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
10/1	2.2		10/1	2.6	
10/2	2.1		10/2	2.5	
10/3	2.3		10/3	2.4	
10/4	0.6		10/4		
10/5			10/5		
10/6			10/6		
10/7			10/7		
10/8			10/8		
10/9			10/9		
10/10	2.8		10/10	2.6	

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.

11/3/06
Paul Thompson
A7251

Signature and Date
Printed or Typed Name
License Number or Title

**Monthly Total Flow:**                      **159,135**  
**Monthly Average:**                        **5,133**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>November, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>November, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.6		17		
2			18		
3	2.8		19		
4			20	2.2	
5			21		
6	2.6		22		
7			23	2.4	
8			24		
9	2.6		25		
10			26		
11			27	2.6	
12			28		
13	2.5		29		
14			30		
15			31		
16	2.4				

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.

Signature and Date: 12/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **191,329**  
Monthly Average: **6,172**



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>December, 2006</b>	
Consecutive System Name: <b>Jungle Den</b>	PWS Identification Number: <b>3644127</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>115</b>	Total Population Served at End of Month: <b>230</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>December, 2006</b>	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	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	2.8		17		
2			18	2.6	
3			19		
4	3.0		20		
5			21	2.8	
6			22		
7	2.8		23		
8			24		
9			25		
10			26	3.0	
11	2.8		27		
12			28		
13			29	2.4	
14			30		
15	3.0		31		
16					

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.

Signature and Date: 1/8/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

Monthly Total Flow: **213,600**  
Monthly Average: **6,890**



# Public Water System Inspection Report

SYSTEM PWS #3644127  
INSPECTION DATE: 10/16/2007  
INSPECTION TYPE: ROUTINE COMPLIANCE INSPECTION  
COMPLIANCE STATUS: IN COMPLIANCE  
PWS TYPE: COMMUNITY  
POPULATION SERVED: 230 SERVICE CONNECTIONS: 115

JUNGLE DEN  
STATE ROAD #40 AND JUNGLE DEN ROA  
ASTOR, FL, 32131  
FACILITY CONTACT: PAUL THOMPSON

CHECKED ITEMS INDICATE NON-COMPLIANCE

## WELL(S)

- WELL PAD - No cracks; 6'x6'x4"; well centered
- WELL PUMP - Good repair
- SANITARY WELL SEAL - Adequate; good repair
- WELL CASING - Good repair; 18" above grade
- WELL VENT - Proper venting
- RAW WATER TAP - Threadless; downward; 12" above grade; Location
- CHECK VALVE - Working properly; location
- SANITARY HAZARDS - New hazards
- OTHER WELL ITEMS

## DISINFECTION FACILITIES

- DISINFECTION INJECTION POINT - Location
- DISINFECTION FEED PUMP(S) - Approved; Good Repair
- DISINFECTANT STORAGE - Good repair; Sealed
- DISINFECTION RESIDUALS ADEQUATE - Minimum 0.2 ppm  
RESIDUAL(S) NOTED
- OTHER CHEMICAL FEED PUMP(S) - Approved; Good repair
- OTHER CHEMICAL STORAGE - Good repair; sealed
- OTHER TREATMENT PROCESSES - Good repair; maintained

## OTHER FACILITIES

- STORAGE TANKS - No leaks; By-Pass piping; Hatches locked; Screening; Sight glass/level indicator
- PRESSURE GAUGE - Present; Good repair
- PRESSURE ADEQUATE - Minimum 20 psi  
ON/OFF PRESSURE:
- PRESSURE RELIEF VALVE - Present; No leaks
- AERATOR - Clean; Good condition; Screening
- HIGH SERVICE PUMPS - Good repair; No leaks
- ELECTRICAL WIRING - In conduit; Boxes covered
- FLOWMETER - Operable; calibration

## OTHER REQUIREMENTS

- AUXILIARY POWER: Exercised
- SECURITY - Well and Plant enclosed or fenced; Locked
- PLANT LOG - 3 mo. data; pages signed by users; chemical usage; maintenance and emergencies documented
- OPERATOR VISITS - Minimum days/time; licensed
- OPERATION AND MAINTENANCE MANUAL - Adequate; Plant or nearby location
- CROSS CONNECTION CONTROL - Approved plan; Observed
- OTHER/MISC. ITEMS
- ANNUAL OPERATING PERMIT - Valid

DOCUMENT NUMBER: DATE  
04334 MAY 22 08  
FPSC-COMMISSION CLERK

Inspection comments and cited deficiencies are on the following page(s). You are required to correct cited deficiencies for the subject system and to provide a written statement to the department no later than each pertinent compliance deadline stating that all listed deficiencies have been corrected. Failure to do so may result in initiation of appropriate enforcement action by the department.

## COMMENTS

\* 1640 JUNO TRAIL (BLDG. E-103) = 2.0 PPM. SUBMIT THE FOLLOWING TWO ITEMS BY NO LATER THAN NOV. 30 2007: 1.) OPERATOR WAS GIVEN APPROVAL TO SAMPLE TOTAL COLIFORM AT BLDG E-UNIT 103 (@ 1640 JUNO TRAIL) INSTEAD OF BLDG G-UNIT 102 WHICH IS THE CURRENT DESIGNATED SAMPLE SITE IN PLAN ON FILE. OPERATOR SHOULD DOCUMENT THE BUILDING #/UNIT # (E-103) ALONG WITH THE STREET ADDRESS ON THE MONTHLY SAMPLE COLLECTION FORM. PLEASE REVISE SYSTEM'S BACTERIOLOGICAL SAMPLING PLAN ACCORDINGLY IN YOUR RECORDS AND SEND IN COPY OF PLAN DESIGNATING THIS NEW LOCATION. 2.) SEND IN A LIST OF THE SERVICE CONNECTIONS REQUIRED TO HAVE TESTABLE BACKFLOW DEVICES DUE TO AVAILABILITY OF AN AUXILIARY WATER SUPPLY ON PROPERTY (I.E. RIVER WATER PUMPED TO RINSE SINKS ON BOAT DOCKS. THESE SINKS TAPS SHOULD BE LABELED "DO NOT DRINK THIS WATER" OR "NON-POTABLE WATER"). INCLUDE THE DUE DATE FOR TESTING OF EACH OF THESE LISTED DEVICES AND TRACK THAT DEVICES ARE TESTED ANNUALLY. THANK-YOU!

## DEFICIENCIES

Inspector Name: Patricia Carrico

Signed: Patricia Carrico

Date: 10/26/2007

cc: \_\_\_\_\_

\* PLEASE RELAY THIS MESSAGE TO OPERATOR, DAVE HARRING.

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

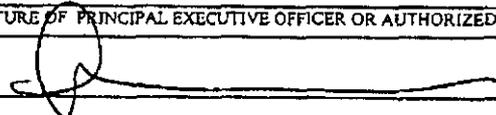
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1/1/07

To 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0142		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	Y Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.018		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.4			Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.1	3.1		Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/02/07

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

DOCUMENT NUMBER-DATE

04334 MAY 22 8 1

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FLA011261  
 To 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.3	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				5.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		Mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0127		MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.016	0.014	MGD				00	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				66%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement				Report		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				84		mg/l	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				75		mg/l	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period From: 1/1/07 To: 1/31/07

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.2		2.2+	.018	.015			
2			7.3		2.2+	.022	.019			
3	2.0	1.0U	7.3	3.1	2.2+	.013	.011			
4			7.2		2.2+	.015	.015			
5			7.2		2.2+	.018	.016			
6						.014	.015			
7						.014	.015			
8			7.1		2.2+	.014	.015			
9			7.1		2.2+	.018	.017			
10			7.1		2.2+	.010	.011			
11			7.1		2.2+	.016	.017			
12			7.2		2.2+	.014	.014			
13						.022	.016			
14						.022	.016			
15			7.2		2.2+	.022	.016			
16			7.3		2.2+	.021	.015			
17			7.3		2.2+	.017	.014			
18			7.3		2.2+	.013	.011			
19			7.3		2.2+	.016	.012			
20						.019	.016			
21						.019	.016			
22			7.2		2.2+	.019	.016			
23			7.2		2.2+	.034	.031			
24			7.2		2.2+	.014	.012			
25			7.2		2.2+	.027	.022			
26			7.2		2.2+	.022	.019			
27						.018	.017			
28						.018	.017			
29			7.2		2.2+	.018	.017			
30			7.2		2.2+	.020	.017			
31			7.2		2.2+	.015	.014			
Total										
Mo. Avg.										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

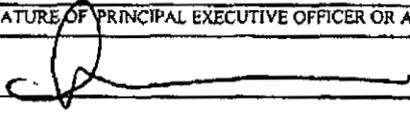
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/07

To: 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0139		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.9			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.2	4.2		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-437-1143	07/03/21

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 2/1/07

To 2/28/07  
PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				3.9			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				8.0	8.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				0.5			Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon.Site No. FLW-2	Sample Measurement	0.0128		MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement	0.015	0.0146	MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				70%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period: From: 2/1/07 To: 2/28/07

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.2		2.2+	.020	.017			
2			7.4		2.2+	.026	.041			
3						.024	.020			
4						.024	.020			
5			7.3		2.2+	.024	.020			
6			7.2		2.2+	.018	.017			
7			7.3		2.2+	.017	.018			
8			7.2		2.2+	.012	.013			
9			7.2		2.2+	.023	.021			
10						.017	.016			
11						.017	.016			
12			7.4		2.0	.017	.016			
13			7.4		2.2+	.020	.018			
14	2.0U	8.0	7.4	4.2	2.2+	.012	.012			
15			7.3		2.2+	.015	.019			
16			7.3		2.2+	.014	.018			
17						.014	.013			
18						.014	.013			
19			7.3		2.2+	.014	.013			
20			7.3		2.2+	.013	.015			
21			7.3		2.2+	.015	.016			
22			7.2		2.2+	.014	.014			
23			7.3		2.2+	.014	.017			
24						.011	.014			
25						.011	.014			
26			7.3		2.2+	.011	.014			
27			7.2		2.2+	.014	.016			
28			7.3		2.2+	.012	.012			
29										
30										
31										
Total										
Mo. Avg										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

COUNTY: Volusia

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

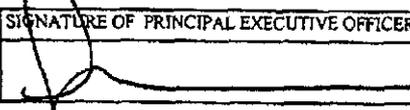
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07

To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0	6.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.6			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13	13		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EPA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1148	DATE (YY/MM/DD) 07/04/18
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FLA011261  
To 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				3.9			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon.Site No. FLW-2	Sample Measurement	0.012		MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement	0.015	0.015	MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				73%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011261**  
 Monitoring Period From: **3/1/07** To: **3/31/07**

Facility: **Jungle Den WWTF**

	CBODS (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.2+	.014	.016			
2			7.3		2.2+	.012	.013			
3						.014	.015			
4						.014	.015			
5			7.3		2.2+	.014	.015			
6			7.3		2.2+	.016	.017			
7			7.3		2.2+	.014	.014			
8			7.3		2.2+	.014	.014			
9			7.4		2.2+	.014	.015			
10						.013	.014			
11						.013	.014			
12			7.4		2.2+	.013	.014			
13			7.4		2.2+	.017	.017			
14	6.0	1.0U	7.4	13	2.2+	.011	.010			
15			7.4		2.2+	.018	.019			
16			7.5		2.2+	.012	.012			
17						.010	.016			
18						.010	.016			
19			7.5		2.2+	.010	.016			
20			7.4		2.2+	.010	.013			
21			7.4		2.2+	.009	.017			
22			7.4		2.2+	.007	.012			
23			7.4		2.2+	.007	.014			
24						.008	.016			
25						.008	.016			
26			7.4		2.2+	.008	.016			
27			7.3		2.2+	.031	.021			
28			7.3		2.2+	.019	.019			
29			7.3		2.2+	.015	.009			
30			7.3		2.2+	.011	.012			
31			7.3		2.2+	.015	.015			
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Volusia

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

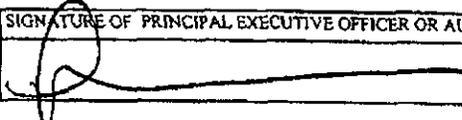
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 4/1/07

To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0141	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.010	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)	mg/l	Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.7	Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0	Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)	mg/l	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1143	DATE (YY/MM/DD) 07/05/07
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 4/1/07

PERMIT NUMBER: FLA011261  
To 4/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal					3.6			#/100ML	0	Monthly	Grab
PARM Code 74055 Y					200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal					1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A					Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)					2.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A					0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant		0.0129		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P		0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant		0.012	0.014	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q		Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100					66%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P					Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C					MNR			mg/l	0	Annually	Grab
PARM Code 80082 G					Report			mg/l		Annually	Grab
Solids, Total Suspended					MNR			mg/l	0	Annually	Grab
PARM Code 00530 G					Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA011261  
From: 4/1/07 To: 4/30/07

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.015	.015			
2			7.3		2.2+	.015	.015			
3			7.3		2.2+	.012	.012			
4	2.0	<1.0	7.4	6.0	2.2+	.009	.011			
5			7.4		2.2+	.010	.011			
6			7.4		2.2+	.013	.013			
7						.013	.013			
8						.013	.013			
9			7.4		2.2	.013	.013			
10			7.4		2.2	.012	.014			
11			7.4		2.2+	.012	.012			
12			7.3		2.2+	.015	.014			
13			7.4		2.2+	.016	.014			
14						.012	.013			
15						.012	.013			
16			7.4		2.2+	.012	.013			
17			7.4		2.2+	.012	.012			
18			7.4		2.2+	.014	.014			
19			7.3		2.2+	.013	.012			
20			7.4		2.2+	.011	.009			
21						.016	.014			
22						.016	.014			
23			7.4		2.2+	.016	.014			
24			7.4		2.2+	.010	.012			
25			7.4		2.2+	.002	.011			
26			7.4		2.2+	.000	.012			
27			7.3		2.2+	.000	.012			
28						.001	.012			
29						.001	.012			
30			7.3		2.2+	.001	.012			
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 AJice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

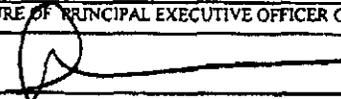
REPORT: Monthly  
 GROUP: Domestic

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 5/1/07 To: 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0135	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	2.7	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.8		0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.2	8.2	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/06/14

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

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

FACILITY: Jungle Den WWTE

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FLA011261  
 To 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				3.6			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				0.9			Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon.Site No. FLW-2	Sample Measurement	0.0127		MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement	0.009	0.012	MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				57%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period From: 5/1/07 To: 5/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2+	.003	.011			
2	2.7	2.0	7.3	8.2	2.2+	0	.008			
3			7.3		2.2+	0	.014			
4			7.3		2.2+	0	.010			
5						.003	.006			
6						.003	.006			
7			7.3		2.2+	.003	.006			
8			7.3		2.2+	.004	.006			
9			7.3		2.2+	.002	.011			
10			7.3		2.2+	.005	.008			
11			7.3		2.2+	.007	.012			
12						.007	.005			
13						.007	.005			
14			7.3		2.2+	.007	.005			
15			7.3		2.2+	.006	.011			
16			7.2		2.2+	.008	.012			
17			7.3		2.2+	.004	.010			
18			7.3		2.2+	.007	.013			
19						.006	.006			
20						.006	.006			
21			7.2		0.9	.006	.006			
22			7.2		2.2+	.002	.008			
23			7.2		2.2+	.006	.014			
24			7.2		2.2+	.006	.011			
25			7.2		2.2+	.006	.011			
26						.008	.007			
27						.008	.007			
28			7.3		2.2+	.008	.007			
29			7.3		2.2+	.005	.012			
30			7.3		2.2+	.007	.012			
31			7.3		2.2+	.002	.010			
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

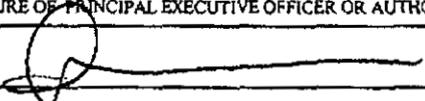
COUNTY: Volusia

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07 To 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0132		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	Y Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.8			Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.9	9.9		Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	07/07/19

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 6/1/07

PERMIT NUMBER: FLA011261  
To 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.1	7.3		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				3.4			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon.Site No. FLW-2	Sample Measurement	0.0128		MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement	0.014	0.012	MGD					0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				56%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period: From: 6/1/07 To: 6/30/07

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.2+	.005	.010			
2						.018	.015			
3						.018	.015			
4			7.3		1.0	.018	.015			
5			7.3		1.4	.000	.012			
6	<2.0	<1.0	7.2	9.9	2.2+	.015	.010			
7			7.2		2.2+	.011	.018			
8			7.3		2.2+	.008	.014			
9						.007	.014			
10						.007	.014			
11			7.3		2.2	.007	.014			
12			7.3		2.2	.008	.013			
13			7.3		2.2+	.006	.015			
14			7.2		2.2+	.004	.017			
15			7.2		2.2+	.004	.017			
16						.011	.013			
17						.011	.013			
18			7.2		2.2+	.011	.013			
19			7.2		2.2+	.011	.013			
20			7.2		2.2+	.018	.015			
21			7.1		2.2+	.016	.013			
22			7.1		2.2+	.017	.014			
23						.016	.013			
24						.016	.013			
25			7.1		2.2+	.016	.013			
26			7.1		2.2+	.032	.024			
27			7.2		2.2+	.013	.012			
28			7.3		2.2+	.001	.016			
29			7.2		2.2+	.004	.014			
30						.011	.014			
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

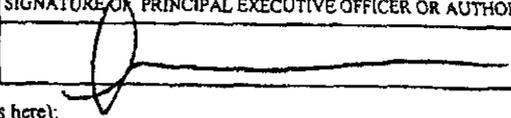
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07

To 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0130		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.7			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.0	9.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	07/08

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FLA011261  
To 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.2		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				8.0	8.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0129		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.012	0.012	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement				55%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period: From: 7/1/07 To: 7/31/07

Facility: Jungle Den WWTF

	CBODS (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.011	.014			
2			7.1		2.2+	.011	.014			
3			7.2		2.2+	.010	.014			
4			7.1		2.2+	.015	.013			
5	2.6	8.0	7.2	9.0	2.2+	.017	.017			
6			7.2		2.2+	.020	.017			
7						.022	.010			
8						.022	.010			
9			7.1		2.2+	.022	.010			
10			7.2		2.2+	.010	.013			
11			7.2		2.2+	.007	.015			
12			7.2		2.2+	.006	.014			
13			7.2		2.2	.005	.011			
14						.007	.009			
15						.007	.009			
16			7.2		2.2+	.007	.009			
17			7.0		2.2+	.022	.013			
18			7.1		2.2+	.021	.013			
19			7.1		2.2+	.021	.015			
20			7.1		2.2+	.016	.012			
21						.018	.008			
22						.018	.008			
23			7.1		2.2+	.018	.008			
24			7.1		2.2+	.011	.011			
25			7.1		2.2+	.020	.019			
26			7.2		2.2+	.014	.015			
27			7.1		2.2+	.012	.013			
28						.017	.009			
29						.017	.009			
30			7.1		2.2+	.017	.009			
31			7.1		2.2+	.013	.016			
Total										
Mo. Avg.										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

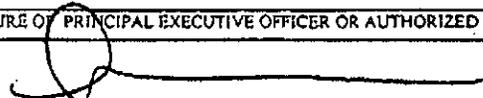
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07

To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0127	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.013	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.76	Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			7.2	Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.5	Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	07/09/18

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FLA011261  
To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A	Sample Measurement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
		Permit Requirement									
Coliform, Fecal		Sample Measurement			3.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal		Sample Measurement			3.0	3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement			1.0			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant		Sample Measurement	0.0132		MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	P	Permit Requirement	0.021 (An.Avg.)		MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant		Sample Measurement	0.014	0.013	MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	Q	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100		Sample Measurement			63%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	P	Permit Requirement			Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C		Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G	Permit Requirement			Report			mg/l		Annually	Grab
Solids, Total Suspended		Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G	Permit Requirement			Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA011261  
From: 8/1/07 To: 8/31/07

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Focal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.2		2.2+	.013	.016			
2			7.2		2.2+	.040	.034			
3			7.3		2.2+	.029	.025			
4						.017	.018			
5						.017	.018			
6			7.2		1.0	.017	.018			
7			7.1		1.2	.015	.014			
8			7.1		1.4	.015	.013			
9			7.2		2.0	.014	.015			
10			7.2		2.2+	.016	.017			
11						.013	.014			
12						.013	.014			
13			7.2		2.2+	.013	.014			
14	4.76	3.0	7.4	2.50	2.2+	.009	.011			
15			7.4		2.0	.015	.017			
16			7.2		2.2+	.008	.010			
17			7.3		2.2+	.015	.016			
18						.012	.009			
19						.012	.009			
20			7.3		2.2+	.012	.009			
21			7.3		2.2+	.014	.011			
22			7.2		2.2+	.001	.010			
23			7.3		2.2+	.000	.012			
24			7.3		2.2+	.000	.012			
25						.012	.012			
26						.012	.012			
27			7.3		2.2+	.012	.012			
28			7.3		2.2+	.010	.010			
29			7.4		2.2+	.010	.010			
30			7.4		2.2+	.009	.010			
31			7.5		2.2+	.008	.008			
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed Mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

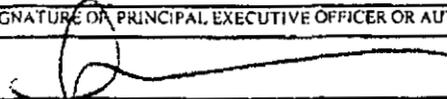
COUNTY: Volusia

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 09/01/07 To: 09/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	.0135		MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement (An. Avg.)	0.021		MGD					5 Days/Week	Flow Totalizer
Flow, to Sprayfield PARM Code 50050 I Mon. Site No. FLW-1	Sample Measurement	.024		MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement (Mo. Avg.)	Report		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				3.2		mg/l	0	Monthly	Grab
	Permit Requirement (An. Avg.)				20.0		mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				4.92	4.92	Mg/l	0	Monthly	Grab
	Permit Requirement (Mo. Avg.) (Max.)				Report	60.0	mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				7.5		Mg/l	0	Monthly	Grab
	Permit Requirement (An. Avg.)				20.0		mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement				10.4	10.4	Mg/l	0	Monthly	Grab
	Permit Requirement (Mo. Avg.) (Max.)				Report	60.0	mg/l		Monthly	Grab

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE (YY/MM/DD) 07/10/07
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 9/1/07

PERMIT NUMBER: FLA011261  
To 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement				7.4	7.6	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement				3.3		#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement				<1.0	<1.0	#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement				2.2		Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon. Site No. FLW-2	Sample Measurement	0.0140		MGD				0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An. Avg.)		MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon. Site No. FLW-2	Sample Measurement	0.022	0.016	MGD				0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADP Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement				67%		PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement				MNR		mg/l	0	Annually	Grab
	Permit Requirement				Report		mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00550 G Mon. Site No. INF-1	Sample Measurement				MNR		mg/l	0	Annually	Grab
	Permit Requirement				Report		mg/l		Annually	Grab

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period From: 9/1/07 To: 9/30/07

	CHOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.023	.022			
2						.023	.022			
3			7.5		2.2+	.023	.022			
4			7.5		2.2+	.017	.016			
5	4.92	<1.0	7.5	10.4	2.2+	.014	.012			
6			7.5		2.2+	.022	.020			
7			7.5		2.2+	.013	.011			
8						.020	.017			
9						.020	.017			
10			7.5		2.2+	.020	.017			
11			7.5		2.2+	.000	.026			
12			7.5		2.2+	.000	.019			
13			7.5		2.2+	.018	.017			
14			7.5		2.2+	.029	.024			
15						.031	.018			
16						.031	.018			
17			7.4		2.2+	.031	.018			
18			7.4		1.4	.011	.034			
19			7.4		2.2+	.044	.042			
20			7.6		2.2+	.070	.062			
21			7.5		2.2+	.059	.025			
22						.006	.027			
23						.006	.027			
24			7.4		2.2+	.006	.027			
25			7.4		2.2+	.070	.018			
26			7.4		2.2+	.051	.022			
27			7.5		2.2+	.014	.012			
28			7.4		2.2-	.023	.021			
29						.022	.018			
30			7.5		2.2+	.022	.018			
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Inflow

REPORT GROUP: Monthly Domestic

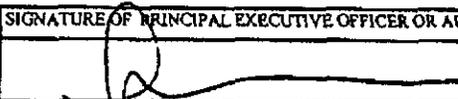
COUNTY: Volusia

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	.0146		MGD				15	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.021 (An. Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	.023		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.1		Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0	Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	07/11/15

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: October 1, 2007

PERMIT NUMBER: FLA011261  
 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.3			#/100ML	00	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	.0143		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	.016	.017	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				69%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA011261** Facility: **Jungle Den WWTF**  
 Monitoring Period: **From: October 1, 2007 To: October 31, 2007**

	<b>CBOD5 (mg/l)</b>	<b>Fecal Coliform Bacteria (#/100ML)</b>	<b>pH (SU)</b>	<b>TSS (mg/l)</b>	<b>TRC (For Disinfect.) (mg/l)</b>	<b>Flow (MGD)</b>	<b>Flow (MGD)</b>			
<b>Code</b>	80082	74055	00400	00530	50060	50050	50050			
<b>Mon. Site</b>	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.5		2.2	0.021	0.017			
2	<2.0	2	7.5	2.0	1.8	0.017	0.014			
3			7.5		2.2	0.050	0.043			
4			7.5		2.2	0.024	0.022			
5			7.6		2.2	0.031	0.028			
6						0.038	0.014			
7						0.038	0.014			
8			7.6		2.2	0.038	0.014			
9			7.5		2.2	0.022	0.016			
10			7.5		2.2	0.019	0.014			
11			7.5		2.2	0.030	0.023			
12			7.4		2.2	0.023	0.018			
13						0.019	0.007			
14						0.019	0.007			
15			7.5		2.2	0.019	0.008			
16			7.5		2.2	0.019	0.017			
17			7.4		2.2	0.013	0.013			
18			7.5		2.2	0.015	0.014			
19			7.5		2.2	0.016	0.017			
20						0.014	0.008			
21						0.014	0.008			
22			7.4		2.2	0.014	0.008			
23			7.4		2.2	0.014	0.014			
24			7.5		2.2	0.014	0.016			
25			7.0		2.2	0.014	0.014			
26			7.4		2.2	0.020	0.017			
27						0.023	0.010			
28						0.023	0.010			
29			7.4		2.2	0.023	0.010			
30			7.4		2.2	0.037	0.030			
31			7.4		2.2	0.023	0.017			
<b>Total</b>										
<b>Mo. Avg.</b>										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

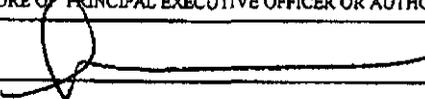
MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 11/1/07 To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0146	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	Y Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.014	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	I Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	Mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)	mg/l	Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.0	Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.0	Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)	mg/l	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	07/12/17

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FLA011261  
To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.3	7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.1		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			6.0	6.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4		Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0144	MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.017	MGD			0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD				5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			84%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report		mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR		mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report		mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period

From: 11/1/07

To: 11/30/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2+	.029	.021			
2			7.4		2.2+	.006	.020			
3						.023	.017			
4						.023	.017			
5			7.4		2.2+	.023	.017			
6			7.4		2.2+	.021	.016			
7	2.1	6.0	7.4	8.0	2.2+	.015	.013			
8			7.4		2.2+	.017	.015			
9			7.4		2.2+	.023	.018			
10						.020	.015			
11						.020	.015			
12			7.4		2.2+	.020	.015			
13			7.4		2.2+	.000	.013			
14			7.4		2.2+	.000	.018			
15			7.4		2.2+	.002	.009			
16			7.4		2.2+	.011	.018			
17						.012	.014			
18						.012	.014			
19			7.4		2.2+	.011	.014			
20			7.3		2.2+	.011	.014			
21			7.3		2.2+	.008	.011			
22			7.4		2.2+	.010	.012			
23			7.4		2.2+	.016	.016			
24						.012	.014			
25						.012	.014			
26			7.4		2.2+	.012	.014			
27			7.4		2.2+	.011	.013			
28			7.4		2.2+	.010	.013			
29			7.4		2.2+	.008	.011			
30			7.5		2.2+	.029	.022			
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

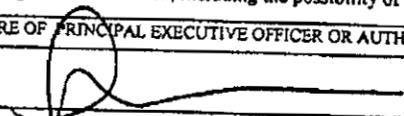
COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 12/1/07

To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0145		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	Y Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2		Mg/l	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.2			Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.6	8.6		Mg/l	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-098	DATE (YY/MM/DD) 08/01/23
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FLA011261  
To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.3	7.4	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				2.9		#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0	<1.0	#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2		Mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
Flow, Total Through Plant PARM Code 50050 P Mon.Site No. FLW-2	Sample Measurement	0.0146		MGD				0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	0.021 (An.Avg.)		MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement	0.015	0.015	MGD				0	5 Days/Week	Parshall Flume and flow meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				73%		PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				MNR		mg/l	0	Annually	Grab
	Permit Requirement				Report		mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				MNR		mg/l	0	Annually	Grab
	Permit Requirement				Report		mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period From: 12/1/07 To: 12/31/07

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.015	.015			
2						.015	.015			
3			7.4		2.2+	.015	.015			
4			7.4		2.2+	.013	.016			
5	2.2	<1.0	7.4	8.6	2.2+	.007	.010			
6			7.4		2.2+	.010	.016			
7			7.4		2.2+	.009	.013			
8						.010	.012			
9						.010	.012			
10			7.4		2.2	.010	.012			
11			7.4		2.2	.011	.014			
12			7.4		2.2	.010	.014			
13			7.4		2.2	.009	.013			
14			7.4		2.2	.008	.012			
15						.023	.020			
16						.023	.020			
17			7.4		2.2+	.023	.020			
18			7.4		2.2+	.011	.016			
19			7.3		2.2+	.010	.015			
20			7.4		2.2+	.008	.015			
21			7.3		2.2+	.017	.020			
22						.011	.012			
23						.011	.012			
24			7.3		2.2+	.012	.012			
25			7.3		2.2+	.013	.016			
26			7.3		2.2+	.017	.020			
27			7.3		2.2+	.013	.013			
28			7.4		2.2+	.018	.020			
29						.014	.016			
30						.014	.016			
31			7.4		2.2+	.014	.016			
Total										
Mo. Avg.										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3787

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

PERMIT NUMBER: FLA011261  
 LIMIT: Final  
 CLASS SIZE: N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 28294

FACILITY: Jungle Don WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

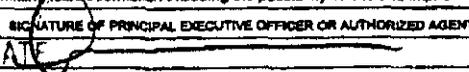
MONITORING GROUP NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIC  
 NO DISCHARGE FROM SITE:

COUNTY: Volusia

MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield	Sample Measurement	0.023	mgd				5 Days / week	Flow Meters and totalizer
Storet. No. 50050 Mon. Site No. EFF-1	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield	Sample Measurement	0.015	mgd				5 Days / week	Flow Meters and totalizer
Storet. No. 50050 Mon. Site No. EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	mg/L		Monthly	Grab
Storet. No. 80082 Mon. Site No. EFA-1	Permit Measurement			20 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/L		Monthly	Grab
Storet. No. 80082 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60 (Max.) mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.4	mg/L		Monthly	Grab
Storet. No. 00530 Mon. Site No. EFA-1	Permit Measurement			20 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.4	mg/L		Monthly	Grab
Storet. No. 00530 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60 (Max.) mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 386-937-1143	DATE (YY/MM/DD) 06/02/03
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

04334 MAY 22 8

FPSC-COMMISSION CLERK

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet. No. 00400 Mon. Site No. EFA-1	Sample Measurement			7.1	7.2	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet. No. 74055 Mon. Site No. EFA-1	Sample Measurement			15		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet. No. 74055 Mon. Site No. EFA-1	Sample Measurement			1U	1U	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet. No. 50060 Mon. Site No. 9580	Sample Measurement			2.1		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet. No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.017	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet. No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.010	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet. No. 80082 Mon. Site No. INF-1	Sample Measurement			110		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT Storet. No. 00530 Mon. Site No. INF-1	Sample Measurement			67		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011261

Jungle Den WWTF

Three-month Average Daily Flow: 0.017  
(TMSDF/Permitted Capacity)x100: 83%

Monitoring Period From: 01/01/06 To: 01/31/06

	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)		
<b>Code</b>	50050	50050	80082	80082	00530	00530	00400	74055	50060		
<b>Mon. Site</b>	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1		
1	0.016	0.007									
2	0.016	0.008					7.1		2.2		
3	0.018	0.016					7.1		2.2		
4	0.017	0.016					7.1		2.2		
5	0.013	0.011					7.1		2.2		
6	0.015	0.016					7.1		2.2		
7	0.014	0.007									
8	0.014	0.008									
9	0.014	0.008					7.1		2.1		
10	0.011	0.012					7.2		2.2		
11	0.010	0.008	2.7	110	4.4	67	7.2	1U	2.2		
12	0.014	0.015					7.2		2.2		
13	0.013	0.014					7.2		2.2		
14	0.007	0.006									
15	0.008	0.007									
16	0.008	0.007					7.2		2.2		
17	0.007	0.013					7.2		2.2		
18	0.007	0.013					7.1		2.2		
19	0.022	0.013					7.1		2.2		
20	0.021	0.013					7.1		2.2		
21	0.022	0.007									
22	0.022	0.007									
23	0.022	0.007					7.1		2.2		
24	0.018	0.013					7.1		2.2		
25	0.016	0.013					7.1		2.2		
26	0.015	0.014					7.2		2.2		
27	0.014	0.012					7.1		2.2		
28	0.018	0.007									
29	0.018	0.007									
30	0.018	0.007					7.2		2.2		
31	0.007	0.007					7.2		2.2		

PLANT STAFFING: Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse:  
 Limited Wet Weather Discharge Activated: Yes  No  Not Applicable  If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

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

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER:  
 LIMIT:  
 CLASS SIZE:

FLA011261  
 Final  
 N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

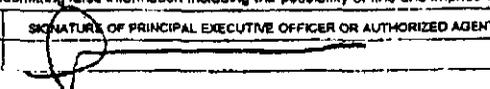
MONITORING GROUP NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:

COUNTY: Volusia

MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield Storet No. 50050 Mon.Site No. EFF-1	Y	Sample Measurement	0.024	mgd			5 Days / week	Flow Meters and totalizer
		Permit Measurement	0.021 (An.Avg.)	mgd			5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield Storet No. 50050 Mon.Site No. EFF-1	I	Sample Measurement	0.018	mgd			5 Days / week	Flow Meters and totalizer
		Permit Measurement	Report (Mo.Avg.)	mgd			5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C Storet No. 80082 Mon.Site No. EFA-1	Y	Sample Measurement			2.1	mg/L	Monthly	Grab
		Permit Measurement			20 (An.Avg)	mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C Storet No. 80082 Mon.Site No. EFA-1	I	Sample Measurement			2U	2U	mg/L	Monthly
		Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly
Solids, Total Suspended Storet No. 00530 Mon.Site No. EFA-1	Y	Sample Measurement			5.9	mg/L	Monthly	Grab
		Permit Measurement			20 (An.Avg)	mg/L	Monthly	Grab
Solids, Total Suspended Storet No. 00530 Mon.Site No. EFA-1	I	Sample Measurement			10.0	10.0	mg/L	Monthly
		Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 386-937-1143	DATE (YY/MM/DD) 06/03/23
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet No. 00400 Mon. Site No. EFA-1	Sample Measurement			7.1	7.2	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon. Site No. EFA-1	Sample Measurement			17		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon. Site No. EFA-1	Sample Measurement			22	22	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet No. 50060 Mon. Site No. 9580	Sample Measurement			2.2		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.017	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.014	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet No. 80082 Mon. Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT Storet No. 00530 Mon. Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261

Jungle Den WWTF

Three-month Average Daily Flow: 0.015  
 (TMSDF/Permitted Capacity)x100: 73%

Monitoring Period From: 02/01/06 To: 02/28/06

	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060		
Mon. Site	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1		
1	0.019	0.016					7.2		2.2		
2	0.013	0.012					7.2		2.2		
3	0.022	0.018					7.2		2.2		
4	0.045	0.029									
5	0.045	0.029									
6	0.045	0.029					7.1		2.2		
7	0.017	0.016					7.2		2.2		
8	0.014	0.013	2U		10.0		7.2	22	2.2		
9	0.024	0.021					7.2		2.2		
10	0.016	0.015					7.1		2.2		
11	0.017	0.015									
12	0.017	0.015									
13	0.017	0.015					7.1		2.2		
14	0.013	0.012					7.2		2.2		
15	0.021	0.018					7.2		2.2		
16	0.020	0.017					7.2		2.2		
17	0.015	0.013					7.2		2.2		
18	0.021	0.016									
19	0.021	0.016									
20	0.021	0.016					7.1		2.2		
21	0.018	0.013					7.1		2.2		
22	0.018	0.013					7.1		2.2		
23	0.014	0.011					7.1		2.2		
24	0.009	0.010					7.1		2.2		
25	0.013	0.015									
26	0.013	0.015									
27	0.013	0.015					7.1		2.2		
28	0.015	0.005					7.1		2.2		
29											
30											
31											

PLANT STAFFING: Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_  
 Limited Wet Weather Discharge Activated: Yes  No  Not Applicable  If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

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

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA011261  
 LIMIT: Final  
 CLASS SIZE: N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

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

COUNTY: Volusia

MONITORING PERIOD—From: 03/01/2006 To: 03/31/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield	Sample Measurement	0.024	mgd				5 Days / week	Flow Meters and totalizer
Storet No. 50050 Mon. Site No. EFF-1	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield	Sample Measurement	0.012	mgd				5 Days / week	Flow Meters and totalizer
Storet No. 50050 Mon. Site No. EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	mg/L		Monthly	Grab
Storet No. 80082 Mon. Site No. EFA-1	Permit Measurement			20 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	mg/L		Monthly	Grab
Storet No. 80082 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.6	mg/L		Monthly	Grab
Storet No. 00530 Mon. Site No. EFA-1	Permit Measurement			20 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.7	mg/L		Monthly	Grab
Storet No. 00530 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/02/12

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

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011281

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet. No. D0400 Mon. Site No. EFA-1	Sample Measurement			7.1	7.4	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet. No. 74055 Mon. Site No. EFA-1	Sample Measurement			17		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet. No. 74055 Mon. Site No. EFA-1	Sample Measurement			1U	1U	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet. No. 50060 Mon. Site No. 9580	Sample Measurement			1.2		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet. No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.017	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet. No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.014	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet. No. 80082 Mon. Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT Storet. No. 00530 Mon. Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011261

Jungle Den WWTF

Three-month Average Daily Flow: 0.016  
 (TMSDF/Permitted Capacity)x100: 75%

Monitoring Period From: 03/01/06 To: 03/31/06

	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060		
Mon. Site	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1		
1	0.013	0.012	2.3V		3.7		7.2	1U	1.6		
2	0.022	0.021					7.1		2.2		
3	0.015	0.014					7.2		2.2		
4	0.016	0.016									
5	0.016	0.016									
6	0.016	0.016					7.1		2.2		
7	0.012	0.013					7.1		2.2		
8	0.014	0.013					7.1		2.2		
9	0.013	0.013					7.2		2.2		
10	0.017	0.017					7.1		2.2		
11	0.014	0.013									
12	0.014	0.014									
13	0.014	0.014					7.2		2.2		
14	0.011	0.013					7.1		2.2		
15	0.012	0.014					7.1		2.2		
16	0.012	0.013					7.2		2.2		
17	0.011	0.014					7.2		2.2		
18	0.013	0.014									
19	0.013	0.014									
20	0.013	0.014					7.3		1.2		
21	0.010	0.012					7.3		2.2		
22	0.011	0.013					7.4		2.2		
23	0.009	0.013					7.3		2.2		
24	0.011	0.014					7.3		2.2		
25	0.009	0.013									
26	0.009	0.014									
27	0.009	0.014					7.3		2.2		
28	0.009	0.012					7.2		2.2		
29	0.008	0.010					7.4		2.2		
30	0.012	0.016					7.3		2.2		
31	0.008	0.011					7.3		2.2		

PLANT STAFFING: Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_  
 Limited Wet Weather Discharge Activated: Yes  No  Not Applicable  If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA011261  
 LIMIT: Final  
 CLASS SIZE: N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

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

COUNTY: Volusia MONITORING PERIOD—From: 04/01/2006 To: 04/30/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield Storet No. 50050 Mon.Site No. EFF-1	Sample Measurement	0.023	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield Storet No. 50050 Mon.Site No. EFF-1	Sample Measurement	0.009	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C Storet No. 80082 Mon.Site No. EFA-1	Sample Measurement			2.2	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C Storet No. 80082 Mon.Site No. EFA-1	Sample Measurement			2U	2U mg/L		Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.) mg/L		Monthly	Grab
Solids, Total Suspended Storet No. 00530 Mon.Site No. EFA-1	Sample Measurement			5.5	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended Storet No. 00530 Mon.Site No. EFA-1	Sample Measurement			5.4	5.4 mg/L		Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.) mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/05/10

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

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.4	Std. Units	5 Days / week	Grab
Storet. No. 00400 Mon. Site No. EFA-1	Permit Measurement			8.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria	Sample Measurement			17		No. per 100mL	Monthly	Grab
Storet. No. 74055 Mon. Site No. EFA-1	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria	Sample Measurement			5	5	No. per 100mL	Monthly	Grab
Storet. No. 74055 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection	Sample Measurement			2.0		mg/L	5 Days / week	Grab
Storet. No. 50060 Mon. Site No. 9580	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant	Sample Measurement	0.017	mgd				5 Days / week	Flow Meters and totalizer
Storet. No. 50050 Mon. Site No. EFF-2	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant	Sample Measurement	0.011	mgd				5 Days / week	Flow Meters and totalizer
Storet. No. 50050 Mon. Site No. EFF-2	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT	Sample Measurement			MNR		mg/L	Annually	Grab
Storet. No. 80082 Mon. Site No. INF-1	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT	Sample Measurement			MNR		mg/L	Annually	Grab
Storet. No. 00530 Mon. Site No. INF-1	Permit Measurement			Report		mg/L	Annually	Grab

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261

Jungle Den WWTF

Three-month Average Daily Flow: 0.014  
 (TMSDF/Permitted Capacity)x100: 65%

Monitoring Period From: 04/01/06 To: 04/30/06

Code	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)		
Mon. Site	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1		
1	0.011	0.012									
2	0.011	0.012									
3	0.011	0.012					7.2		2.2+		
4	0.009	0.011					7.3		2.2+		
5	0.006	0.008	2U		5.4		7.3	5	2.2+		
6	0.011	0.017					7.3		2.0		
7	0.009	0.015					7.3		2.2+		
8	0.016	0.010									
9	0.016	0.010									
10	0.016	0.010					7.3		2.2+		
11	0.014	0.014					7.3		2.2+		
12	0.012	0.010					7.4		2.2+		
13	0.012	0.013					7.2		2.2+		
14	0.012	0.012					7.2		2.2+		
15	0.008	0.011									
16	0.008	0.011									
17	0.008	0.011					7.2		2.2+		
18	0.007	0.010					7.3		2.2+		
19	0.007	0.013					7.3		2.2+		
20	0.007	0.011					7.3		2.2+		
21	0.006	0.011					7.2		2.2+		
22	0.007	0.012									
23	0.007	0.012									
24	0.007	0.012					7.3		2.1		
25	0.007	0.010					7.4		2.2+		
26	0.010	0.013					7.3		2.2+		
27	0.008	0.011					7.3		2.2+		
28	0.009	0.011					7.3		2.2+		
29	0.009	0.012									
30	0.009	0.012									
31											

PLANT STAFFING: Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse:  
 Limited Wet Weather Discharge Activated: Yes  No  Not Applicable  If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3747

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

PERMIT NUMBER:  
 LIMIT:  
 CLASS SIZE:

FLA011261  
 Final  
 N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

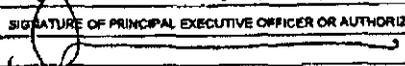
FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

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

COUNTY: Volusia MONITORING PERIOD--From: 05/01/2006 To: 05/31/2008

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield  Storet No. 80050 Y Mon. Site No. EFF-1	Sample Measurement	0.023	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield  Storet No. 50050 Mon. Site No. EFF-1	Sample Measurement	0.012	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C  Storet No. 80082 Y Mon. Site No. EPA-1	Sample Measurement			2.2	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C  Storet No. 80082 I Mon. Site No. EPA-1	Sample Measurement			2.1	mg/L		Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended  Storet No. 00530 Y Mon. Site No. EPA-1	Sample Measurement			5.3	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended  Storet No. 00530 I Mon. Site No. EPA-1	Sample Measurement			7.4	mg/L		Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/06/06

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

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet No. 00400 Mon. Site No. EFA-1	Sample Measurement			7.2	7.5	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon. Site No. EFA-1	Sample Measurement			13		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet No. 74065 Mon. Site No. EFA-1	Sample Measurement			2	2	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet No. 50060 Mon. Site No. 8580	Sample Measurement			2.2		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.016	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet No. 50050 Mon. Site No. EFF-2	Sample Measurement	0.012	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBODS INFLUENT Storet No. 80682 Mon. Site No. INF-1	Sample Measurement				MNR	mg/L	Annually	Grab
	Permit Measurement				Report	mg/L	Annually	Grab
TSS INFLUENT Storet No. 00630 Mon. Site No. INF-1	Sample Measurement				MNR	mg/L	Annually	Grab
	Permit Measurement				Report	mg/L	Annually	Grab

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011251

Jungle Den WWTF

Monitoring Period From: 05/01/06 To: 05/31/06

 Three-month Average Daily Flow: 0.011  
 (TMSDF/Permitted Capacity)x100: 52%

Code	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)
Mon. Site	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1
1	0.009	0.012					7.3		2.2+
2	0.010	0.012					7.3		2.2+
3	0.006	0.007	2.1		7.4		7.3	2	2.2+
4	0.019	0.011					7.3		2.2+
5	0.013	0.012					7.3		2.2+
6	0.013	0.012							
7	0.013	0.012							
8	0.013	0.012					7.3		2.2+
9	0.010	0.010					7.3		2.2+
10	0.016	0.012					7.3		2.2+
11	0.010	0.012					7.3		2.2+
12	0.010	0.011					7.4		2.2+
13	0.013	0.014							
14	0.013	0.014							
15	0.013	0.014					7.3		2.2+
16	0.012	0.014					7.3		2.2+
17	0.011	0.012					7.2		2.2+
18	0.010	0.011					7.4		2.2+
19	0.014	0.014					7.5		2.2+
20	0.012	0.012							
21	0.012	0.012							
22	0.012	0.012					7.5		2.2+
23	0.015	0.014					7.4		2.2+
24	0.010	0.010					7.4		2.2+
25	0.015	0.014					7.3		2.2
26	0.014	0.013					7.3		2.2
27	0.014	0.014							
28	0.014	0.014							
29	0.014	0.014					7.4		2.2+
30	0.016	0.015					7.4		2.2+
31	0.012	0.012					7.4		2.2+

**PLANT STAFFING:** Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: C Certification No.: 9320 Name: Ralph Marriott  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

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

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA011281  
 LIMIT: Final  
 CLASS SIZE: N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

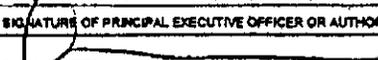
MONITORING GROUP NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:

COUNTY: Volusia

MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield  Storet No. 50050 Mon.Site No. EFF-1	Sample Measurement	0.022	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield  Storet No. 50050 Mon.Site No. EFF-1	Sample Measurement	0.015	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C  Storet No. 80082 Mon.Site No. EFA-1	Sample Measurement			2.2	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C  Storet No. 80082 Mon.Site No. EFA-1	Sample Measurement			2U	2U	mg/L	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended  Storet No. 00530 Mon.Site No. EFA-1	Sample Measurement			5.7	mg/L		Monthly	Grab
	Permit Measurement			20 (An.Avg)	mg/L		Monthly	Grab
Solids, Total Suspended  Storet No. 00530 Mon.Site No. EFA-1	Sample Measurement			10.0	10.0	mg/L	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/07/18

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

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet No. 00400 Mon.Site No. EFA-1	Sample Measurement			7.4	7.5	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement			13		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement			3	3	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet No. 50060 Mon.Site No. 9580	Sample Measurement			1.5		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet No. 50050 Mon.Site No. EFF-2	Sample Measurement	0.016	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet No. 50050 Mon.Site No. EFF-2	Sample Measurement	0.012	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet No. 80082 Mon.Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT Storet No. 00530 Mon.Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA011261  
 LIMIT: Final  
 CLASS SIZE: N/A

Report: Monthly  
 Group: Domestic  
 WAFR MON. SITE NO.: 26294

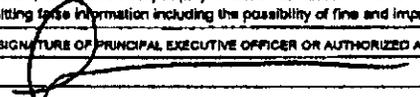
FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

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

COUNTY: Volusia MONITORING PERIOD-From: 07/01/2006 To: 07/31/2006

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, To Sprayfield	Sample Measurement	0.020	mgd				5 Days / week	Flow Meters and totalizer
Storet No. 50050 Mon. Site No. EFF-1	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, To Sprayfield	Sample Measurement	0.017	mgd				5 Days / week	Flow Meters and totalizer
Storet No. 50050 Mon. Site No. EFF-1	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	mg/L		Monthly	Grab
Storet No. 80082 Mon. Site No. EFA-1	Permit Measurement			20 (An.Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	mg/L		Monthly	Grab
Storet No. 80082 Mon. Site No. EFA-1	Permit Measurement			Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.3	mg/L		Monthly	Grab
Storet No. 00530 Mon. Site No. EFA-1	Permit Measurement			20 (An.Avg)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			9.2	mg/L		Monthly	Grab
Storet No. 00530 Mon. Site No. EFA-1	Permit Measurement			Report (Mo.Avg.)	60 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/08/16

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

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet No. 00400 Mon.Site No. EFA-1	Sample Measurement			7.2	7.5	Std. Units	5 Days / week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	Std. Units	5 Days / week	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement			13		No. per 100mL	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		No. per 100mL	Monthly	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement			1U	1U	No. per 100mL	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	800 (Max.)	No. per 100mL	Monthly	Grab
TRC for disinfection Storet No. 50990 Mon.Site No. 9580	Sample Measurement			0.8		mg/L	5 Days / week	Grab
	Permit Measurement			0.5 (Min.)		mg/L	5 Days / week	Grab
Flow, Total through plant Storet No. 50050 Mon.Site No. EFF-2	Sample Measurement	0.015	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet No. 50050 Mon.Site No. EFF-2	Sample Measurement	0.011	mgd				5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)	mgd				5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet No. 80062 Mon.Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab
TSS INFLUENT Storet No. 00530 Mon.Site No. INF-1	Sample Measurement			MNR		mg/L	Annually	Grab
	Permit Measurement			Report		mg/L	Annually	Grab

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

FACILITY NAME: Jungle Den WWTF

PERMIT NUMBER: FLA011261

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH Storet No. 00400 Mon.Site No. EFA-1	Sample Measurement				7.3	7.4	Std. Units		5 Days / week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	Std. Units		5 Days / week	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement				14		No. per 100mL		Monthly	Grab
	Permit Measurement				200 (An. Avg.)		No. per 100mL		Monthly	Grab
Fecal Coliform Bacteria Storet No. 74055 Mon.Site No. EFA-1	Sample Measurement				12	12	No. per 100mL		Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	800 (Max.)	No. per 100mL		Monthly	Grab
TRC for disinfection Storet No. 50060 Mon.Site No. 9580	Sample Measurement				0.6		mg/L		5 Days / week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days / week	Grab
Flow, Total through plant Storet No. 50050 Mon.Site No. EFF-2	Sample Measurement	0.014		mgd					5 Days / week	Flow Meters and totalizer
	Permit Measurement	0.021 (An.Avg.)		mgd					5 Days / week	Flow Meters and totalizer
Flow, Total through plant Storet No. 50060 Mon.Site No. EFF-2	Sample Measurement	0.013		mgd					5 Days / week	Flow Meters and totalizer
	Permit Measurement	Report (Mo.Avg.)		mgd					5 Days / week	Flow Meters and totalizer
CBOD5 INFLUENT Storet No. 80082 Mon.Site No. INF-1	Sample Measurement				MNR		mg/L		Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab
TSS INFLUENT Storet No. 00530 Mon.Site No. INF-1	Sample Measurement				MNR		mg/L		Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab

## DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011261

Jungle Den WWTF

Monitoring Period From: 08/01/06 To: 08/31/06

 Three-month Average Daily Flow: 0.015  
 (TMSDF/Permitted Capacity)x100: 71%

	Flow (mgd) To Sprayfield	Flow (mgd) Total thru plant	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH Effluent (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060		
Mon. Site	EFF-1	EFF-2	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1		
1	0.012	0.011					7.4		2.2+		
2	0.010	0.009	3.0		30.0		7.4	12	2.2+		
3	0.014	0.015					7.4		2.2+		
4	0.012	0.014					7.4		2.2+		
5	0.012	0.012									
6	0.012	0.012									
7	0.012	0.012					7.4		2.2+		
8	0.011	0.012					7.4		2.2+		
9	0.010	0.011					7.3		2.2+		
10	0.013	0.012					7.3		2.2+		
11	0.012	0.012					7.4		2.2+		
12	0.014	0.014									
13	0.014	0.014									
14	0.014	0.014					7.4		0.6		
15	0.017	0.017					7.4		2.2+		
16	0.009	0.009					7.4		2.2+		
17	0.012	0.011					7.4		2.2		
18	0.011	0.010					7.4		2.2		
19	0.013	0.012									
20	0.013	0.012									
21	0.013	0.012					7.3		2.2+		
22	0.011	0.011					7.4		2.2+		
23	0.010	0.010					7.4		2.2+		
24	0.008	0.012					7.3		2.2+		
25	0.020	0.014					7.3		2.2+		
26	0.016	0.013									
27	0.016	0.013									
28	0.016	0.013					7.4		2.2+		
29	0.020	0.017					7.4		2.2+		
30	0.015	0.013					7.4		2.2+		
31	0.027	0.024					7.4		2.2+		

**PLANT STAFFING:** Class: B Certification No.: 12476 Name: David Haring  
 Day Shift Operator Class: C Certification No.: 9320 Name: Ralph Marriott  
 Evening Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_

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

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 9/1/06 To: 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.018	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.021 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.014	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	2.3	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.9		0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.4	6.4	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/14/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Revised 11/28/06

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 9/1/06

To  
PERMIT NUMBER: FLA011261  
9/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				8.1			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2+			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.013		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon. Site No. FLW-2	Permit Requirement	0.021 (An. Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.012	0.011	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement				54%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period: From: 9/1/06 To: 9/30/06

Facility: Jungle Dent WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2+	.017	.015			
2						.018	.008			
3						.018	.008			
4			7.4		2.2+	.018	.008			
5			7.4		2.2+	.000	.013			
6	2.3	1.0U	7.4	6.4	2.2+	.000	.010			
7			7.4		2.2+	.000	.025			
8			7.4		2.2+	.005	.014			
9						.028	.012			
10						.028	.012			
11			7.7		2.2+	.028	.012			
12			7.5		2.2+	.050	.023			
13			7.5		2.2+	.015	.017			
14			7.5		2.2+	.015	.016			
15			7.4		2.2+	.016	.018			
16						.014	.008			
17						.014	.008			
18			7.4		2.2+	.014	.008			
19			7.4		2.2+	.003	.015			
20			7.4		2.2+	.028	.013			
21			7.4		2.2+	.017	.017			
22			7.4		2.2+	.011	.014			
23						.012	.007			
24						.012	.007			
25			7.4		2.2+	.012	.007			
26			7.4		2.2+	.008	.012			
27			7.4		2.2+	.011	.015			
28			7.4		2.2+	.010	.010			
29			7.4		2.2+	.010	.014			
30			7.4		2.2+	.010	.006			
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

Day Shift Operator      Class: B      Certificate No: 12476      Name: David Haring

Evening Shift Operator      Class: C      Certificate No: 9320      Name: Ralph Marriott

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: A      Certificate No: 4894      Name: Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

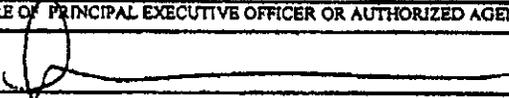
REPORT: Monthly  
 GROUP: Domestic

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 10/1/06 To: 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow, to Sprayfield	Sample Measurement	0.015	MGD			0	5 Days/Week	Flow Totalizer	
PARM Code: 50050 Y Mon. Site No.: FLW-1	Permit Requirement	0.021 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow, to Sprayfield	Sample Measurement	0.010	MGD			0	5 Days/Week	Flow Totalizer	
PARM Code: 50050 I Mon. Site No.: FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		mg/l	0	Monthly	Grab
PARM Code: 80082 Y Mon. Site No.: BEA-1	Permit Requirement			20.0 (An. Avg.)		mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	3.4	Mg/l	0	Monthly	Grab
PARM Code: 80082 A Mon. Site No.: BEA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.1		Mg/l	0	Monthly	Grab
PARM Code: 00530 Y Mon. Site No.: BEA-1	Permit Requirement			20.0 (An. Avg.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.0	8.0	Mg/l	0	Monthly	Grab
PARM Code: 00530 A Mon. Site No.: BEA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-329-1124	06/11/21

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

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period From: 10/1/06 To: 10/31/06

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.010	.013			
2			7.4		2.2	.010	.013			
3			7.4		2.2	.010	.013			
4			7.4		2.2+	.013	.016			
5			7.4		2.2+	.007	.010			
6			7.4		2.2+	.012	.016			
7						.010	.014			
8						.010	.014			
9			7.4		0.6	.010	.014			
10			7.4		0.8	.007	.009			
11	3.4	1.0U	7.4	8.0	2.2+	.008	.012			
12			7.4		2.2+	.011	.014			
13			7.4		2.2+	.007	.011			
14						.008	.013			
15						.008	.013			
16			7.4		2.2+	.008	.013			
17			7.4		2.2+	.011	.011			
18			7.3		1.8	.008	.012			
19			7.3		2.2+	.008	.011			
20			7.3		2.2+	.011	.016			
21						.008	.012			
22						.008	.012			
23			7.3		2.2+	.008	.012			
24			7.2		2.2+	.005	.011			
25			7.2		2.2+	.005	.010			
26			7.1		2.2+	.007	.013			
27			7.2		2.2+	.009	.011			
28						.019	.015			
29						.019	.015			
30			7.3		2.2+	.019	.015			
31			7.3		2.2+	.010	.011			
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

FACILITY: Jungle Den WWTP  
 LOCATION: 1901 Alice Drive  
 Astor, FL

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

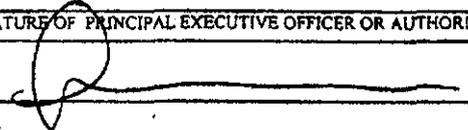
MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 11/1/06 To: 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.014		MGD				0	5 Days/Week	Flow Totalizer	
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer	
Flow, to Sprayfield	Sample Measurement	0.014		MGD				0	5 Days/Week	Flow Totalizer	
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.3		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.4			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.2	9.2		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/12/20

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FLA011261  
To: 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.1			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.0	9.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.012		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	P Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.0130	0.013	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Mon.Site No. FLW-2	Q Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	P Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G Permit Requirement				Report			mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period From: 11/1/06 To: 11/30/06

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1	2.3	9.0	7.2	9.2	2.2+	.010	.011			
2			7.2		2.2+	.020	.015			
3			7.2		2.2+	.011	.011			
4						.016	.013			
5						.016	.013			
6			7.2		2.2+	.016	.013			
7			7.2		2.2+	.014	.012			
8			7.2		2.2+	.020	.017			
9			7.2		2.2+	.014	.012			
10			7.2		2.2+	.017	.015			
11						.015	.013			
12						.015	.013			
13			7.2		2.2+	.015	.013			
14			7.2		2.2+	.014	.012			
15			7.2		0.9	.013	.011			
16			7.2		2.2+	.020	.014			
17			7.2		2.2+	.011	.010			
18						.014	.012			
19						.014	.012			
20			7.2		2.2	.014	.012			
21			7.2		2.2+	.015	.014			
22			7.3		2.2+	.014	.013			
23			7.3		2.2+	.014	.013			
24			7.3		2.2+	.016	.016			
25						.014	.014			
26						.014	.014			
27			7.3		2.2+	.014	.014			
28			7.3		2.2+	.013	.012			
29			7.3		2.2+	.013	.011			
30			7.3		2.2+	.018	.015			
31										
Total										
Mo. Avg										

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:  12476       Name:  David Haring 

Evening Shift Operator      Class:   C        Certificate No:  9320       Name:  Ralph Marriott 

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   A        Certificate No:  4894       Name:  Paul Thompson

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261  
 LIMIT: Final  
 CLASS SIZE: N/A

Expiration Date: February 2, 2011  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

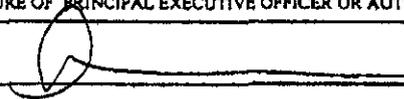
MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 12/1/06 To: 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0139	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.014	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5	Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.6	Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		886-937-1143	07/01/24

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FLA011261  
To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.4	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.2		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.0	3.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0122		MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD					5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.013	0.013	MGD				0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				62%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR		mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261

Facility: Jungle Den WWTF

Monitoring Period

From: 12/1/06

To: 12/31/06

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.2+	.013	.014			
2						.014	.015			
3						.014	.015			
4			7.3		2.2+	.014	.015			
5			7.3		2.2+	.011	.014			
6	3.3	3.0	7.4	6.6	2.2+	.009	.001			
7			7.3		2.2+	.016	0			
8			7.4		2.2+	.010	0			
9						.010	0			
10						.010	0			
11			7.3		2.2+	.010	0			
12			7.3		2.2+	.013	0			
13			7.3		2.2+	.010	0			
14			7.2		2.2+	.014	.010			
15			7.3		2.2+	.016	.016			
16						.012	.011			
17						.012	.011			
18			7.3		2.2+	.012	.011			
19			7.2		2.2+	.010	.008			
20			7.2		2.2+	.012	.010			
21			7.2		2.2+	.011	.008			
22			7.2		2.2+	.012	.011			
23						.022	.035			
24						.022	.035			
25			7.0		2.2+	.022	.035			
26			7.1		2.2+	.021	.029			
27			7.2		2.2+	.018	.018			
28			7.2		2.2	.015	.015			
29			7.2		2.2	.016	.018			
30						.015	.018			
31						.015	.018			
Total										
Mo. Avg.										

**PLANT STAFFING:**

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



# Department of Environmental Protection

Jeb Bush  
Governor

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

Colleen Castille  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Aqua Utilities Florida Inc

**RESPONSIBLE AUTHORITY:**

Mr. Glenn Labrecque  
Vice President  
6960 Professional Pkwy E Suite 400  
Sarasota, FL 34240

**PERMIT NUMBER:**

FLA011261

**PA FILE NUMBER:**

FLA011261-004-DW3P

**ISSUANCE DATE:**

February 6, 2006

**EXPIRATION DATE:**

February 2, 2011

**FACILITY:**

Jungle Den WWTF  
1901 Alice Drive  
Astor, FL  
Volusia County  
Latitude: 29° 10' 42" N Longitude: 81° 31' 49" W

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

**TREATMENT FACILITIES:**

An existing 0.021 mgd annual average daily flow (AADF) permitted capacity (0.025 MGD design capacity) extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination, and aerobic digestion of residuals.

**REUSE:**

**Land Application:** An existing 0.021 MGD AADF permitted capacity slow-rate restricted public access system (R-001). R-001 consists of two in-line holding ponds and a sprayfield with a total wetted area of 3.4 acres having a capacity of 0.021 MGD located approximately at latitude 29° 10' 42" N, longitude 81° 31' 49" W.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements and other conditions set forth in Pages 1 through 14 of this permit.

FPSC-COMMISSION CLERK

04334 MAY 22 08

DOCUMENT NUMBER-DATE

FACILITY: Jungle Den WWTF  
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA011261  
 EXPIRATION DATE: February 2, 2011

**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

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

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to Sprayfield	MGD	Maximum	0.021	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact chamber effluent
FLW-1	Flow meter to sprayfield

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.410 and 62-600.440(4)(c)]*
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.410 and 62-600.440(4)(b)]*

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**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)**

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

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

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow, Total Through Plant	MGD	Maximum	0.021	-	-	-	5 Days/Week	Parshall flume and flow meter	FLW-2	See Cond. I.B.4.	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.	
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1		

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

Monitoring Location Site Number	Description of Monitoring Location
CAL-1	Calculate from daily flow
FLW-2	Parshall flume and flow meter
INF-1	Raw influent to aeration tank

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

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

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

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

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

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

Phone Number - (407) 894-7555  
FAX Number - (407) 897-2966

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residuals Management Facility or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

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

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### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

#### Part II Slow-Rate/Restricted Access System(s) (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.418(1)]
2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
3. The annual average hydraulic loading rate to the sprayfield with a total wetted area of 3.4 acres shall be limited to a maximum of 1.6 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. [62-610.423(3) and (4)]
4. The crops or vegetation shall be periodically harvested and removed from the project area. [62-610.310(3)(d) and 62-610.419(1)(b)]
5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. [62-610.425]
6. Irrigation of edible food crops is prohibited. [62-610.426]
7. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

### V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:  
  
A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead operator must be a Class C operator, or higher.  
  
[62-620.630(3)] [62-699.310] [62-610.462]
2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

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- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

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

	Improvement Action	Completion Date
1	Label all valves, piping, and all hazards.	May 1, 2006
2	Clear the accumulated duckweed on the surface of both cells of the effluent holding pond.	April 1, 2006
3	Place the sprayfield spray headers on a routine inspection and cleaning schedule for preventative maintenance.	April 15, 2006

[62-600.735(1)]

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

#### VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]

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3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.*[62-604.130(5)]*
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.418(1)] [and 62-600.400(2)(b)]*.
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;

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- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.

*[62-620.610(17)]*

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

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
    1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
    2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
    3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
    4. Any unauthorized discharge to surface or ground waters.
  - b. Oral reports as required by this subsection shall be provided as follows:
    1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

FACILITY: Jungle Den WWTF  
PERMITTEE: Aqua Utilities Florida Inc

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- a) Name, address, and telephone number of person reporting;
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

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

[62-620.610(20)]

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

22. Bypass Provisions.

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

[62-620.610(22)]

FACILITY: Jungle Den WWTF  
PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA011261  
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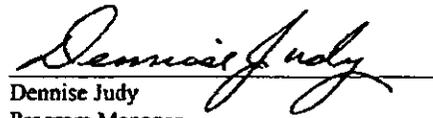
23. Upset Provisions

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

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

  
Denise Judy  
Program Manager  
Domestic Waste

DATE: February 6, 2006

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

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc  
 MAILING ADDRESS: 6960 Professional Pkwy E Suite 400  
 Sarasota, FL 34240

PERMIT NUMBER: FLA011261

Expiration Date: February 2, 2011

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Jungle Den WWTF  
 LOCATION: 1901 Alice Drive  
 Astor, FL

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: \_\_\_\_\_ To \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

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

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. EX.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ML	Monthly	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/l	5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement							
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD			5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement							
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD			5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report		PER-CENT	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report		mg/l	Annually	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report		mg/l	Annually	Grab

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011261  
 Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1										
2										
3										
4										
5										
6										
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26										
27										
28										
29										
30										
31										
<b>Total</b>										
<b>Mo. Avg.</b>										

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28<sup>th</sup> of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- Results greater than or equal to the PQL shall be reported as the measured quantity.
- Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g.  $< 0.001$ . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

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

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

**No Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**Frequency of Analysis:** The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

**Sample Type:** The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comment and Explanation of Any Violations:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

## PART B - DAILY SAMPLE RESULTS

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

## PART D - GROUND WATER MONITORING REPORT

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

**Detection Limits:** Record the detection limits of the analytical methods used.

**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

## SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



# 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

SENT VIA EMAIL TO: [jmlihvarcik@aquaamerica.com](mailto:jmlihvarcik@aquaamerica.com)

November 20, 2007

AQUA UTILITIES FLORIDA INC  
POST OFFICE BOX 490310  
LEESBURG FL 34749

OCD-C-WW-07-1060

ATTENTION JOHN M LIHVARIK  
CHIEF OPERATING OFFICER

Volusia County - DW  
Jungle Den WWTF  
Wastewater Facility - Permit No. FLA011261

Dear Mr. Lihvarcik:

On October 31, 2007, Department personnel conducted a routine inspection of your wastewater facility. At the time of the inspection, the overall operation of your facility was found to be in substantial compliance with the terms and conditions in Permit Number FLA011261. Please review the enclosed inspection report and correct any deficiencies, which have been noted.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact me at the above address or at (407) 893-3313.

Sincerely,

Stephanie Jablonski  
Environmental Specialist  
Wastewater Compliance/Enforcement

SJ/ar

Enclosure: Inspection Report

cc: Volusia County Environmental Management, [dabrahamson@co.volusia.fl.us](mailto:dabrahamson@co.volusia.fl.us)  
Aqua Utilities Florida Inc., Patrick Farris, [PAFarris@aquaamerica.com](mailto:PAFarris@aquaamerica.com)

DOCUMENT NUMBER-DATE

04334 MAY 22 08

FPSC-COMMISSION CLERK

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION @ = Optional**

<b>Name and Physical Location of Facility</b> Jungle Den WWTF 1901 Alice Drive Astor, FL	<b>WAFR ID:</b> FLA011261	<b>County</b> Volusia <b>Phone</b>	<b>Entry Date/Time</b> 10-31-07 9:39 am <b>@ Exit Date/Time</b> 10-31-07 10:07 am
<b>Name(s) of Field Representative(s)</b> David Hering Paul Thompson	<b>Title</b> Operator Operator	<b>Phone</b>	
<b>Name and Address of Permittee or Designated Representative</b> Aqua Utilities Florida, Inc. Mr. John M. Lihvarcik P.O. Box 490310 Leesburg, FL 34749	<b>Title</b> Chief Operating Officer	<b>Phone</b>	<b>@ Operator Certification #</b>

<b>Inspection Type</b>	<input checked="" type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	<b>Samples Taken(Y/N):</b> N	<b>@ Sample ID#:</b> N/A	<b>Samples Split (Y/N):</b> N/A
<input checked="" type="checkbox"/> <b>Domestic</b>	<input type="checkbox"/> <b>Industrial</b>	<b>Were Photos Taken(Y/N):</b> N	<b>@ Log book Volume:</b> II	<b>@ Page</b> 97-98

**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 "♦"

PERMIT REQUIREMENTS	NPDES WQRP CRITERIA, Photo Review	FACILITY COMPLIANCE AREAS	PERMITTER'S OBSERVATIONS
IC 1. ♦Permit	NE 3. Laboratory	NC 6. Facility Site Review	IC 9. ♦Effluent Quality
NE 2. ♦Compliance Schedules	IC 4. Sampling	IC 7. Flow Measurement	NC 10. ♦Effluent Disposal
	NC 5. ♦Records & Reports	IC 8. ♦Operation & Maintenance	IC 11. Residuals/Sludge
13. Other:			NA 12. Groundwater

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

**Recommended Action:** Letter

<b>Name(s) and Signature(s) of Inspector(s)</b> Stephanie Jablonski <i>Stephanie Jablonski</i>	<b>District Office/Phone Number</b> Central District Office 407 - 893-3313	<b>Date</b> 11-19-07
<b>@ Signature of Reviewer</b> Kalina Warren <i>Kalina Warren</i>	<b>District Office/Phone Number</b> Central District Office 407 - 893-3313	<b>Date</b> November 19, 2007

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

<b>Transaction Code</b>	<b>NPDES Number</b>	<b>YR/MO/DA</b>	<b>Insp Type</b>	<b>Inspector</b>	<b>Fac Type</b>
N	5		1 C	2 S	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, -:ANI  
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program  
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal  
 Every other field is self explanatory

## INSPECTION COMMENTS

### PERMITS/ORDERS

#### 1. *PERMIT: In Compliance*

- FDEP permit FLA011261 was on-site and available during inspection. The permit was issued on February 6, 2006 and expires on February 2, 2011.

NOTE: Part VIII.1 of the facility's permit states that the permittee shall apply for renewal of this permit at least 180 days prior to expiration.

#### 2. *COMPLIANCE SCHEDULE: Not Evaluated*

- A permit revision was done on this facility, which removes Item 2 (clear the accumulated duckweed on the surface of both percolation ponds) from the compliance schedule section of this permit.
- The other items in the compliance schedule were evaluated in previous inspection reports.

### SELF MONITORING PROGRAM

#### 3. *LABORATORY: Not Evaluated*

#### 4. *SAMPLING: In Compliance*

- pH samples were collected according to the permit, which is five days per week.
- In addition, chlorine samples were collected according to the permit, which is five days per week.
- Annual samples were last collected in January 2007.

#### 5. *RECORDS AND REPORTS: Out of Compliance*

- The Operations and Maintenance manual was on-site.
- The operator logbook was on-site and included the operator name, certification number, site time, flow readings and sample collections. In addition, maintenance records were documented in the logbook.
- Flow was documented according to the permit, which is five days per week.
- Discharge Monitoring Reports (DMRs) were not available during the inspection.
- DMRs for the months of March 2007 through September 2007 were reviewed and the following four discrepancies were noted:
  - The result reported on Part A of the March 2007 DMR for fecal does not match Part B.
  - The result reported on Part A of the May 2007 DMR for FLW-2 does not match the daily sample sheet (Part B).
  - The results reported on Part A of the June 2007 DMR for fecal and CBOD do not match Part B
  - The result reported on Part A of the September 2007 DMR for TRC does not match Part B.
- A current copy of the operator certifications were on-site.
- In addition, a current copy of the laboratory certification was on-site.

### FACILITY OPERATIONS

#### 6. *FACILITY SITE REVIEW: Out of Compliance*

- The catwalk beams were rusty and corroded.
- An influent screening device was not noted at this plant.
- No foam was noted in the aeration tank.
- A small amount of sludge pop-ups were noted in the clarifier. However, clear effluent was also noted in the clarifier and the trough.
- The chlorine contact chamber contained clear effluent.
- In addition, clear effluent was noted in the Parshall flume.

- Liquid chlorine were used at this facility.
- The digester had enough room.
- The blowers were located inside an on-site shed.

**7. FLOW MEASUREMENT: In Compliance**

- The Parshall flume flow meter and the sprayfield flow meter were last calibrated on October 10, 2007 by Central Florida Controls, Inc.

**8. OPERATION AND MAINTENANCE: In Compliance**

- According to Part V.1 of the facility's permit, a Class C or higher operator shall be on-site for five days per week for 30 minutes per day, plus one weekend visit. At the time of inspection, operator site time was met according to the permit.
- The backflow prevention device was last certified on December 8, 2006 by Utility Tech, Inc. Please remember to have this device certified yearly.

**EFFLUENT/DISPOSAL**

**9. EFFLUENT: In Compliance**

- DMRs for the months of March 2007 through September 2007 were reviewed and no effluent exceedances were noted.

**10. DISPOSAL: Out of Compliance**

- This facility has been permitted for an existing 0.021 MGD annual average daily flow (AADF) permitted capacity slow-rate restricted public access system (R-001) consisting of two in-line holding ponds and a sprayfield.
- The sprayfield was maintained; however, standing water was noted here due to a broken pipe. Facility personnel were on-site during the sprayfield inspection and noted that the pipe would be repaired immediately.
- According to facility personnel, the spray heads are checked approximately every two weeks.
- The embankments around the ponds were maintained; however, duckweed was present on the surface of both ponds.
- The ponds were full, but had more than one foot of freeboard.
- The ponds and the sprayfield had advisory signs.

**11. RESIDUALS MANAGEMENT: In Compliance**

- According to Part II.1 of the facility's permit, the method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residual Management Facility or disposal in a Class I or II landfill. However, a letter dated September 13, 2005 from Aqua Utilities to DEP stated that Jungle Den will transport residuals to either 412 Biosolids Processing Facility or Central Process by American Pipe and Tank, Inc.
- Hauling tickets from American Pipe and Tank were on-site. Specifically, residuals were hauled from this facility on October 17, 2007.

**12. GROUNDWATER: Not Applicable**

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



See Pages 4 for Instructions.

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

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

PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980	
Plant Address: 339 Apache Trail		City: Ormond	State: Florida
Zip Code: 32174		Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water	
<input type="checkbox"/> Purchased Finished Water		Permitted Maximum Day Operating Capacity of Plant, gallons per day: 193,000	
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	Paul Thompson	A	7251	Days 1st Shift
Other Operators	Daivd 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	2/7/07 DOCUMENT NUMBER-DATE	Paul Thompson Printed or Typed Name	A7251 License Number
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# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	58,800		1.5									0.2	
2	X	24.0	63,700		2.8									1.5	
3	X	24.0	47,000		1.5									0.3	
4	X	24.0	51,800		0.8									0.3	
5	X	24.0	52,200		1.6									0.4	
6	X	24.0	50,000		2.5									0.8	
7		24.0	66,600												
8	X	24.0	66,600		2.1									1.5	
9	X	24.0	51,100		2.4									1.5	
10	X	24.0	62,500		1.8									1.0	
11	X	24.0	55,700		3.0									2.4	
12	X	24.0	48,500		2.0									1.0	
13	X	24.0	45,700		1.7									1.0	
14		24.0	63,600												
15	X	24.0	63,600		1.4									0.2	
16	X	24.0	40,000		3.0									1.8	
17	X	24.0	54,500		0.7									0.3	
18	X	24.0	48,600		3.0									2.0	
19	X	24.0	42,100		3.0									2.0	
20	X	24.0	49,500		2.8									1.8	
21		24.0	60,200												
22	X	24.0	60,200		1.5									0.3	
23	X	24.0	41,200		4.0									2.4	
24	X	24.0	51,100		3.0									0.3	
25	X	24.0	46,300		1.2									1.7	
26	X	24.0	42,000		3.0									0.5	
27	X	24.0	34,000		1.9									0.6	
28		24.0	53,500												
29	X	24.0	53,500		0.6									0.2	
30	X	24.0	48,700		2.0									0.6	
31	X	24.0	56,700		0.8									0.2	
Total			1,649,500												
Average			53,210												
Maximum			66,600												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Tomoka View	PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	184	Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

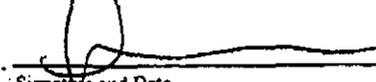
**B. Water Treatment Plant Information**

Plant Name:	Tomoka View	Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City:	Ormond
		State:	Florida
		Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000		
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:	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.

 3/7/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C): Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	52,400		0.8									0.2	
2	X	24.0	41,900		0.9									0.2	
3	X	24.0	42,500		1.5									0.4	
4		24.0	52,850												
5	X	24.0	52,850		2.5									0.9	
6	X	24.0	40,000		1.2									0.3	
7	X	24.0	54,400		0.7									1.2	
8	X	24.0	44,400		1.9									0.3	
9	X	24.0	45,600		1.8									0.4	
10	X	24.0	49,300		1.2									0.2	
11		24.0	57,750												
12	X	24.0	57,750		2.0									1.1	
13	X	24.0	43,600		2.4									0.9	
14	X	24.0	50,200		2.0									2.0	
15	X	24.0	47,300		2.0									1.4	
16	X	24.0	36,200		2.0									0.9	
17	X	24.0	52,000		3.0									1.2	
18		24.0	54,150												
19	X	24.0	54,150		1.6									1.1	
20	X	24.0	46,100		1.0									0.2	
21	X	24.0	53,400		1.2									0.2	
22	X	24.0	54,000		0.6									1.3	
23	X	24.0	46,300		1.8									1.2	
24	X	24.0	55,600		1.8									0.3	
25		24.0	60,400												
26	X	24.0	60,400		0.8									0.3	
27	X	24.0	50,000		0.6									0.3	
28	X	24.0	51,000		1.3									0.6	
29		24.0													
30		24.0													
31		24.0													
Total			1,406,500												
Average			45,371												
Maximum			60,400												

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	61,500		0.8										0.3	
2	X	24.0	51,400		1.2										0.3	
3	X	24.0	56,200		1.8										0.4	
4		24.0	53,200													
5	X	24.0	53,200		0.5										0.2	
6	X	24.0	54,000		0.7										0.2	
7	X	24.0	51,000		1.0										0.2	
8	X	24.0	52,000		2.0										0.8	
9	X	24.0	47,000		1.5										0.4	
10	X	24.0	48,300		1.7										0.5	
11		24.0	60,150													
12	X	24.0	60,150		2.0										0.4	
13	X	24.0	45,600		1.4										0.2	
14	X	24.0	64,300		2.2										0.6	
15	X	24.0	53,800		2.0										0.6	
16	X	24.0	51,000		2.2										0.6	
17	X	24.0	51,000		1.3										0.4	
18		24.0	63,150													
19	X	24.0	63,150		1.1										0.4	
20	X	24.0	47,000		1.2										0.2	
21	X	24.0	57,400		1.7										0.3	
22	X	24.0	73,600		1.2										0.3	
23	X	24.0	74,000		4.0										2.6	
24	X	24.0	64,600		2.6										0.9	
25		24.0	80,000													
26	X	24.0	80,000		0.9										0.3	
27	X	24.0	58,800		0.8										0.3	
28	X	24.0	70,000		3.2										1.2	
29	X	24.0	72,700		0.4										0.4	
30	X	24.0	65,100		1.8										0.4	
31	X	24.0	63,400		2.5										0.8	
Total			1,846,700													
Average			59,571													
Maximum			80,000													

\* 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, 2007

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

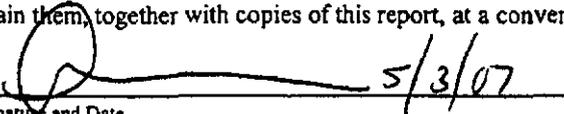
PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com			Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980	
Plant Address:	339 Apache Trail			City:	Ormond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000					
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:	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.

 5/3/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										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 (CT) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24.0	66,950													
2	X	24.0	66,950		3.8										2.0	
3	X	24.0	59,000		3.0										1.0	
4	X	24.0	81,000		3.0										0.8	
5	X	24.0	67,300		0.9										0.2	
6	X	24.0	59,400		1.8										0.4	
7	X	24.0	68,200		3.0										1.0	
8		24.0	66,350													
9	X	24.0	66,330		1.6										0.4	
10	X	24.0	55,400		1.7										0.4	
11	X	24.0	45,200		0.9										0.2	
12	X	24.0	54,100		0.9										0.4	
13	X	24.0	43,600		2.0										0.5	
14	X	24.0	51,900		1.4										0.4	
15		24.0	66,600													
16	X	24.0	66,600		0.5										0.3	
17	X	24.0	46,600		1.0										0.2	
18	X	24.0	62,300		4.0										0.8	
19	X	24.0	60,300		3.5										1.4	
20	X	24.0	56,000		1.0										0.4	
21	X	24.0	63,200		1.0										0.2	
22		24.0	58,500													
23	X	24.0	58,500		3.0										1.8	
24	X	24.0	57,400		3.0										0.8	
25	X	24.0	59,700		3.4										1.4	
26	X	24.0	64,900		3.4										1.7	
27	X	24.0	65,000		1.8										0.4	
28	X	24.0	86,400		1.2										0.2	
29		24.0	66,700													
30	X	24.0	66,700		1.8										0.7	
31		24.0														
Total			1,857,100													
Average			59,906													
Maximum			86,400													

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

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



See Pages 4 for Instructions.

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

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

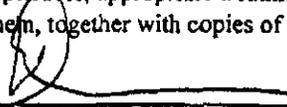
PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail			City:	Ormond
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000			Zip Code:	32174
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	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:  6/5/07 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	73,400		1.0										0.3	
2	X	24.0	63,500		1.8										0.5	
3	X	24.0	72,000		2.0										0.8	
4	X	24.0	65,000		1.8										0.5	
5	X	24.0	80,000		2.5										1.0	
6		24.0	71,000													
7	X	24.0	71,000		4.4										1.8	
8	X	24.0	48,400		0.8										0.3	
9	X	24.0	90,100		3.0										1.5	
10	X	24.0	57,900		3.0										1.3	
11	X	24.0	53,000		2.0										0.9	
12	X	24.0	63,900		2.3										0.9	
13		24.0	78,500													
14	X	24.0	78,500		3.0										2.0	
15	X	24.0	50,000		2.8										1.6	
16	X	24.0	77,100		3.2										0.7	
17	X	24.0	61,700		0.9										2.2	
18	X	24.0	67,000		0.6										0.4	
19	X	24.0	80,700		0.4										0.2	
20		24.0	72,700													
21	X	24.0	72,700		1.0										0.2	
22	X	24.0	64,000		1.0										0.2	
23	X	24.0	96,100		3.0										1.0	
24	X	24.0	60,200		4.0										3.0	
25	X	24.0	54,100		4.0										2.8	
26	X	24.0	60,700		1.4										0.3	
27		24.0	82,500													
28	X	24.0	82,500		3.4										2.5	
29	X	24.0	69,500		3.0										2.4	
30	X	24.0	82,500		1.6										0.4	
31	X	24.0	77,000		3.2										0.4	
Total			2,177,200													
Average			70,232													
Maximum			96,100													

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (G) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	27,450												
2	X	24.0	27,450		2.8									1.9	
3		24.0	63,100												
4	X	24.0	63,100		0.6									0.2	
5	X	24.0	72,500		1.9									0.9	
6	X	24.0	76,000		1.5									0.4	
7	X	24.0	59,000		3.0									0.9	
8	X	24.0	67,000		3.5									1.6	
9	X	24.0	62,700		3.0									0.4	
10		24.0	70,750												
11	X	24.0	70,750		2.8									0.8	
12	X	24.0	55,500		2.0									0.6	
13	X	24.0	66,000		1.4									0.2	
14	X	24.0	61,000		1.7									0.6	
15	X	24.0	50,400		2.1									0.3	
16	X	24.0	63,500		2.4									0.3	
17		24.0	70,000												
18	X	24.0	70,000		1.4									0.2	
19	X	24.0	60,000		1.8									0.3	
20	X	24.0	56,100		3.4									1.3	
21	X	24.0	66,500		4.0									0.2	
22	X	24.0	51,000		1.2									0.2	
23	X	24.0	50,000		1.4									0.4	
24		24.0	78,000												
25	X	24.0	78,000		0.6									0.2	
26	X	24.0	47,600		1.0									0.2	
27	X	24.0	70,000		1.3									0.5	
28	X	24.0	55,600		1.6									0.4	
29	X	24.0	66,000		1.4									0.3	
30	X	24.0	48,500		2.8									1.4	
31		24.0													
Total			1,823,500												
Average			58,823												
Maximum			78,000												

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	68,350												
2	X	24.0	68,350		3.2									1.6	
3	X	24.0	58,700		2.2									1.0	
4	X	24.0	38,300		2.8									0.5	
5	X	24.0	56,400		2.0									0.3	
6	X	24.0	48,100		2.5									0.8	
7	X	24.0	51,000		2.0									0.6	
8		24.0	57,650												
9	X	24.0	57,650		2.0									0.6	
10	X	24.0	54,500		1.4									0.3	
11	X	24.0	63,000		1.8									0.5	
12	X	24.0	61,000		0.3									0.3	
13	X	24.0	59,400		1.0									0.3	
14	X	24.0	42,900		1.0									0.4	
15		24.0	49,000												
16	X	24.0	49,000		1.2									0.4	
17	X	24.0	57,400		1.0									0.4	
18	X	24.0	47,700		0.6									0.2	
19	X	24.0	45,100		1.6									0.4	
20	X	24.0	29,000		0.8									0.2	
21	X	24.0	56,800		2.3									1.0	
22		24.0	56,000												
23	X	24.0	56,000		3.0									0.8	
24	X	24.0	49,000		0.8									0.3	Line Break, only affected 15 or less homes
25	X	24.0	58,600		1.8									0.7	
26	X	24.0	55,200		0.9									0.2	
27	X	24.0	41,100		1.0									0.4	
28	X	24.0	65,000		0.7									0.3	
29		24.0	49,000												
30	X	24.0	49,000		1.4									0.6	
31	X	24.0	53,100		1.4									0.8	
Total			1,651,300												
Average			53,268												
Maximum			68,350												

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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, min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	42,700		0.8									0.2	
2	X	24.0	53,300		1.8									0.8	
3	X	24.0	33,000		2.8									1.0	
4	X	24.0	47,200		1.4									0.7	
5		24.0	57,300												
6	X	24.0	57,300		0.8									0.5	
7	X	24.0	62,300		1.2									0.5	
8	X	24.0	66,800		1.0									0.6	
9	X	24.0	52,600		0.8									0.2	
10	X	24.0	58,000		1.6									0.4	
11	X	24.0	54,200		1.0									0.6	
12		24.0	75,300												
13	X	24.0	75,300		0.8									0.2	
14	X	24.0	51,700		1.5									0.4	
15	X	24.0	67,000		3.2									1.8	
16	X	24.0	59,000		2.0									1.0	
17	X	24.0	63,200		1.2									0.4	
18	X	24.0	77,000		0.6									0.5	
19		24.0	71,800												
20	X	24.0	71,800		1.6									0.8	
21	X	24.0	53,100		1.4									0.4	
22	X	24.0	78,000		1.4									0.3	
23	X	24.0	62,200		1.2									0.3	
24	X	24.0	59,000		1.0									0.2	
25	X	24.0	52,600		2.3									0.9	
26		24.0	73,300												
27	X	24.0	73,300		1.8									0.5	
28	X	24.0	50,000		1.4									0.4	
29	X	24.0	68,200		1.0									0.3	
30	X	24.0	65,000		0.8									0.4	
31	X	24.0	61,000		0.8									0.2	
Total			1,892,500												
Average			61,048												
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:** September, 2007

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

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980	
Plant Address:	339 Apache Trail			City:	Ormond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
<b>Licensed Operators:</b>	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	Daivd Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

Signature and Date:  10/09/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	59,600		0.9									0.3	
2		24.0	66,500												
3	X	24.0	66,500		0.6									0.2	
4	X	24.0	58,000		1.0									0.2	
5	X	24.0	40,000		1.2									0.3	
6	X	24.0	63,000		0.5									0.2	
7	X	24.0	32,000		4.0									2.2	
8	X	24.0	51,900		1.0									0.5	
9		24.0	61,350												
10	X	24.0	61,350		0.7									0.2	
11	X	22.5	75,000		0.9									0.3	Water main break, entire system 0 psi
12	X	24.0	47,000		1.5									0.5	
13	X	24.0	52,000		1.0									0.3	
14	X	24.0	55,400		3.5									1.2	
15	X	24.0	48,100		3.5									2.0	
16		24.0	55,000												
17	X	24.0	55,000		1.4									0.5	
18	X	24.0	45,500		1.8									0.6	
19	X	24.0	56,400		1.5									0.5	
20	X	24.0	46,400		3.0									0.9	
21	X	24.0	38,100		4.0									1.0	
22	X	24.0	38,400		1.5									0.6	
23		24.0	46,200												
24	X	24.0	46,200		0.8									0.2	
25	X	24.0	46,000		1.2									0.4	
26	X	24.0	51,500		2.0									0.8	
27	X	22.7	45,000		3.2									1.6	Water main break, entire system 0 psi
28	X	24.0	41,600		2.0									1.0	
29	X	24.0	45,800		2.5									1.0	
30		24.0	56,400												
31		24.0													
Total			1,551,200												
Average			50,039												
Maximum			75,000												

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

# 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, 2004

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

PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980				
Plant Address: 339 Apache Trail		City: Ormond	State: Florida			
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32174				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 193,000						
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:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

11/08/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

III. Daily Data for the Month/Year of: October, 2004

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place - FX)	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	56,400		2.0										
2	X	24.0	34,000		4.0										
3	X	24.0	58,100		3.0										
4	X	24.0	44,000		0.9										
5	X	24.0	49,000		4.0										
6	X	24.0	43,000		0.6										
7		24.0	51,000												
8	X	24.0	51,000		0.5										
9	X	24.0	57,000		2.0										
10	X	24.0	50,600		1.6										
11	X	24.0	48,200		1.3										
12	X	24.0	60,000		2.1										
13	X	24.0	48,900		0.9										
14		24.0	65,000												
15	X	24.0	65,000		4.0										
16	X	24.0	53,000		3.8										
17	X	24.0	61,600		2.4										
18	X	24.0	61,400		0.9										
19	X	24.0	62,300		3.0										
20	X	24.0	60,000		4.0										
21		24.0	66,650												
22	X	24.0	66,650		1.0										
23	X	24.0	39,000		1.8										
24	X	24.0	62,100		4.0										
25	X	24.0	46,300		3.5										
26	X	24.0	49,000		2.0										
27	X	24.0	40,000		3.5										
28		24.0	57,750												
29	X	24.0	57,750		2.0										
30	X	24.0	53,700		1.0										
31	X	24.0	58,000		0.5										
Total			1,676,400												
Average			54,077												
Maximum			66,650												

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	44,000		4.0								3.0	
2	X	24.0	48,000		4.0								3.0	
3	X	24.0	48,800		2.0								0.6	
4		24.0	80,000											
5	X	24.0	80,000		2.4								1.0	System Down due to Water Main Break
6	X	24.0	63,600		1.5								0.7	
7	X	24.0	65,000		1.5								0.7	
8	X	24.0	59,300		1.1								0.3	
9	X	24.0	42,000		0.9								0.3	
10	X	24.0	61,100		3.8								2.5	
11		24.0	56,650											
12	X	24.0	56,650		2.0								1.0	
13	X	24.0	64,000		2.8								1.5	
14	X	24.0	57,000		2.8								1.4	
15	X	24.0	101,000		2.8								1.4	
16	X	24.0	11,000		2.6								1.2	
17	X	24.0	54,200		3.0								1.6	
18		24.0	67,200											
19	X	24.0	67,200		3.4								2.2	
20	X	24.0	66,000		2.9								1.6	
21	X	24.0	58,000		0.8								0.2	
22	X	24.0	53,000		2.0								0.6	
23	X	24.0	55,500		2.0								1.0	
24	X	24.0	54,400		0.9								0.3	
25		24.0	68,850											
26	X	24.0	68,850		3.5								2.6	
27	X	24.0	47,100		2.5								1.6	
28	X	24.0	60,100		1.6								1.0	
29	X	24.0	48,500		3.4								2.0	
30	X	24.0	44,400		2.4								1.2	
31		24.0												
Total			1,751,400											
Average			56,497											
Maximum			101,000											

\* 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, 2007

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

PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area-Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980	
Plant Address: 339 Apache Trail		City: Ormond	State: Florida
		Zip Code: 32174	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 193,000			
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	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:  01/09/08      Printed or Typed Name: Paul Thompson      License Number: A7251

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	62,400		2.2										1.2	
2		24.0	50,750													
3	X	24.0	50,750		2.2										1.0	
4	X	24.0	47,400		1.5										0.4	
5	X	24.0	55,000		1.5										0.7	
6	X	24.0	45,000		1.7										0.8	
7	X	24.0	43,000		1.9										1.1	
8	X	24.0	46,900		2.2										1.1	
9		24.0	52,400													
10	X	24.0	52,400		2.6										1.4	
11	X	24.0	47,800		1.4										0.7	
12	X	24.0	52,100		2.4										1.1	
13	X	24.0	50,000		2.2										1.1	
14	X	24.0	42,600		2.0										0.8	
15	X	24.0	41,000		2.0										0.8	
16		24.0	50,350													
17	X	24.0	50,350		1.8										1.5	
18	X	24.0	35,300		1.7										0.8	
19	X	24.0	47,200		2.0										1.3	
20	X	24.0	39,000		2.5										1.6	
21	X	24.0	50,700		2.5										1.5	
22	X	24.0	43,100		2.3										1.4	
23		24.0	44,500													
24	X	24.0	44,500		2.5										1.6	
25	X	24.0	52,000		2.5										2.0	
26	X	24.0	49,200		2.5										1.4	
27	X	24.0	50,000		2.5										2.0	
28	X	24.0	47,000		2.4										1.6	
29	X	24.0	42,000		2.4										1.4	
30		24.0	47,000													
31	X	24.0	47,000		2.4										1.5	
Total			1,478,700													
Average			47,700													
Maximum			62,400													

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

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

PWS ID:	3641373	Plant Name:	Tomoka View
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2005

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.8mg/L as PO <sub>4</sub>
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

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

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Plant Station or Operator	Flow (gpm)	Volume of Water Produced (gals)	Chlorination				Free Chlorine				Residual Chlorine (mg/L)	Remarks (e.g., Control, Repair, Maintenance Work that involves taking Water System Components Out of Operation)
				Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chloramines (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chloramines (mg/L)		
		24.0	72,150										
	X	24.0	72,150										
	X	24.0	44,400										0.4
	X	24.0	51,300										0.6
	X	24.0	48,800										0.4
	X	24.0	60,500										0.4
	X	24.0	36,500										0.3
		24.0	61,850										0.3
	X	24.0	61,850										0.3
	X	24.0	31,600										1.2
	X	24.0	39,500										1.2
	X	24.0	44,600										0.3
	X	24.0	46,700										0.5
	X	24.0	29,000										0.4
		24.0	57,550										
	X	24.0	57,550										0.3
	X	24.0	42,500										0.4
	X	24.0	42,000										0.6
	X	24.0	44,100										0.5
	X	24.0	35,900										0.3
	X	24.0	44,300										0.4
		24.0	49,200										
	X	24.0	49,200										0.2
	X	24.0	41,000										0.2
	X	24.0	42,200										0.5
	X	24.0	48,000										0.8
	X	24.0	37,600										1.4
	X	24.0	42,200										0.4
		24.0	62,500										
	X	24.0	62,500										0.6
	X	24.0	44,500										1.6
			1,503,700										
			48,506										
			72,150										

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

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



See Pages 4 for Instructions.

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

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

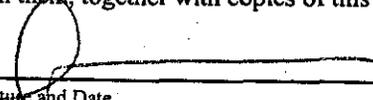
PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980	
Plant Address: 339 Apache Trail		City: Ormond	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000			
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
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	Daivd Haring	C	14091

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

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

Signature and Date:  3/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	49,700		2.5								2.0	
2	X	24.0	48,000		1.0								0.5	
3	X	24.0	37,300		1.4								1.2	
4	X	24.0	43,200		1.0								0.6	
5		24.0	38,800											
6	X	24.0	38,800		1.6								1.3	
7	X	24.0	38,500		0.8								0.5	
8	X	24.0	35,300		1.7								1.1	
9	X	24.0	42,300		2.6								2.0	
10	X	24.0	42,800		1.5								0.6	
11	X	24.0	35,700		1.9								0.8	
12		24.0	53,550											
13	X	24.0	53,550		1.5								0.6	
14	X	24.0	45,800		1.6								1.0	
15	X	24.0	46,900		1.8								1.5	
16	X	24.0	55,500		2.8								1.6	
17	X	24.0	42,800		2.8								1.9	
18	X	24.0	29,200		1.0								0.3	
19		24.0	53,450											
20	X	24.0	53,450		1.2								0.6	
21	X	24.0	43,200		1.7								1.5	
22	X	24.0	47,000		2.0								1.0	
23	X	24.0	46,300		1.5								0.7	
24	X	24.0	37,200		1.3								0.9	
25	X	24.0	40,100		1.2								0.7	
26		24.0	49,500											
27	X	24.0	49,500		2.8								1.4	
28	X	24.0	36,400		1.6								1.2	
29		24.0												
30		24.0												
31		24.0												
Total			1,233,800											
Average			39,800											
Maximum			55,500											

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Plant Identifier	Flow (MGD)	New Volume of Water Produced (MG)	Calculation of Free Chlorine Disinfectant Residual (mg/L) at Distribution System							Minimum Residual (mg/L)	Lowest Residual (mg/L)	Remarks or Abnormal Operating Conditions (e.g., Maintenance Work that Affects Water Quality or Distribution System Operation)
				Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)			
1	X	24.0	41,600		2.0						1.5		
2	X	24.0	48,800		2.8						1.8		
3	X	24.0	40,700		2.1						1.2		
4	X	24.0	66,000		2.6						1.8		
5		24.0	39,650										
6	X	24.0	39,650		0.6						0.6		
7	X	24.0	47,400		1.4						0.6		
8	X	24.0	43,700		2.0						1.4		
9	X	24.0	51,600		2.4						1.5		
10	X	24.0	46,800		1.0						0.5		
11	X	24.0	47,100		1.5						0.9		
12		24.0	61,800										
13	X	24.0	61,800		0.7						1.0		
14	X	24.0	55,600		1.0						0.5		
15	X	24.0	47,100		2.1						1.0		
16	X	24.0	53,900		0.8						0.4		
17	X	24.0	51,800		0.8						0.5		
18	X	24.0	35,300		1.2						0.5		
19		24.0	76,850										
20	X	24.0	76,850		1.2						0.4		
21	X	24.0	64,700		1.2						0.4		
22	X	24.0	69,100		0.9						0.4		
23	X	24.0	48,600		0.9						0.3		
24	X	24.0	55,200		1.2						0.6		
25	X	24.0	77,200		1.2						0.5		
26		24.0	57,000										
27	X	24.0	57,000		0.8						0.3		
28	X	24.0	67,500		0.9						0.6		
29	X	24.0	51,000		0.9						0.3		
30	X	24.0	73,600		2.8						2.0		
31	X	24.0	60,000		3.0						1.9		
Total			1,784,900										
Average			54,997										
Maximum			77,200										

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



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

See Pages 4 for Instructions.

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

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

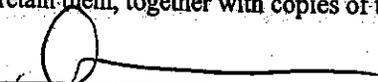
PWS Name:	Tomoka View			PWS Identification Number:	3641373	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310			City:	Eesburg	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:	beneath@aquaaamerica.com					

**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980	
Plant Address:	339 Apache Trail			City:	Ormond	State: Florida Zip Code: 32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000					
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 Operator	Name	License Class	License Number	Days/Shift(s) Worked		
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift		
Other Operators	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

Signature and Date:  5/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

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

Date in Month	Plant Station or Operator Plant	Time of Day	Quantity of Finished Water Produced (gal)	Concentrations of Free Chlorine (mg/L) for Four-Log Virus Inactivation, if Applicable										Average Residual (mg/L)	Remarks	
				Raw Water	Post-Disinfection	At Point of Distribution	At Point of Use			At Point of Use						
	X	24.0	45,100		1.6										1.2	
		24.0	99,250													
	X	24.0	99,250		2.4										1.6	
	X	24.0	54,400		2.0										0.8	
	X	24.0	54,500		1.5										0.4	
	X	24.0	84,200		0.8										0.2	
	X	24.0	61,000		0.8										0.3	
	X	24.0	70,100		0.7										0.3	
		24.0	67,200													
	X	24.0	67,200		0.6										0.3	
	X	24.0	47,900		0.7										0.3	
	X	24.0	53,700		2.4										1.0	
	X	24.0	72,000		2.5										0.8	
	X	24.0	57,200		1.3										0.5	
	X	24.0	68,500		1.1										0.4	
		24.0	87,000													
	X	24.0	87,000		1.2										0.4	
	X	24.0	64,700		0.4										0.3	
	X	24.0	57,200		0.4										0.5	
	X	24.0	70,000		0.5										0.4	
	X	24.0	62,400		0.4										0.5	
	X	24.0	70,000		0.6										0.7	
		24.0	76,950													
	X	24.0	76,950		1.6										0.4	
	X	24.0	73,800		0.8										0.4	
	X	24.0	66,400		0.8										0.3	
	X	24.0	67,800		2.6										1.3	
	X	24.0	68,800		1.8										0.7	
	X	24.0	62,400		0.1										0.9	
		24.0	87,650													
		24.0														
Total			2,080,550													
Average			67,115													
Maximum			99,250													

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



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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation	Other	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation	Other	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation	Other	
X	24.0	87.650																		1.0
X	24.0	61.400																		1.1
X	24.0	68.600																		1.5
X	24.0	84.100																		1.1
X	24.0	68.500																		0.9
X	24.0	84.000																		0.9
X	24.0	84.500																		0.4
X	24.0	61.900																		0.3
X	24.0	60.300																		0.4
X	24.0	71.900																		0.6
X	24.0	59.600																		0.4
X	24.0	58.200																		0.3
X	24.0	92.500																		
X	24.0	92.500																		1.4
X	24.0	69.300																		1.0
X	24.0	69.000																		0.2
X	24.0	81.700																		0.3
X	24.0	77.100																		0.5
X	24.0	66.200																		1.2
X	24.0	89.400																		
X	24.0	89.400																		0.3
X	24.0	59.400																		0.3
X	24.0	84.600																		1.9
X	24.0	76.800																		0.3
X	24.0	59.600																		0.3
X	24.0	73.000																		0.3
X	24.0	92.150																		
X	24.0	92.150																		0.4
X	24.0	61.800																		0.5
X	24.0	83.300																		0.3
		2,349,050																		
		75,776																		
		92,500																		

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







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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	52,900		0.8										0.3
2		24.0	58,800												
3	X	24.0	58,800		3.5										2.5
4	X	24.0	55,600		3.0										2.0
5	X	24.0	50,100		1.1										0.5
6	X	24.0	83,400		3.0										2.2
7	X	24.0	45,600		3.0										1.9
8	X	24.0	37,900		2.8										1.5
9		24.0	56,950												
10	X	24.0	56,950		2.8										1.6
11	X	24.0	56,900		3.0										1.5
12	X	24.0	46,100		3.2										1.8
13	X	24.0	57,500		1.8										2.2
14	X	24.0	52,100		2.4										1.4
15	X	24.0	53,400		0.7										1.5
16		24.0	63,700												
17	X	24.0	63,700		3.5										1.4
18	X	24.0	51,800		3.0										2.0
19	X	24.0	62,900		3.5										0.5
20	X	24.0	59,200		3.5										1.2
21	X	24.0	58,600		3.8										0.8
22	X	24.0	50,800		3.5										1.7
23		24.0	66,400												
24	X	24.0	66,400		1.0										0.5
25	X	24.0	62,900		1.0										0.4
26	X	24.0	56,600		2.8										0.4
27	X	24.0	67,000		2.2										0.9
28	X	24.0	57,700		3.0										1.4
29	X	24.0	64,400		2.2										1.0
30		24.0	73,050												
31	X	24.0	73,050		1.0										0.3
Total			1,821,200												
Average			58,748												
Maximum			83,400												

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



See Pages 4 for Instructions.

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

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

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

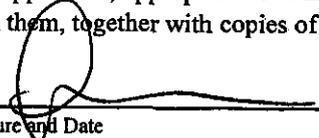
**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980	
Plant Address:	339 Apache Trail			City:	Ormond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

License Category	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:  9/6/06  
 Printed or Typed Name: Paul Thompson  
 License Number: A7251





See Pages 4 for Instructions.

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

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

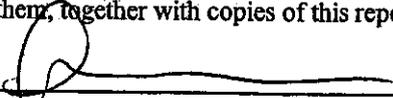
PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	134			Total Population Served at End of Month:	644
PWS Owner:	Aqua-Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980	
Plant Address:	339 Apache Trail	City:	Ormond	State:	Florida	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Operator Name	License Class	License Number	Days/Shift(s) Worked			
Paul Thompson	A	7251	Days 1st Shift			
David Haring	C	14091	Days 1st Shift			
Ralph Marriott	C	7527	Days 1st Shift			

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

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

Signature and Date:  10/4/06  
 Printed or Typed Name: Paul Thompson  
 License Number: A7251





See Pages 4 for Instructions.

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

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

PWS Name: <u>Tomoka View</u>	PWS Identification Number: <u>3641373</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>384</u>	Total Population Served at End of Month: <u>644</u>
PWS Owner: <u>Aqua Utilities Florida</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490340</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bheath@aquautilities.com</u>	

**B. Water Treatment Plant Information**

Plant Name: <u>Tomoka View</u>	Plant Telephone Number: <u>(352) 787-0980</u>
Plant Address: <u>339 Apache Trail</u>	City: <u>Orlando</u> State: <u>Florida</u> Zip Code: <u>32174</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>193,000</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>AV</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>

Operator's Name	Plant Category	Plant Class	Days Worked
Paul Thompson	AV	C	Days 1st Shift
David Harms	C	C	Days 1st Shift
Ralph Morrison	C	C	Days 1st Shift

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

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

Signature and Date 10/3/06

Printed or Typed Name Paul Thompson

License Number A7251



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



See Pages 4 for Instructions.

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

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

PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980	
Plant Address: 339 Apache Trail		City: Ormond	State: Florida
		Zip Code: 32174	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 193,000			
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 Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	David Haring	C	14091
	Ralph Marriott	C	7527

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

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

12/6/06
Paul Thompson
A7251

Printed or Typed Name
License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gpd)	CT/Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT/Calculations				UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (min/L)	Minimum CT Required (min/L)	Minimum UV Dose Required (mW sec/cm <sup>2</sup> )	Lowest Operating UV Dose (mW sec/cm <sup>2</sup> )	Minimum UV Dose Required (mW sec/cm <sup>2</sup> )		
1	X	24.0	10,000		0.9							0.2	
2	X	24.0	40,100		2.9							2.2	
3	X	24.0	60,000		0.5							0.2	
4	X	24.0	57,000		2.1							0.6	
5		24.0	57,300										
6	X	24.0	57,300		0.8							0.2	
7	X	24.0	43,500		0.8							0.2	
8	X	24.0	59,500		2.8							0.8	
9	X	24.0	48,700		1.8							0.8	
10	X	24.0	40,800		1.5							0.8	
11	X	24.0	46,000		0.5							0.3	
12		24.0	63,300										
13	X	24.0	63,300		0.5							0.2	
14	X	24.0	47,400		0.5							0.2	
15	X	24.0	61,700		0.5							0.7	
16	X	24.0	65,700		0.2							0.2	
17	X	24.0	52,300		0.6							0.2	
18	X	24.0	52,300		0.8							0.3	
19		24.0	61,650										
20	X	24.0	61,650		1.8							0.5	
21	X	24.0	51,200		3.5							2.1	
22	X	24.0	52,200		2.8							1.4	
23	X	24.0	57,300		2.8							0.2	
24	X	24.0	54,400		3.0							0.8	
25	X	24.0	70,800		3.5							0.9	
26		24.0	69,850										
27	X	24.0	69,850		3.5							0.6	
28	X	24.0	55,200		4.0							2.0	
29	X	24.0	44,000		2.0							0.4	
30	X	24.0	64,300		2.6							0.3	
31		24.0											
Total			1,638,600										
Average			52,858										
Maximum			70,800										

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name: Tomoka View		PWS Identification Number: 3641373	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 184		Total Population Served at End of Month: 644	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Tomoka View		Plant Telephone Number: (352) 787-0980	
Plant Address: 339 Apache Trail		City: Ormond	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32174	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 193,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Operator's Name	License Class	License Number	Days 1st Shift Worked
Paul Thompson	A	7251	Days 1st Shift
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: 1/8/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 3641373 Plant Name: Tomoka View

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

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

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

Day of Month	Free Chlorine (mg/L)	Hours plant in operation	Quantity of Water Produced (gallons)	Chlorine Calculations, Daily Dose, to Demonstrate Four-Log Virus Inactivation, if applicable										Arrangement of Ammonia or other oxidants, Repairs, Maintenance, Work orders, etc. in the Water System Operation
				Peak Flow (Rate) (gpd)	Lowest residual concentration (mg/L) during Peak flow	Equivalent Chlorine Demand (mg/L)	Residual Chlorine (mg/L)	Minimum Required mg/L	Observed mg/L	Minimum Residual mg/L	Lowest residual concentration (mg/L) in the Distribution System			
X	24.0	43,300	3.5									1.2		
X	24.0	77,700	3.5									0.8		
	24.0	62,000												
X	24.0	62,000	3.5									0.3		
X	24.0	48,500	3.5									0.6		
X	24.0	44,100	3.5									1.2		
X	24.0	81,800	3.5									1.5		
X	24.0	48,600	3.5									0.9		
X	24.0	56,200	3.5									0.8		
	24.0	68,150												
X	24.0	68,150	3.5									0.5		
X	24.0	57,300	3.5									0.5		
X	24.0	57,000	0.8									0.2		
X	24.0	65,000	0.9									0.2		
X	24.0	45,100	0.8									0.2		
X	24.0	40,300	1.2									0.3		
	24.0	57,100												
X	24.0	57,100	1.6									0.3		
X	24.0	52,700	1.5									0.2		
X	24.0	64,100	3.0									1.3		
X	24.0	70,200	3.2									1.8		
X	24.0	56,000	3.0									1.5		
X	24.0	47,000	2.0									0.9		
	24.0	57,600												
X	24.0	57,600	2.0									0.6		
X	24.0	58,800	2.1									0.6		
X	24.0	49,900	2.0									0.6		
X	24.0	49,900	1.5									0.3		
X	24.0	48,500	1.6									0.3		
X	24.0	47,400	2.0									0.6		
	24.0	58,800												
		1,757,900												
		56,706												
		81,800												

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

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

PWS ID: 3641373 Plant Name: Tomoka View

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

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.8mg/L as PO <sub>4</sub>
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

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

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

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33836 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34608 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

HBEL Report Number: 2130078 Sub-Contract Lab ID: \_\_\_\_\_

Lab Receipt Date and Time: 12/4/07 1600

Analysis Method Requested:  
 Coliform  Membrane Filtration PWS I.D. 3641373

Received for Laboratory By: Paul

Analysis Date and Time: 12/4/07 1655

System Name: Tonoka View  
 System Address: 339 Apache Tr.

Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  30°C  
 Disinfectant Check  Not Detected  >0.1 mg/l

City: Ormond Beach System or Owner's Phone #: 386-937-1091 Fax #: 386-389-9977

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: \_\_\_\_\_ Relinquished By: \_\_\_\_\_

Date/Time: 4 Dec 07 1410 Date/Time: 12-4-07 1410 Date/Time: 12-4-07 1600

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

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

Sample Collection Date(s): 4 Dec 07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B

Fecal (MF) SM9221E		E. coli (MF) EC+MUG		(Colilert) SM9223B	
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number	
	A			2130078 001	
	A			002	
	A			003	
	A			2130078 004	

DOCUMENT NUMBER: 04334 MAY 22 08 FPSC-COMMISSION CLERK

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd mg/L	pH
108	Well #1	1315	R	/	/
109	Well #2	1320	R	/	/
110	160 Greenbriar Ln	1310	D	0.4	/
111	224 Chippewa Cir	1303	D	0.5	/

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.5

Key: P - Present A - Absent C - Confluent Growth  
 TNTC-Too Numerous to Count TA-Turbid  
 L.C.A. Absence of gas or acid  
 Analyst: Paul

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# C14091)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Report authorized by: Paul Technical Director or Designee  
 Date: 12/4/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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



Page 1 of 1

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

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

Public Water System Information (to be completed by sampler)

System Name: Tomoka View PWS ID #: 3641373  
System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: 339 Apache Trail  
City: Ormond State: FL ZIP Code: 32174  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 48099DW1 Location Code (if known): POE  
Sample Date: 9/12/10 Sample Time: 8:30  AM  PM (circle one)  
Sample Location (be specific): POE  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)  
 Distribution  Routine Compliance (with 62-550)  Quarterly (which quarter?) \_\_\_\_\_  
 Entry Point (for Distribution)  Confirmation of MCL Exceedance \*  Special (not for compliance with 62-550)  
 Plant Tap (not for compliance with 62-550)  Composite of Multiple Sites \*\*  Violation Resolution  
 Raw (at well or intake)  Clearance (permitting)  Replacement (of invalidated sample)  
 Max Residence Time  Other: Repeats  
 Avg Residence Time  
 Near First Customer  
Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 62-550.500(8) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and  
attach a results page for each site.

Sampler's Name: David Haring  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson for Haring <sup>David</sup> field coordinator  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/25/10

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 48099DW1

Report Number: 48099  
Date Sample Received: 09/12/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial

Synthetic Organics

- All 30  Partial

Radionuclides

- Single Sample  
 Qtrly Composite\*\*

Secondaries

- All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).



Signature:

Date: 09/18/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

Secondary Contaminants: 62-550.320    Lab ID: 48099DW1    PWS ID: 3641373    Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	4.00		SM2150B	1.00	09/12/07	05:00 PM	E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client <i>AUF - Putnam County</i>	Project Name <i>Tomokt View</i>	<i>PWS# 3641373</i>
Address <i>P.O. Box 490310</i>	Contact <i>Paul Thompson</i>	P.O.#
<i>Leesburg FL 34748</i>	FCL Lab Coordinator	<b>PICK UP</b> <i>\$2500</i>
Phone <i>386-329-1122</i>	Requested Due Date	
Sampled By (PRINT): <i>David Haring</i>		

Sampler Signature <i>David Haring</i>	Date Sampled <i>12 Sep 07</i>	PRESERVATIVES	ANALYSES REQUEST	COMMENTS
--	----------------------------------	---------------	------------------	----------

GW - ground water DW - drinking water WW - wastewater  
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NH <sub>2</sub> S <sub>2</sub> O <sub>8</sub>			
1	<i>P.O. Ei</i>	<i>12 Sep 07</i>	<i>0830</i>	<i>DW</i>	<i>48099DWI</i>	X					<i>X</i>	<i>24-c</i>	
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>David Haring</i>	<i>12 Sep 07</i>	<i>1100</i>	<i>[Signature]</i>	<i>9/2</i>	<i>1130</i>	<i>[Signature]</i>	<i>9/2</i>	<i>246</i>	<i>[Signature]</i>	<i>9/14/07</i>	<i>1451</i>

• WHITE - Original - To Be Returned

• YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Tomoka view PWS ID #: 30641373

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

Address: 339 Apache trail

City: Ovonna State: FL ZIP Code: 32174

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

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 48121DW1 Location Code (if known): 160 Greenbriar

Sample Date: 9/12/07 Sample Time: 7:50 AM PM (circle one)

Sample Location (be specific): 160 Greenbriar

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.5 mg/L Field pH: 7.4

Sample Type (check only one)		Sample Reason(s) (check all that apply)	
<input checked="" type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____	
<input type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)	
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites **	<input type="checkbox"/> Violation Resolution	
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of invalidated sample)	
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____		
<input type="checkbox"/> Near First Customer			

\* See 62-550.500(6) for requirements and restrictions.      \*\* See 62-550.550(2) for requirements and attach a results page for each site.

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: David Hawley

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson for David Hawley      field coordinator

(Print Name)      (Print Title)

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

Signature: [Signature] Date: 10/09/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 48121DW1

Report Number: 48121  
Date Sample Received: 09/12/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, 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).

Signature:



Date: 10/03/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

Secondary Contaminants: 82-550.320    Lab ID: 48121DW1    PWS ID: 3841373    Sample ID: 160 Greenbriar

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1016	Calcium	N/A	mg/L	100		EPA200.7	0.100	09/13/07		E83018
1055	Sulfate	250	mg/L	3.75		EPA300.0	1.00	10/02/07		E83018
1930	Total Dissolved Solids	500	mg/L	538		SM2540C	2.50	09/13/07		E83018



**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-8110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-873-8878  
 Fax: 850-873-6878



www.flowerslabs.com

Client: AUF - Putnam County Project Name: Tomoka View PWS # 3641373

Address: P.O. Box 490310 Contact: Paul Thompson P.O.#

Leesburg FL 34748 FCL Lab Coordinator

Phone: 386-329-1122 Requested Due Date: PICK UP

Sampled By (PRINT): David Haring

Sampler Signature: David Haring Date Sampled: 12 Sep 07

GW - ground water    DW - drinking water    WW - wastewater  
 SW - surface water    S - Soil/Solid    SL - sludge    A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						None	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub>			
1	160 Greenbriar (33)	12 Sep 07	0750	DW	48121 DW1	X					Conductivity Calcium Alkalinity TDS Sulfate	24.1	1
2													
3													
4													
5													
6													
7													
8													
9													
10													

Requested By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Requested By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>David Haring</u>	<u>12 Sep 07</u>	<u>1100</u>	<u>[Signature]</u>	<u>9/12/07</u>	<u>1130</u>	<u>[Signature]</u>	<u>9-12-07</u>	<u>146</u>	<u>[Signature]</u>	<u>9/12/07</u>	<u>1451</u>

• WHITE - Original - To Be Returned

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Rev 09-00

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

Public Water System Information (to be completed by sampler)

System Name: Tomoka view PWS ID #: 3641373  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 339 Apade-travo  
 City: Ormond State: FL ZIP Code: 32174  
 Phone #: 352-787-0980 Fax #: 352-787-6333  
 E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47580BW Location Code (if known): 180 Greenbriar  
 Sample Date: 9/5/07 Sample Time: 9:45  AM  PM (circle one)  
 Sample Location (be specific): 180 Greenbriar  
 Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.13 mg/L Field pH: 7.6

Sample Type (check only one)

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

Sample Reason(s) (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(8) for requirements and restrictions.  
 NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: David Haring  
 Sampler's Phone: 352-787-0980 Sampler's Fax #: 352-787-6333  
 Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson for David Haring field coordinator  
 (Print Name) (Print Title)

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

Signature: [Signature] Date: 9/19/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5884

**Analysis Information** (to be completed by lab)  
Sample Number: 47580DW1

Report Number: 47580  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).



Signature:

Date: 09/14/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

Disinfection Byproducts: 82-550.310(3)    Lab ID: 47580DW1    PWS ID: 3641373    Sample ID: 160 Greenbriar

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	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	10.1		EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	4.28		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.28		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	16.6		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	11.2		EPA602.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	2.64		EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	7.45		EPA502.2	0.500	09/06/07		E83018
2944	Dibromochloromethane	N/A	ug/L	3.03		EPA502.2	0.500	09/06/07		E83018
2950	Total Trihalomethanes	80	ug/L	24.4		EPA502.2	0.500	09/06/07		E83018

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

Public Water System Information (to be completed by sampler)

System Name: Tomokel View PWS ID #: 9641373

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

Address: 339 apache trail

City: Ormond State: FL ZIP Code: 32174

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

E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 47580DW2 Location Code (if known): POE

Sample Date: 9/5/07 Sample Time: 6:30 AM PM (circle one)

Sample Location (be specific): POE

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

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites **	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of invalidated sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

\* See 62-550.500(6) for requirements and restrictions.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: David Haring  
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
 Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson David Haring  
 (Print Name) (Print Title)  
 field coordinator

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

Signature: [Signature] Date: 9/17/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47580DW2

Report Number: 47580  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).

Signature: 

Date: 09/14/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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
- Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)
- Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory
- Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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

Inorganic Contaminants: 62-650.310(1)    Lab ID: 47580DW2    PWS ID: 3641373    Sample ID: POE

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	0.0500	U	EPA300.0	0.0500	09/06/07	03:20 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	09/06/07	03:20 PM	E83018

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

Secondary Contaminants: 62-550.320 Lab ID: 47580DW2 PWS ID: 3641373 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1930	Total Dissolved Solids	500	mg/L	542		SM2540C	2.50	09/06/07		E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client: AUF - Putnam County Project Name: Tomoka View PWS #3641373  
 Address: P.O. Box 490310 Contact: Paul Thompson P.O.#  
Leesburg FL 34748 FCL Lab Coordinator  
 Phone: 386-329-1122 Requested Due Date: 8/30  
 Sampled By (PRINT): David Haring

**PICK UP**

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES						ANALYSES REQUEST					COMMENTS	Totals	
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub>	NH <sub>4</sub> Cl	TPHW	HAAs	NO <sub>2</sub> /NO <sub>3</sub>	TDS	Odor			
1	160 Greenbriar Ln	9-5-07	0545	DW	47580DW1				X	X		X						CL2-03	2
2	160 Greenbriar Ln	9-5-07	0545	DW							X	X						PH-7.6	1
3	Point of Entry	9-5-07	0630	DW		X							X						1
4	Point of Entry	9-5-07	0630	DW	47580DW2	X								X					1
5	Point of Entry	9-5-07	0630	DW		X									X				1
6																			
7																			
8																			
9																			
10																			

Water will be re-sampled by client - MCP 9-8-07

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>David Haring</u>	9-5-07	1115	<u>[Signature]</u>	8-5	1147	<u>[Signature]</u>	8-5	306	<u>[Signature]</u>	9-5-07	1542

• WHITE - Original - To Be Returned      • YELLOW - Duplicate

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: July 11, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 Odor DE [2129031]  
Received: 7/10/07 13:38

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/11/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5384

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 Odor DE  
Received: 7/10/07 13:38

[2129031]

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

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

**Quality Control Summary**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/11/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2129031]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 Odor DE

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2129031001		Sampled: 07/10/07 12:20		Received: 07/10/07 13:38				
Sample ID:		P.O.E. Grab		Matrix: Water		Results reported on Wet Weight Basis				
Odor - Dechlorinated		2.9	T.O.N.	1.0	EPA 140.1	WCDE16311		07/10/07 16:00	PA	E83509

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418



Printed: 7/11/07



**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: TOMOKA VIEW PWS I.D. #: 3641373<sup>FF</sup>  
 System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: APACHE TRAIL

City: ORMOND BEACH State: FL ZIP Code: \_\_\_\_\_  
 Phone #: 386-937-1143 Fax #: 386-329-9977  
 E-Mail Address: N/A

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

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_  
 Sample Date: 07/10/07 Sample Time: 12:20 PM  
 Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Plant Tap not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	

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

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

Sampler's Name: DAVID HARING  
 Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977  
 Sampler's E-Mail Address: N/A

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

I, David Haring, Senior Facility Operator  
Print Name Print Title

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

Signature: David Haring Date: 1 Aug 07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone (772) 467-2400, Ext. 255 Fax (772) 467-584

**SECONDARY CONTAMINANTS**

**62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Tomoka View 6469 Odor DE  
Sample Location: P.O.E. Grab  
Sample Number: 2129031001  
Sampling Date: 7/10/07 12:20  
Date Received: 7/10/07 13:38

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1920	Odor - Dechlorinated	[3]	T.O.N.	2.9	I	EPA 140.1	1.0	7/10/07 16:00	E83509

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

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/11/07

**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: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E83509  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2008  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received:: 7/10/07

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

Lab Assigned Report Number or Job ID: 2129031001

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

- |  |  |  |   |
|--|--|--|---|
| <u>Inorganics</u>                      | <u>Synthetic Organics</u>                  | <u>Volatile Organics</u>                   | <u>Disinfection Byproducts</u>              |
| <input type="checkbox"/> All 17        | <input type="checkbox"/> All 30            | <input type="checkbox"/> All 21            | <input type="checkbox"/> Trihalomethanes    |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input type="checkbox"/> Haloacetic Acids   |
| <input type="checkbox"/> Nitrate       | <input type="checkbox"/> Partial           |  | <input type="checkbox"/> Bromate            |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <u>Radionuclides</u>                       | <input type="checkbox"/> Chlorate           |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Single Sample     | <u>Secondaries</u>                          |
|  |  | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14             |
|  |  |  | <input checked="" type="checkbox"/> 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, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 11-Jul-07

\* 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: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: June 4, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TDS/Odor [2128759]  
Received: 5/30/07 11:50

---

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/4/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Tomoka View 6469 TDS/Odor  
**Received:** 5/30/07 11:50

**[2128759]**

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

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

**Quality Control Summary**

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

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

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

307 Coaldge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/4/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

**[2128759]**

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

**Workorder ID:** Tomoka View 6469 TDS/Odor

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128759001				Sampled: 05/29/07 14:15		Received: 05/30/07 11:50		
Sample ID:		P.O.E. Grab				Matrix: Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		14	T.O.N.	1.0	EPA 140.1	WCDE18139		05/30/07 12:10	PA	E83509
Total Dissolved Solids		570	mg/L	5.0	EPA 160.1	WCDE18157		06/1/07 14:14	PA	E83509

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

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 6/4/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: June 8, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 THM

[2128731]

Received: 5/23/07 11:50

---

Dear Brian Heath;

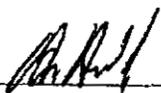
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5334

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 THM  
Received: 5/23/07 11:50

[2128731]

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

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

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<b>Quality Control Summary</b>	<u>Analytical Issue</u>

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 8/8/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2128731]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
<b>Laboratory ID: 2128731001</b>						<b>Sampled: 05/22/07 13:05</b>		<b>Received: 05/23/07 11:50</b>			
<b>Sample ID: 160 Greenbrier Ln Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		13	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:23	WR	E96080	
Bromoform		1.2	ug/L	0.41	EPA 524.2	VOC2796		05/31/07 2:23	WR	E96080	
Chloroform		22	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:23	WR	E96080	
Dibromochloromethane		7.7	ug/L	0.30	EPA 524.2	VOC2796		05/31/07 2:23	WR	E96080	
Total THMs		43	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:23	WR	E96080	
<b>Laboratory ID: 2128731002</b>						<b>Sampled:</b>		<b>Received: 05/23/07 11:50</b>			
<b>Sample ID: Trip Blank</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:57	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2796		05/31/07 2:57	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:57	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2796		05/31/07 2:57	WR	E96080	
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/31/07 2:57	WR	E96080	

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/8/07







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

(352) 625-2822  
 FAX (352) 625-8638

SYSTEM NAME: Tomoka View

SYSTEM PWS ID #: 3641373

REPORT DATE: 1/16/07

SUBMISSION #: 07212

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Central District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Southwest District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Northeast District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the Marion County DOH: (or other \_\_\_\_\_).
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP: \_\_\_\_\_.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.

- All results satisfactory. *THM and HAAs are below the allowable MCL; but both exceed the 25% MCL limit and this system will not qualify for reduced monitoring.*
- Consult your governing agency or project engineer for interpretation.

*Jim*

This page does not constitute a portion of the NELAC report.  
 If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you!

We appreciate your business!



# 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

Page 1 of 3; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 3641373 System Name: Tomoka View Sample Number: Not Provided  
Laboratory Assigned Submission Number: 07212 Date Sample(s) Received: 1/4/07

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 EL 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:

Date: January 16, 2007

### 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: \_\_\_\_\_

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: Tomoka View  
PWS ID: 3641373  
Submission Number: 07212

Disinfectant Residual (mg/L): 0.8

**DISINFECTION BYPRODUCTS  
62-550.310(3)**

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	0.802	U	E552.2	0.802	1/11/07		E83079
2451	Dichloroacetic Acid	N/A	µg/L	18.0		E552.2	0.573	1/11/07		E83079
2452	Trichloroacetic Acid	N/A	µg/L	10.9		E552.2	0.594	1/11/07		E83079
2453	Monobromoacetic Acid	N/A	µg/L	0.656	U	E552.2	0.656	1/11/07		E83079
2454	Dibromoacetic Acid	N/A	µg/L	4.43		E552.2	0.450	1/11/07		E83079
2456	Total Haloacetic Acids (HAA5)	80	µg/L	31.3		E552.2				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	25		E524.2	0.31	1/8/07		E83079
2942	Bromoform	N/A	µg/L	2.3		E524.2	0.22	1/8/07		E83079
2943	Bromodichloromethane	N/A	µg/L	23		E524.2	0.23	1/8/07		E83079
2944	Dibromochloromethane	N/A	µg/L	14		E524.2	0.14	1/8/07		E83079
2950	Total Trihalomethanes	80	µg/L	54		E524.2				E83079

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

# 07212

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA Utilities  
Mailing Address: 930 South SR 19 Suite 3  
PALATKA FL 32177  
Telephone: 386-329-1122

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: TOMOKA View PWS ID No. 3641373  
Physical Address: Apache Trail Phone No. 386-329-1122  
Orlando Beach FL  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 4 Jan 07 / 1410  
Sample Location (be specific): 160 Greenbriar Ln  
Sampler Name and Phone (please print): David Haring  
Signature: David Haring Title: Senior Facility Operator  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY:  
Sampler Relinquished: David Haring Signature Date: 4 Jan 07 Time: 1550 Condition: \_\_\_\_\_  
Transporter Relinquished: \_\_\_\_\_

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  
 All 17  Partial: \_\_\_\_\_  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries:  
 All 14  Partial: \_\_\_\_\_  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: HAA5

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: 0.8 pH: 7.0  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: David Haring Date: 4 Jan 07

#### FOR LABORATORY USE ONLY

Received By: M. Mo Date: 1-4-07 Time: 3:30 pm Condition: Good / Sealed  
Lab Number: 07212  
Comments: Temp 6

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

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

07212

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

System Name: Tomoka View PWS I.D. #: 

3	6	4	1	3	7	3
---	---	---	---	---	---	---

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

Address: Apache Trail 930 South SR 19 Suite 3

City: Diamond Beach Palatka State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: \_\_\_\_\_

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

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

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

Sample Date: 4 Jan 07 Sample Time: 1410 AM  PM (Circle One)

Sample Location (be specific): 160 Greenbriar Ln

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: 7.0

**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)  Quarterly (Which Quarter? 1)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- 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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

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

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

I, David Haring (Print Name), Senior Facility Operator (Print Title)

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

Signature: David Haring Date: 4 Jan 07



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

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

**SYSTEM NAME: Tomoka View**

**SYSTEM PWS ID #: 3641373**

**REPORT DATE: 1/16/07**

**SUBMISSION #: 07213**

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.  
*Odor & TDS exceed the allowable MCL.*

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**



**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**

Page 1 of 3; including Chain of Custody

**LABORATORY CERTIFICATION INFORMATION**

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

**ANALYSIS INFORMATION**

PWS ID: 3641373 System Name: Tomoka View Sample Number: Not Provided  
Laboratory Assigned Submission Number: 07213 Date Sample(s) Received: 1/4/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

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: January 16, 2007

**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: Tomoka View  
PWS ID: 3641373  
Submission Number: 07213

**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 #
1920	Odor	3	TON	4.0		SM2150B	1.0	1/5/07	13:50	E83079
1930	Total Dissolved Solids	500	mg/L	538		SM2540C	10	1/8/07		E83265



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

# 07213

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA Utilities  
Mailing Address: 930 South SR 19  
PALATKA FL 32177  
Telephone: 386-329-1122

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Tombola View PWS ID No. 3641373  
Physical Address: Apache Trail Phone No. 386-329-1122  
Ormond Beach FL  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 4 JAN 07 11400  
Sample Location (be specific): POE  
Sampler Name and Phone (please print): DAVID HAVING  
Signature: David Having Title: Senior Facility Operator  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample — Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY:

Signature	Date	Time	Condition
<u>David Having</u>	<u>4 JAN 07</u>	<u>1400</u>	
<u>David Having</u>	<u>4 JAN 07</u>	<u>1530</u>	

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_

Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_

Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_

Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_

Inorganics:  
 All 17  Partial: \_\_\_\_\_

Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_

Secondaries:  
 All 14  Partial: odor, TDS

Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential

Volatile Organics:  
 All 21  Partial: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: 2.0 pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: David Having Date: \_\_\_\_\_

#### FOR LABORATORY USE ONLY

Received By: M. Mason Date: 1-9-07 Time: 3:30 pm Condition: Good / Seal  
Lab Number: 07213  
Comments: Temp: 3 c

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

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

07213

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

System Name: Tomoka View PWS I.D. #: 

3	6	4	1	3	7	3
---	---	---	---	---	---	---

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

Address: 930 South SR 19 Suite 3

City: Palatka State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

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

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

Sample Number: \_\_\_\_\_ Location Code (if known): P.O.E.

Sample Date: 4 Jan 07 Sample Time: 1400 AM  PM (Circle One)

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.6 mg/L Field pH: 7.0

**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)  Quarterly (Which Quarter? 1)
- Confirmation of MCL Exceedance\*  Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*  Violation Resolution
- Clearance (permitting)  Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

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

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

I, David Haring (Print Name), Senior Facility Operator (Print Title)

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

Signature: David Haring Date: 4 Jan 07



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

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

SYSTEM NAME: Tomoka View #6469

SYSTEM PWS ID #: 3641373

REPORT DATE: 11/17/06

SUBMISSION #: 0614031

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Central District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Southwest District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Northeast District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the Marion County DOH: (or other Volusia).
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP: \_\_\_\_\_.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- 
- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2348

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

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

Page 1 of 3; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 3641373 System Name: Tomoka View #6469 Sample Number: 333  
Laboratory Assigned Submission Number: 0614031 Date Sample(s) Received: 11/13/06

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

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: 

Date: November 17, 2006

### 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: Tomoka View #6469  
PWS ID: 3641373  
Submission Number: 0614031

### 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 #
1920	Odor	3	TON	8.0		SM2150B	1.0	11/14/06	11:10	EB3679



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

# 0614031

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA Utilities (Putnam County)  
Mailing Address: 930 South SR 19 Suite 3  
PALATKA FL 32177  
Telephone: 386-329-1122

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: TOMOKA View #6469 PWS ID No. 3641373  
Physical Address: Agache Trl Phone No. 386-329-1122  
Ormond Beach, FL

Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 13 Nov 06 / 1115  
Sample Location (be specific): P.O. E.  
Sampler Name and Phone (please print): David Haring  
Signature: David Haring Title: Senior Facility Operator  
Type (check box):  Distribution  TBM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY: Signature David Haring Date 13 Nov 06 Time 1450 Condition \_\_\_\_\_  
Sampler Relinquished: \_\_\_\_\_  
Transporter Relinquished: \_\_\_\_\_

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  
 All 17  Partial: \_\_\_\_\_  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries: odor  
 All 14  Partial: \_\_\_\_\_  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: 1.8 ppm pH: 7.5  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: David Haring Date: 13 Nov 06

#### FOR LABORATORY USE ONLY

Received By: Creech Date 11-13-06 Time 2:50 PM Condition \_\_\_\_\_  
Lab Number: 0614031  
Comments: \_\_\_\_\_

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

Tag: CC

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

#061Y031

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

System Name: Tomoka View #6469 PWS I.D. #: 3641373

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

Address: Apache Trl

City: Ormond Beach State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-329-1122 Fax #: 386-329-9977

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 333 Location Code (if known): P.O.E.

Sample Date: 13 Nov 06 Sample Time: 1115  AM  PM (Circle One)

Sample Location (be specific): \_\_\_\_\_

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.8 mg/L Field pH: 7.5

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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, David Haring (Print Name) Senior Facility Operator (Print Title)

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

Signature: David Haring Date: 13 Nov 06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: November 22, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM [2127261]  
Received: 11/08/06 14:00

---

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/22/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 11/08/06 14:00

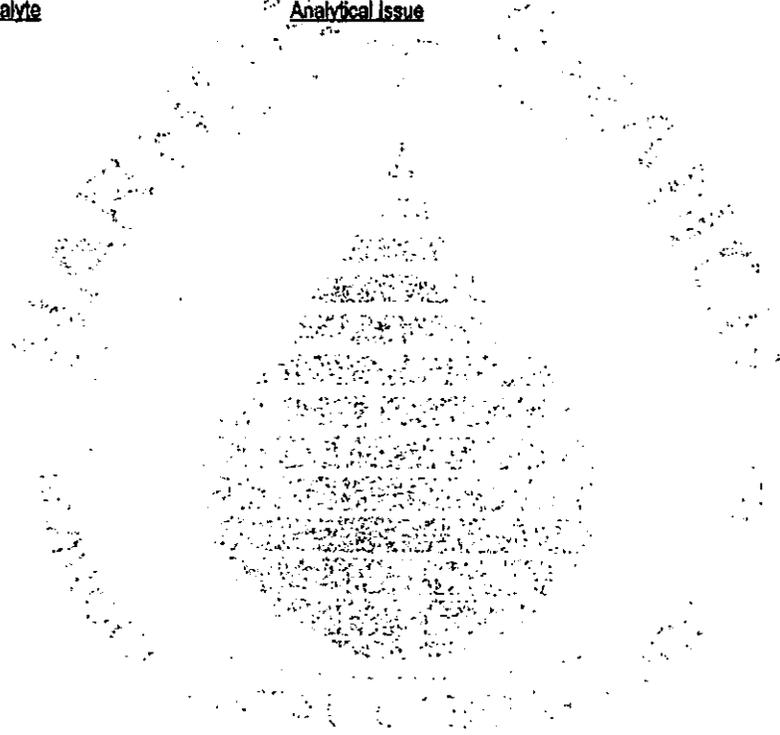
[2127261]

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

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

**Quality Control Summary**

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



5600 US 1 North  
Fort Pierce, FL 34948  
FDOH # E96080

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/22/08



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 457-2400, Ext. 225 Fax: (772) 457-584

**CERTIFICATE OF ANALYSIS**

[2127261]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2127261001</b> <b>Sample ID: 160 Greenbriar Ln Grab</b>						<b>Sampled: 11/07/06 13:00</b> <b>Matrix: Water</b>		<b>Received: 11/08/06 14:00</b> <b>Results reported on Wet Weight Basis</b>		
Bromodichloromethane		16	ug/L	0.25	EPA 524.2	VOC2726		11/16/06 23:13	WR	E96080
Bromoform		1.6	ug/L	0.41	EPA 524.2	VOC2726		11/16/06 23:13	WR	E96080
Chloroform		17	ug/L	0.25	EPA 524.2	VOC2726		11/16/06 23:13	WR	E96080
Dibromochloromethane		11	ug/L	0.30	EPA 524.2	VOC2726		11/16/06 23:13	WR	E96080
Total THMs		46	ug/L	0.50	EPA 524.2	VOC2726		11/16/06 23:13	WR	E96080
45.1e										
<b>Laboratory ID: 2127261002</b> <b>Sample ID: Trip Blank</b>						<b>Sampled: 11/07/06 13:00</b> <b>Matrix: Water</b>		<b>Received: 11/08/06 14:00</b> <b>Results reported on Wet Weight Basis</b>		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2726		11/16/06 23:47	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2726		11/16/06 23:47	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2726		11/16/06 23:47	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2726		11/16/06 23:47	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2726		11/16/06 23:47	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 11/22/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: October 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 Odor DE  
Received: 10/18/06 13:56

[2127115]

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/20/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Tomoka View 6469 Odor DE  
**Received:** 10/18/06 13:56

[2127115]

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

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

<b>Quality Control Summary</b>		
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>
<u>Analytical Issue</u>		

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/20/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 463-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2127115]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 Odor DE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2127115001		Sampled: 10/18/06 13:25		Received: 10/18/06 13:56				
Sample ID:		P.O.E. Grab		Matrix: Water		Results reported on Wet Weight Basis				
Odor - Dechlorinated		24	T.O.N.	1.0	EPA 140.1	WCDE15268		10/18/06 16:50	PA	E83509

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418



Printed: 10/20/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: October 18, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P, ALK, TDS [2127055]  
Received: 10/11/06 12:15

---

Dear Brian Heath;

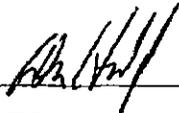
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/18/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P, ALK, TDS  
Received: 10/11/06 12:15

[2127055]

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

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

<u>Quality Control Summary</u>		
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>

Analytical Issue

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/18/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2127055]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P, ALK, TDS

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2127055001</b>					Sampled: 10/10/06 13:00 Received: 10/11/06 12:15					
Sample ID: <b>POE Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Total Dissolved Solids		490	mg/L	16	EPA 160.1	WCGE26409		10/12/06 18:30	EE	E96080
Orthophosphate as P		1.2	mg/L	0.0095	EPA 365.1	AUTO15101		10/12/06 12:56	JL	E96080
Laboratory ID: <b>2127055002</b>					Sampled: 10/10/06 12:25 Received: 10/11/06 12:15					
Sample ID: <b>WQ-1 Greenbriar Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Alkalinity		280	mg/L CaCO <sub>3</sub>	4.3	EPA 310.1	WCGE26432		10/14/06 19:18	GS	E96080
Orthophosphate as P		1.2	mg/L	0.0095	EPA 365.1	AUTO15101		10/12/06 12:55	JL	E96080
Laboratory ID: <b>2127055003</b>					Sampled: 10/10/06 12:37 Received: 10/11/06 12:15					
Sample ID: <b>WQ-2 Seminole Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Alkalinity		270	mg/L CaCO <sub>3</sub>	4.3	EPA 310.1	WCGE26432		10/14/06 19:18	GS	E96080
Orthophosphate as P		1.2	mg/L	0.0095	EPA 365.1	AUTO15101		10/12/06 12:55	JL	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 10/18/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5884

**CERTIFICATE OF ANALYSIS**

[2126851]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 THM/HAA5

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126851001</b>					Sampled: 09/18/06 14:45		Received: 09/19/06 11:50			
Sample ID: <b>160 Greenbriar Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		54	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 16:06	WR	E96080
Bromoform		3.0	ug/L	0.41	EPA 524.2	VOC2699		09/29/06 16:06	WR	E96080
Chloroform		62	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 16:06	WR	E96080
Dibromochloromethane		30	ug/L	0.30	EPA 524.2	VOC2699		09/29/06 16:06	WR	E96080
Total THMs		150	ug/L	0.50	EPA 524.2	VOC2699		09/29/06 16:06	WR	E96080

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

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

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



307 Coolidge Avenue  
Lahigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 THM/HAA5  
Received: 9/19/06 11:50

[2126851]

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

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

**Quality Control Summary**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: September 26, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P/ALK [2126870]  
Received: 9/20/06 12:40

---

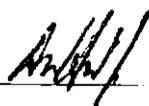
Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/26/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P/ALK  
Received: 9/20/06 12:40

[2126870]

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number	Sample ID	Analytical Method	Description
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**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
--------	------------	---------	------------------

5600 US 1 North  
Fort Pierce, FL 34946

FDOH # E96080

Printed: 9/26/06

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936

FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601

FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126870]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P/ALK

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126870001</b>					Sampled: 09/19/06 13:30 Received: 09/20/06 12:40					
Sample ID: <b>P.O.E. Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Orthophosphate as P		1.1	mg/L	0.0095	EPA 365.1	AUTO15036		09/21/06 12:48	JL	E96080
Laboratory ID: <b>2126870002</b>					Sampled: 09/19/06 13:38 Received: 09/20/06 12:40					
Sample ID: <b>WQ-1 Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Alkalinity		290	mg/L CaCO <sub>3</sub>	0.87	EPA 310.1	WCDE15178		09/23/06 11:10	PA	E83509
Orthophosphate as P		1.1	mg/L	0.0095	EPA 365.1	AUTO15036		09/21/06 12:48	JL	E96080
Laboratory ID: <b>2126870003</b>					Sampled: 09/19/06 13:45 Received: 09/20/06 12:40					
Sample ID: <b>WQ-2 Grab</b>					Matrix: Water Results reported on Wet Weight Basis					
Alkalinity		290	mg/L CaCO <sub>3</sub>	0.87	EPA 310.1	WCDE15178		09/23/06 11:10	PA	E83509
Orthophosphate as P		1.1	mg/L	0.0095	EPA 365.1	AUTO15036		09/21/06 12:48	JL	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 9/26/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: October 12, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 DW Scan [2126750]  
Received: 9/12/06 11:50

---

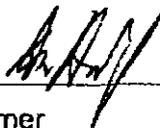
Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/12/06



Page 1 of 6

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 DW Scan  
Received: 9/12/06 11:50

**[2126750]**

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number	Sample ID	Analytical Method	Description
2126750001	P.O.E. Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
EPA 504.1	PEST4792		
2126750001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
EPA 505	PEST4791		
2126750001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 10/12/06

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

## CERTIFICATE OF ANALYSIS

[2126750]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126750001</b>						<b>Sampled: 09/12/06 10:50</b>		<b>Received: 09/12/06 11:50</b>		
<b>Sample ID: P.O.E. Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>		
Odor - Dechlorinated		4.0	T.O.M.	1.0	EPA 140.1	WCDE15123		09/12/06 13:45	PA	E83509
pH	Q	7.53	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20	PA	E83509
Total Dissolved Solids		570	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Barium		0.015	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Copper		0.0040	mg/L	0.0014	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Manganese		0.0076	mg/L	0.0037	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Sodium		77	mg/L	0.50	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:00	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:17	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:02	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8150		09/28/06 18:29	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8126	09/13/06 13:45	09/14/06 12:59	DM	E96080
Chloride		130	mg/L	5.0	EPA 300.0	IC6946		09/14/06 18:16	JL	E96080
Fluoride		0.077	mg/L	0.011	EPA 300.0	IC6940		09/13/06 15:12	JL	E96080
Nitrate as N		0.40	mg/L	0.0030	EPA 300.0	IC6940		09/13/06 15:12	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6940		09/13/06 15:12	JL	E96080
Sulfate		4.7	mg/L	1.4	EPA 300.0	IC6946		09/14/06 18:16	JL	E96080
Surfactants as LAS, Mol. wt. 340		0.042 U	mg/L	0.042	EPA 425.1	WCDE15131	09/13/06 11:30	09/13/06 15:45	RM	E83509
1,2-Dibromo-3- chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 23:26	JL	E96080
1,2-Dibromoethane		0.0025 U	ug/L	0.0025	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 23:26	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
Methoxychlor		0.045 U	ug/L	0.045	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
Toxaphene		0.62 U	ug/L	0.62	EPA 505	PEST4791	09/19/06 14:54	09/19/06 1:33	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080

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

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

307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 10/12/06



Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 20:54	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2693		09/24/06 22:59	WR	E96080
Atachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 1:06	WR	E96080
Carbolfuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2333		09/18/06 15:22	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 15:22	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2335		09/20/06 13:43	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2439	09/15/06 11:06	09/20/06 0:56	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2334	09/15/06 11:10	09/20/06 13:40	JJM	E96080
Gross Alpha		3.0 U +/- 1.7	pCi/L		EPA 900.0	KNL1360		10/13/06 8:00	KNL	E84025
Radium 226		1.8 +/- 0.8	pCi/L		EPA 903.1	KNL1360		10/4/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.8	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1031		09/26/06 9:48	SAL	E84129
Color		7.0	CU	1.8	SM2120 B	WCGE26264		09/13/06 16:00	TCL	E96080
Cyanide		0.0055	mg/L	0.0047	SM4500CNE	WCGE26317	09/18/06 12:45	09/21/06 15:41	GG	E96080

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

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



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 DW Scan

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126750002						Sampled: Received: 09/12/06 11:50				
Sample ID: TRIP BLANK						Matrix: Water Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2693		09/24/06 23:33	WR	E96080

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

Q Sample held beyond the accepted holding time.





**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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

**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 \_\_\_ FDOH # E85370  
5600 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34946 Lehigh Acres, FL 33938  
\_\_\_ FDOH # E83509 \_\_\_ FDOH # E84418  
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA Utilities Method(s) of Shipment: \_\_\_\_\_

Address: 930 South SR 19 Suite 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9971 e-mail: \_\_\_\_\_

Client Contact: Paul Thompson

Project Name: Tomoka View #6469

Sampled By: David Having

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



For Lab Use Only  
Temperature \_\_\_\_\_ Custody Seals \_\_\_\_\_ pH \_\_\_\_\_  
Checked \_\_\_\_\_ Intact \_\_\_\_\_ Checked \_\_\_\_\_  
Q N Y NA Y N LAB # 212630

PRESERVATIVE		ANALYSES REQUESTED		Preservation Key	
HNO <sub>3</sub>	HCl			H=Hydrochloric Acid	P=Phosphoric Acid
				N=Nitric Acid	ST=Sodium
				S=Sulfuric Acid	Thiosulfate
				SH=Sodium Hydroxide	U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	10-27-06 Meth 7A/1	Cyanide	Why my water Chloride is flowing PH 6.0-6.5 TSS	Odor	G-053 Alpha Meth SA	G-053 Alpha Rad 286728	Reg VOCs	COMMENTS
	DATE	TIME												
001	12 Sep 06	1050G	OU		1	P.D.E.	X							Collection Time is when last Bottle Filled
					1		X							
					1			X						
					1				X					
					2						X			
001					3							X	X	
002					3	Trip Blank							X	

\* 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 2 of 2	RELINQUISHED BY <u>David Having</u>	RELINQUISHED BY <u>Quadrille to Reddy</u>	RELINQUISHED BY _____
	DATE/TIME <u>12 Sep 06 1150</u>	DATE/TIME <u>9-12-06 1650</u>	DATE/TIME _____
	RECEIVED BY <u>Quadrille</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>Quadrille</u>
	DATE/TIME <u>9/12/06 1650</u>	DATE/TIME _____	DATE/TIME <u>9-15-06 1015</u>



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

**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 FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 FDOH # E84418  
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
 Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA Utilities  
 Address: 930 SOUTH SR 19 Suite 3  
PALATKA FL Zip: 32177  
 Phone: 386-329-1122 Fax: 386-329-9977  
 Client Contact: Paul Thompson  
 Project Name: Tomoka View #1469  
 Sampled By: DAVID Haring

Method(s) of \_\_\_\_\_  
 Shipment: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Standard Laboratory Turn Around Time \_\_\_\_\_  
 Or \_\_\_\_\_  
 Rush in \_\_\_\_\_ Business Days  
 Requires Laboratory Approval



**For Lab Use Only**  
 Temperature 20-25°C Custody Seals Intact pH Checked Y  
 Checked Y Intact Y NA Y N LAB # 2126750

PRESERVATIVE									
ST	ST	ST	ST	ST	ST	ST	ST	ST	ST

**Preservation Key**  
 H=Hydrochloric Acid P=Phosphoric Acid  
 N=Nitric Acid ST=Sodium  
 S=Sulfuric Acid Thioculfate  
 SH=Sodium Hydroxide Ur=Unpreserved

ANALYSES REQUESTED

LAB ID	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	50-150g (DBK)	5/5.1	5/2.2	5/1.1 (Catalan)	5/4.7 (Hydroxide)	5/4.8 (Endothel)	5/4.9 (Vigant)	5/0.5	COMMENTS
	DATE	TIME													
001	12 Sept	1050	G	DW	3	POE	X								Collection Time is when last Bottle Filled
								X							
									X						
										X					
											X				
0001					3							X		X	

\* 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 6 of 6	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>Handed to Field</u>	RELINQUISHED BY _____
	DATE/TIME <u>12 Sept 1150</u>	DATE/TIME <u>9/26/06 10:00</u>	DATE/TIME _____
	RECEIVED BY <u>Handed to</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>Amarda Shakh</u>
	DATE/TIME <u>9/26/06 1150</u>	DATE/TIME _____	DATE/TIME <u>9-13-06 1015</u>

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: September 7, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 8/25/06 12:45

[2126647]

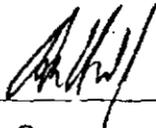
Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

4156 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Gortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/7/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 8/25/06 12:45

[2126647]

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

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

**Quality Control Summary**  
Analytical Issue

Method HBEL Batch Analyte

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/7/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126647]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126647001</b>					Sampled: 08/24/06 14:20		Received: 08/25/06 12:45			
Sample ID: <b>H.S.P. #1 Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.45	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 0:27	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 0:27	WR	E96080
Chloroform		2.6	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 0:27	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 0:27	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 0:27	WR	E96080
Laboratory ID: <b>2126647002</b>					Sampled: 08/24/06 14:20		Received: 08/25/06 12:45			
Sample ID: <b>Trip Blank</b>					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 1:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 1:00	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 1:00	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 1:00	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 1:00	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 9/7/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: August 23, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 OPO4, ALK  
Received: 8/15/06 13:09

[2126561]

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/23/06

Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 OPO4, ALK  
Received: 8/15/06 13:09

[2126561]

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

HBEL Sample

**Method Narratives (If Applicable)**

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

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/23/06

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 OPO4, ALK

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126561001</b> <b>Sample ID: P.O.E. Grab</b>					<b>Sampled: 08/14/06 12:00</b> <b>Received: 08/15/06 13:09</b> <b>Matrix: Water</b> Results reported on Wet Weight Basis					
Orthophosphate as P		1.2	mg/L	0.0057	EPA 365.1	AUTO14935		08/16/06 11:50	JL	E96080
<b>Laboratory ID: 2126561002</b> <b>Sample ID: WQ-1 Grab</b>					<b>Sampled: 08/14/06 12:15</b> <b>Received: 08/15/06 13:09</b> <b>Matrix: Water</b> Results reported on Wet Weight Basis					
Alkalinity		310	mg/L CaCO3	0.87	EPA 310.1	WCDE15046		08/22/06 16:30	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0057	EPA 365.1	AUTO14935		08/16/06 11:50	JL	E96080
<b>Laboratory ID: 2126561003</b> <b>Sample ID: WQ-2 Grab</b>					<b>Sampled: 08/14/06 12:10</b> <b>Received: 08/15/06 13:09</b> <b>Matrix: Water</b> Results reported on Wet Weight Basis					
Alkalinity		300	mg/L CaCO3	0.87	EPA 310.1	WCDE15046		08/22/06 16:30	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0057	EPA 365.1	AUTO14935		08/16/06 11:50	JL	E96080

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





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: July 7, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 WQP [2126202]  
Received: 7/05/06 13:25

Dear Brian Heath;

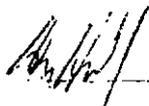
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/7/06

Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Tomoka View 6469 WQP  
**Received:** 7/05/06 13:25

[2126202]

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

HBEL Sample

**Method Narratives (If Applicable)**

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

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/7/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126202]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 WQP

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2126202001</b>					Sampled: 07/04/06 12:50		Received: 07/05/06 13:25			
Sample ID: <b>P.O.E. Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14829		07/6/06 12:06	JL	E96080
Laboratory ID: <b>2126202002</b>					Sampled: 07/04/06 12:40		Received: 07/05/06 13:25			
Sample ID: <b>WQ-1 Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Alkalinity		290	mg/L CaCO3	0.87	EPA 310.1	WCDE14843		07/5/06 16:00	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0060	EPA 365.1	AUTO14829		07/6/06 12:06	JL	E96080
Laboratory ID: <b>2126202003</b>					Sampled: 07/04/06 12:45		Received: 07/05/06 13:25			
Sample ID: <b>WQ-2 Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Alkalinity		300	mg/L CaCO3	0.87	EPA 310.1	WCDE14843		07/5/06 16:00	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0060	EPA 365.1	AUTO14829		07/6/06 12:06	JL	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: June 30, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P

[2126107]

Received: 6/21/06 11:50

Dear Brian Heath;

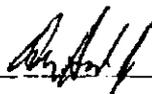
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/30/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P

Received: 6/21/06 11:50

[2126107]

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte      Analytical Issue

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/30/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**CERTIFICATE OF ANALYSIS**

[2126107]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126107001						Sampled: 06/21/06 11:00		Received: 06/21/06 11:50		
Sample ID: P.O.E. Grab						Matrix: Water				
						Results reported on Wet Weight Basis				
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14803		06/22/06 16:58	JL	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/30/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: June 8, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

[2125804]

Received: 5/24/06 13:15

Dear Brian Heath;

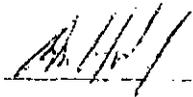
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 6/8/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 5/24/06 13:15

**[2125804]**

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

HBEL Sample

**Method Narratives (if Applicable)**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 6/8/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 200 Fax: (772) 467-684

**CERTIFICATE OF ANALYSIS**

[2125804]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2125804001</b>					<b>Sampled: 05/23/06 12:30</b>		<b>Received: 05/24/06 13:15</b>			
<b>Sample ID: POE Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.26	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 15:23	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2643		06/6/06 15:23	WR	E96080
Chloroform		1.4	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 15:23	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2643		06/6/06 15:23	WR	E96080
Total THMs		1.6	ug/L	0.50	EPA 524.2	VOC2643		06/6/06 15:23	WR	E96080
<b>Laboratory ID: 2125804002</b>					<b>Sampled: 05/23/06 12:45</b>		<b>Received: 05/24/06 13:15</b>			
<b>Sample ID: 160 Greenbriar Ln Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		38	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 15:57	WR	E96080
Bromoform		2.0	ug/L	0.41	EPA 524.2	VOC2643		06/6/06 15:57	WR	E96080
Chloroform		43	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 15:57	WR	E96080
Dibromochloromethane		22	ug/L	0.30	EPA 524.2	VOC2643		06/6/06 15:57	WR	E96080
Total THMs		110	ug/L	0.50	EPA 524.2	VOC2643		06/6/06 15:57	WR	E96080
<b>Laboratory ID: 2125804003</b>					<b>Sampled:</b>		<b>Received: 05/24/06 13:15</b>			
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 16:31	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2643		06/6/06 16:31	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2643		06/6/06 16:31	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2643		06/6/06 16:31	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2643		06/6/06 16:31	WR	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

18331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418



Printed: 6/8/06



# 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 \_\_\_ FDOH # E85370  
5600 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34946 Lehigh Acres, FL 33936

X FDOH # E83509 \_\_\_ FDOH # E84418  
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
Deltona, FL 32725 Spring Hill, FL 34607



Company: AQUA Utilities  
Address: 930 South SR 19 Suite 3  
PALM BEACH FL zip: 32177

Method(s) of \_\_\_\_\_  
Shipment: \_\_\_\_\_

Phone: 386-329-1122 Fax: 386-329-9977

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

Client Contact: Paul Thompson

Project Name: Tomoka View #6469

Sampled By: David Haring

Temperature Checked		Custody Seals Intact		pH Checked		LAB # <u>2125804</u>
Y	N	Y	NA	Y	N	
PRESERVATIVE						
ANALYSES REQUESTED						
COMMENTS						

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	27 May 06	1230	G-DW		3	POE
002	23 May 06	1245	G-DW		3	160 Greenbrier Ln
003					3	Trip Blank

\* 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 <u>David Haring</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Paul Thompson</u>
DATE/TIME <u>24 May 06 1000</u>	DATE/TIME <u>5-24-06 1:15</u>	DATE/TIME <u>5/24/06 1315</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
DATE/TIME <u>5-24-06 1000</u>	DATE/TIME <u>5/24/06 1315</u>	DATE/TIME <u>5-25-06 10:00</u>

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date Issued: May 30, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 OPO4  
Received: 5/24/06 13:15

[2125805]

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

4155 St. Johns Pkwy Suite 1307  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/30/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-1584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Tomoka View 6469 OPO4  
**Received:** 5/24/06 13:15

**[2125805]**

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

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

**Quality Control Summary**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 5/30/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 466-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125805]

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

**Workorder ID:** Tomoka View 6469 OPO4

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2125805001		Sampled: 05/23/06 12:30		Received: 05/24/06 13:15				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14715		05/25/06 12:55	JL	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/30/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: May 15, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 WQP

[2125637]

Received: 5/10/06 13:40

Dear Brian Heath;

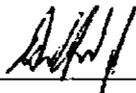
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

4155 St. Johns Pkwy Suite 1300  
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FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/15/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 WQP  
Received: 5/10/06 13:40

[2125637]

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

**HBEL Sample**

**Method Narratives (If Applicable)**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osceola Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/15/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2125637]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6489 WQP

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2125637001</b> <b>Sample ID: P.O.E. Grab</b>					<b>Sampled: 05/09/06 14:10</b> <b>Received: 05/10/06 13:40</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14670		05/11/06 13:59	DM	E96080
<b>Laboratory ID: 2125637002</b> <b>Sample ID: WQ-1 160 Greenbriar Grab</b>					<b>Sampled: 05/09/06 14:18</b> <b>Received: 05/10/06 13:40</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Alkalinity		300	mg/L CaCO3	0.87	EPA 310.1	WCDE14603		05/12/06 15:15	RM	E83509
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14670		05/11/06 14:01	DM	E96080
<b>Laboratory ID: 2125637003</b> <b>Sample ID: WQ-2 380 Seminole Grab</b>					<b>Sampled: 05/09/06 14:30</b> <b>Received: 05/10/06 13:40</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Alkalinity		300	mg/L CaCO3	0.87	EPA 310.1	WCDE14603		05/12/06 15:15	RM	E83509
Orthophosphate as P		1.1	mg/L	0.0060	EPA 365.1	AUTO14670		05/11/06 14:02	DM	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 5/15/08



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: May 15, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 Copper  
Received: 5/03/06 12:40

[2125566]

Dear Brian Heath;

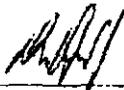
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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Sanford, FL 32771  
FDOH # E83509

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Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/15/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 Copper  
Received: 5/03/06 12:40

[2125566]

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

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

<b>Quality Control Summary</b>			
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/15/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2125566]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 Copper

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID		
Laboratory ID: 2125566001					Sampled: 04/27/06 13:45		Received: 05/03/06 12:40					
Sample ID: Well #1 Grab					Matrix: Water						Results reported on Wet Weight Basis	
Copper		0.011	mg/L	0.0014	EPA 200.7	META7950		05/10/06 12:12	SP	E96080		
Laboratory ID: 2125566002					Sampled: 04/27/06 13:45		Received: 05/03/06 12:40					
Sample ID: Well #2 Grab					Matrix: Water						Results reported on Wet Weight Basis	
Copper		0.018	mg/L	0.0014	EPA 200.7	META7950		05/10/06 12:18	SP	E96080		

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

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

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



307 Cooldge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/15/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: May 16, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 5/03/06 12:40

[2125562]

Dear Brian Heath;

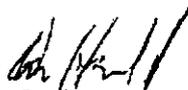
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/18/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 467-2400, Ext. 235 Fax: (772) 467-5884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
 Workorder ID: Tomoka View 6469 TTHM  
 Received: 5/03/06 12:40

[2125562]

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

**HBEL Sample**

**Method Narratives (if Applicable)**

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

**Quality Control Summary**

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

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

4155 St. Johns Pkwy Suite 1300  
 Sanford, FL 32771  
 FDOH # E83609



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

2514 Osawaw Boulevard  
 Spring Hill, FL 34607  
 FDOH # E84418

Printed: 5/18/08

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125562]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125562001					Sampled: 05/02/06 12:20		Received: 05/03/06 12:40				
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis				
Bromodichloromethane		27	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 17:07	WR	E96080	
Bromoform		1.3	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 17:07	WR	E96080	
Chloroform		28	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 17:07	WR	E96080	
Dibromochloromethane		19	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 17:07	WR	E96080	
Total THMs		75	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 17:07	WR	E96080	
Laboratory ID: 2125562002					Sampled: 05/02/06 12:35		Received: 05/03/06 12:40				
Sample ID: 160 Greenbriar Ln Grab					Matrix: Water		Results reported on Wet Weight Basis				
Bromodichloromethane		43	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 17:40	WR	E96080	
Bromoform		1.9	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 17:40	WR	E96080	
Chloroform		48	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 17:40	WR	E96080	
Dibromochloromethane		26	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 17:40	WR	E96080	
Total THMs		120	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 17:40	WR	E96080	
Laboratory ID: 2125562003					Sampled:		Received: 05/03/06 12:40				
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis				
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 18:13	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 18:13	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 18:13	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 18:13	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 18:13	WR	E96080	

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



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Page 3 of 4



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: April 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P [2125359]  
Received: 4/12/06 13:20

---

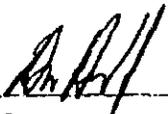
Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 4/20/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 O-P  
Received: 4/12/06 13:20

[2125359]

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

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

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 4/20/06

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125359]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 O-P

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125359001						Sampled: 04/11/06 15:25		Received: 04/12/06 13:20		
Sample ID: P.O.E. Grab						Matrix: Water		Results reported on Wet Weight Basis		
Orthophosphate as P		1.0	mg/L	0.0060	EPA 365.1	AUTO14575		04/13/06 13:21	JL	E96080

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

5600 US 1 North  
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FDOH # E96080  
Printed: 4/20/06

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Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: April 13, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View #6469

[2125223]

Received: 3/29/06 12:50

Dear Brian Heath;

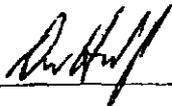
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 4/13/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View #6469  
Received: 3/29/06 12:50

[2125223]

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

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

**Quality Control Summary**

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 4/13/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125223]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View #6469

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2125223001</b> <b>Sample ID: POE grab</b>					<b>Sampled: 03/29/06 11:00</b> <b>Received: 03/29/06 12:50</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Orthophosphate as P		1.2	mg/L	0.0048	EPA 365.1	AUTO14537		03/30/06 16:50	JL	E96080
<b>Laboratory ID: 2125223002</b> <b>Sample ID: WQ-1 160 Greenbriar grab</b>					<b>Sampled: 03/29/06 11:20</b> <b>Received: 03/29/06 12:50</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Alkalinity		290	mg/L CaCO <sub>3</sub>	0.87	EPA 310.1	WCDE14448		04/7/06 15:15	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0048	EPA 365.1	AUTO14537		03/30/06 16:50	JL	E96080
<b>Laboratory ID: 2125223003</b> <b>Sample ID: WQ-2 380 Seminole grab</b>					<b>Sampled: 03/29/06 11:25</b> <b>Received: 03/29/06 12:50</b> <b>Matrix: Water</b> <b>Results reported on Wet Weight Basis</b>					
Alkalinity		290	mg/L CaCO <sub>3</sub>	0.87	EPA 310.1	WCDE14448		04/7/06 15:15	RM	E83509
Orthophosphate as P		1.2	mg/L	0.0048	EPA 365.1	AUTO14537		03/30/06 16:50	JL	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: March 2, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM [2124705]  
Received: 2/08/06 12:10

---

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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FDOH # E83509

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Spring Hill, FL 34607  
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Printed: 3/2/06



Page 1 of 4

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM  
Received: 2/08/06 12:10

[2124705]

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

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

<b>Quality Control Summary</b>		
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>

Analytical Issue

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/2/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 235 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2124705]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2124705001</b>					<b>Sampled: 02/07/06 15:45</b>		<b>Received: 02/08/06 12:10</b>			
<b>Sample ID: POE Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		1.3	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 0:33	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2599		02/21/06 0:33	WR	E96080
Chloroform		14	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 0:33	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2599		02/21/06 0:33	WR	E96080
Total THMs		15	ug/L	0.50	EPA 524.2	VOC2599		02/21/06 0:33	WR	E96080
<b>Laboratory ID: 2124705002</b>					<b>Sampled: 02/07/06 15:30</b>		<b>Received: 02/08/06 12:10</b>			
<b>Sample ID: Greenbriar Grab</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		1.2	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 1:06	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2599		02/21/06 1:06	WR	E96080
Chloroform		13	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 1:06	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2599		02/21/06 1:06	WR	E96080
Total THMs		14	ug/L	0.50	EPA 524.2	VOC2599		02/21/06 1:06	WR	E96080
<b>Laboratory ID: 2124705003</b>					<b>Sampled:</b>		<b>Received: 02/08/06 12:10</b>			
<b>Sample ID: Trip Blank</b>					<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 1:40	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2599		02/21/06 1:40	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2599		02/21/06 1:40	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2599		02/21/06 1:40	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2599		02/21/06 1:40	WR	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/2/06

Page 3 of 4



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: January 30, 2006

To: Brian Heath  
Aqua-Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Tomoka View 6469 TTHM [2124494]  
Received: 1/25/06 12:05

---

Dear Brian Heath;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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FDOH # E83509

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Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 1/30/06





**HARBOR BRANCH  
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LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2124494]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Tomoka View 6469 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2124494001</b>					<b>Sampled: 01/24/06 13:35</b>					
<b>Sample ID: POE Grab</b>					<b>Received: 01/25/06 12:05</b>					
					<b>Matrix: Water</b>					
					<b>Results reported on Wet Weight Basis</b>					
Bromodichloromethane		0.72	ug/L	0.25	EPA 524.2	VOC2586		01/27/06 12:25	WR	E96080
Bromoform	0.41 U		ug/L	0.41	EPA 524.2	VOC2586		01/27/06 12:25	WR	E96080
Chloroform	2.8		ug/L	0.25	EPA 524.2	VOC2586		01/27/06 12:25	WR	E96080
Dibromochloromethane	0.30 U		ug/L	0.30	EPA 524.2	VOC2586		01/27/06 12:25	WR	E96080
Total THMs	3.6		ug/L	0.50	EPA 524.2	VOC2586		01/27/06 12:25	WR	E96080
<b>Laboratory ID: 2124494002</b>					<b>Sampled: 01/24/06 13:45</b>					
<b>Sample ID: 160 Greenbriar Ln Grab</b>					<b>Received: 01/25/06 12:05</b>					
					<b>Matrix: Water</b>					
					<b>Results reported on Wet Weight Basis</b>					
Bromodichloromethane		2.1	ug/L	0.25	EPA 524.2	VOC2586		01/27/06 13:01	WR	E96080
Bromoform	0.41 U		ug/L	0.41	EPA 524.2	VOC2586		01/27/06 13:01	WR	E96080
Chloroform	8.4		ug/L	0.25	EPA 524.2	VOC2586		01/27/06 13:01	WR	E96080
Dibromochloromethane	0.53		ug/L	0.30	EPA 524.2	VOC2586		01/27/06 13:01	WR	E96080
Total THMs	11.5		ug/L	0.50	EPA 524.2	VOC2586		01/27/06 13:01	WR	E96080
<b>Laboratory ID: 2124494003</b>					<b>Sampled:</b>					
<b>Sample ID: Trip Blank</b>					<b>Received: 01/25/06 12:05</b>					
					<b>Matrix: Water</b>					
					<b>Results reported on Wet Weight Basis</b>					
Bromodichloromethane	0.25 U		ug/L	0.25	EPA 524.2	VOC2586		01/27/06 13:36	WR	E96080
Bromoform	0.41 U		ug/L	0.41	EPA 524.2	VOC2586		01/27/06 13:36	WR	E96080
Chloroform	0.25 U		ug/L	0.25	EPA 524.2	VOC2586		01/27/06 13:36	WR	E96080
Dibromochloromethane	0.30 U		ug/L	0.30	EPA 524.2	VOC2586		01/27/06 13:36	WR	E96080
Total THMs	0.50 U		ug/L	0.50	EPA 524.2	VOC2586		01/27/06 13:36	WR	E96080

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

11.53

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418





**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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

**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 \_\_\_\_ FDOH # E85370  
5600 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34946 Lehigh Acres, FL 33936  
 FDOH # E83509 \_\_\_\_ FDOH # E84418  
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA Utilities  
Address: 930 SOUTH SR 19 Suite 3  
Panama FL zip: 32177  
Phone: 386-329-1122 Fax: 386-329-9977  
Client Contact: Paul Thompson  
Project Name: Tomoka View #6469  
Sampled By: David Haring  
Method(s) of Shipment: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time \_\_\_\_\_  
Or \_\_\_\_\_  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval



PRESERVATIVE										LAB# <u>210109</u>											
ANALYSES REQUESTED																					
<table border="0"> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> <td colspan="2"> <b>Preservation Key</b>            H=Hydrochloric Acid P=Phosphoric Acid            N=Nitric Acid ST=Sodium            S=Sulfuric Acid Th=Thiosulfate            SH=Sodium Hydroxide U=Unpreserved         </td> </tr> </table>										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Preservation Key</b> H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Th=Thiosulfate SH=Sodium Hydroxide U=Unpreserved	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Preservation Key</b> H=Hydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Th=Thiosulfate SH=Sodium Hydroxide U=Unpreserved											
LAB ID	DATE	TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	TTM				COMMENTS										
<u>160</u>	<u>24 Dec 06</u>	<u>1335</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>PDE</u>	<u>X</u>				<u>Chloride pH 7.2</u>										
<u>160</u>	<u>24 Dec 06</u>	<u>1345</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>160 Greenbriar Ln</u>	<u>X</u>				<u>Chloride pH 7.3</u>										
					<u>3</u>	<u>Trip Blank</u>	<u>X</u>														

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

Relinquished To	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Charles to Endley</u>
	DATE/TIME <u>25 Jan 06 1000</u>	DATE/TIME <u>1-25-06 1205</u>	DATE/TIME <u>1-25-06 1600</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HARBOR CUSTODY BY <u>[Signature]</u>
Received From	DATE/TIME <u>1-25-06 1000</u>	DATE/TIME <u>1-25-06 1205</u>	DATE/TIME <u>1-26-06 1000</u>



# Public Water System Inspection Report

Inspection Date: 5/24/2007  
Inspection Type: ROUTINE COMPLIANCE INSPECTION  
PWS Type: Community  
Population Served: 644 Service Connectors: 184  
Owner:

TOMOKA VIEW ESTATES  
System PWS # 3641373

### CHECKED ITEMS INDICATE NON-COMPLIANCE

Well Pad:	<input type="checkbox"/>	Storage Tanks:	<input type="checkbox"/>	Disinfection Levels:	<input type="checkbox"/>	O and M Manual:	<input type="checkbox"/>	Security:	<input type="checkbox"/>
Sanitary Seal:	<input type="checkbox"/>	Storage Other:	<input type="checkbox"/>	Disinfection Equipment:	<input type="checkbox"/>	Meter Device:	<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>
Raw Water Tap:	<input type="checkbox"/>	Plant Log:	<input type="checkbox"/>	Disinfection Storage:	<input type="checkbox"/>	Sanitary Hazards:	<input type="checkbox"/>		
Check Valve:	<input type="checkbox"/>	Operator Visits:	<input type="checkbox"/>	Treatment Other:	<input type="checkbox"/>	Cross Connection:	<input type="checkbox"/>		
Well Other:	<input type="checkbox"/>	System Pressure:	<input type="checkbox"/>	Chemical Storage:	<input type="checkbox"/>	Standby Power:	<input type="checkbox"/>		

### DEFICIENCIES

Deficiency Noted: WATER LEAKING FROM EFFLUENT LINE OF HIGH SERVICE PUMP #2.  
Recommended Action: REPAIR WATER LEAK AT HIGH SERVICE PUMP #2. (RECOMMENDATION: INSTALL SHUT-OFF VALVE(S) TO ISOLATE HIGH SERVICE PUMPS FOR REPAIRS, SO SYSTEM PRESSURE DOES NOT HAVE TO BE COMPLETELY DISRUPTED FOR FUTURE REPAIRS.)

Inspection Date: 5/24/2007 Regulation: 62-555.350(2) Due Date: 8/1/2007

### COMMENTS

FREE CHLORINE = 3.5 PPM. ALL PREVIOUS CITED DEFICIENCIES HAVE BEEN CORRECTED AT THIS TIME. I DISCUSSED WITH OPERATOR, DAVID HARING, THE POSSIBLE REASONS FOR PERIODIC VARIATIONS IN DISTRIBUTION PRESSURE. IT WAS DETERMINED THAT SYSTEM PRESSURE MUST BE LOWERED SIGNIFICANTLY WHEN PERFORMING PERIODIC CLEANING OF THE CHLORINE INJECTOR. THE OPERATOR TRIES TO CLEAN THE INJECTOR AS QUICKLY AS POSSIBLE AND RESTORE SYSTEM PRESSURE TO OPTIMAL. THIS SITUATION IS NOT DESIRABLE FROM AN OPERATIONAL STANDPOINT. A BYPASS LINE OR DUAL INJECTORS SHOULD BE INSTALLED ON THIS SYSTEM TO ALLOW FOR ROUTINE INJECTOR CLEANINGS WITHOUT DISRUPTING THE NORMAL SYSTEM PRESSURE.

You are required to correct the deficiencies for the subject system and to provide a written statement to the department no later than each pertinent compliance deadline stating that all listed deficiencies have been corrected. Failure to do so may result in initiation of appropriate enforcement action by the department. Send your response to the Volusia County Health Department at the following address:

Patricia Carrico Environmental Specialist II (386) 274-0717  
P.O. Box 9190, Daytona Beach, FL 32120-9190

Inspector Name: Patricia Carrico Signed: Patricia Carrico Date: 6/12/2007

cc:

DOCUMENT NUMBER - DATE  
04334 MAY 22 08  
FPSC-COMMISSION CLERK

A UA  
Utilities Florida.

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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitesflorida.com

June 29, 2007

Patricia Carrico  
Environmental Specialist II  
Volusia County Health Department  
PO Box 9190  
Daytona Beach, FL 32120

**RE: Reply to Routine Compliance Inspection  
Tomoka View Estates  
PWS ID No. 3641373  
Volusia County**

Dear Ms. Carrico:

The purpose of the correspondence is to provide a written response as requested in your June 12, 2007, letter regarding the routine compliance inspection conducted at the referenced facility.

1. Water leaking from effluent line of high service pump #2.

**Response:**

The leak was evaluated to be a very minor drip. At this time, Aqua does not feel that the severity of the drip warrants taking the entire system down to repair. The repair will be conducted at the next time the system is taken down. During that time, the recommendation to install isolation valves will be taken into consideration.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

*Patrick Farris*

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

cc: Paul Thompson, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail



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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (CT) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required in W-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	19,250		2.8										1.2	
2	X	24.0	17,000		3.0										0.6	
3	X	24.0	16,700		2.8										0.8	
4	X	24.0	10,100		3.0										1.1	
5	X	24.0	15,700		2.8										0.8	
6	X	24.0	13,400		2.8										1.4	
7		24.0	23,700													
8	X	24.0	23,700		2.8										0.5	
9	X	24.0	15,800		2.8										0.8	
10	X	24.0	15,300		3.0										1.8	
11	X	24.0	20,300		3.0										1.0	
12	X	24.0	21,200		3.0										0.8	
13	X	24.0	11,700		2.0										0.6	
14		24.0	23,400													
15	X	24.0	23,400		2.2										0.8	
16	X	24.0	11,600		2.1										1.3	
17	X	24.0	22,100		2.2										1.6	
18	X	24.0	19,100		2.4										1.0	
19	X	24.0	10,600		2.5										1.0	
20	X	24.0	15,500		2.4										1.0	
21		24.0	23,150													
22	X	24.0	23,150		2.5										0.7	
23	X	24.0	14,200		2.5										1.3	
24	X	24.0	18,600		2.5										1.0	
25	X	24.0	15,900		2.5										1.4	
26	X	24.0	10,000		1.7										0.7	
27	X	24.0	14,000		2.4										1.0	
28		24.0	18,600													
29	X	24.0	18,600		2.2										0.8	
30	X	24.0	14,100		2.2										0.8	
31	X	24.0	20,700		2.4										0.8	
Totals			540,550													
Average			17,437													
Maximum			23,700													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers	PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

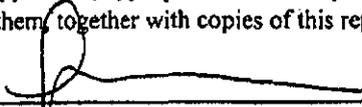
B. Water Treatment Plant Information

Plant Name:	Twin Rivers	Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City:	Ormond
		State:	Florida
		Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000		
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:	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.

 3/7/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	19,000		2.4								1.0	
2	X	24.0	16,700		2.4								1.3	
3	X	24.0	9,300		2.4								1.2	
4		24.0	20,250											
5	X	24.0	20,250		2.6								0.6	
6	X	24.0	19,500		2.5								0.9	
7	X	24.0	16,000		2.7								1.3	
8	X	24.0	17,000		2.8								0.8	
9	X	24.0	10,800		2.8								1.0	
10	X	24.0	17,200		2.8								0.6	
11		24.0	20,050											
12	X	24.0	20,050		2.8								0.6	
13	X	24.0	15,400		2.8								0.6	
14	X	24.0	13,500		2.8								0.8	
15	X	24.0	15,900		2.8								1.5	
16	X	24.0	14,400		2.8								0.8	
17	X	24.0	11,200		2.8								1.2	
18		24.0	19,050											
19	X	24.0	19,050		2.8								0.6	
20	X	24.0	12,300		3.0								0.8	
21	X	24.0	22,000		3.0								1.2	
22	X	24.0	21,300		3.0								0.6	
23	X	24.0	16,000		3.0								0.6	
24	X	24.0	15,600		2.2								0.8	
25		24.0	24,350											
26	X	24.0	24,350		2.7								0.9	
27	X	24.0	27,800		2.5								0.6	
28	X	24.0	17,200		2.8								0.6	
29		24.0												
30		24.0												
31		24.0												
Total			495,500											
Average			15,984											
Maximum			27,800											

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



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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	16,900		2.8									0.6	
2	X	24.0	12,300		2.8									0.5	
3	X	24.0	20,100		2.8									0.6	
4		24.0	14,500												
5	X	24.0	14,500		3.0									0.6	
6	X	24.0	19,200		3.0									0.8	
7	X	24.0	22,000		2.6									0.5	
8	X	24.0	17,600		2.0									0.4	
9	X	24.0	22,000		2.8									0.8	
10	X	24.0	11,600		2.7									0.8	
11		24.0	22,400												
12	X	24.0	22,400		2.8									0.6	
13	X	24.0	20,700		1.8									0.6	
14	X	24.0	19,800		4.0									1.6	
15	X	24.0	16,400		3.5									0.6	
16	X	24.0	16,800		3.5									1.3	
17	X	24.0	14,300		1.1									0.6	
18		24.0	23,000												
19	X	24.0	23,000		3.0									0.6	
20	X	24.0	17,200		3.2									1.0	
21	X	24.0	25,300		4.0									1.5	
22	X	24.0	34,300		1.2									0.7	
23	X	24.0	28,000		1.2									0.6	
24	X	24.0	16,600		1.2									0.6	
25		24.0	25,600												
26	X	24.0	25,600		3.5									0.8	
27	X	24.0	23,600		3.5									1.0	
28	X	24.0	22,500		3.5									0.8	
29	X	24.0	23,100		3.5									1.2	
30	X	24.0	28,000		3.5									1.5	
31	X	24.0	17,000		3.8									1.2	
Total			636,300												
Average			20,526												
Maximum			34,300												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

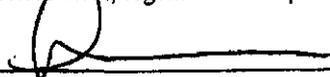
PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aguaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980	
Plant Address:	8 Riverdale Avenue			City:	Ommond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000					
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:	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.

 5/3/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	24,400												
2	X	24.0	24,400		4.0										1.7
3	X	24.0	16,000		4.0										1.2
4	X	24.0	27,000		3.5										2.0
5	X	24.0	28,000		3.8										1.8
6	X	24.0	21,000		3.3										1.6
7	X	24.0	21,000		3.0										1.5
8		24.0	27,450												
9	X	24.0	27,450		2.8										1.2
10	X	24.0	17,900		2.7										1.2
11	X	24.0	21,300		1.5										0.6
12	X	24.0	24,000		3.0										1.0
13	X	24.0	12,800		3.0										0.9
14	X	24.0	17,500		2.8										0.9
15		24.0	25,250												
16	X	24.0	25,250		1.6										0.6
17	X	24.0	20,500		3.5										2.5
18	X	24.0	21,300		3.5										1.8
19	X	24.0	36,200		3.5										0.8
20	X	24.0	26,000		3.2										0.8
21	X	24.0	21,600		3.2										0.8
22		24.0	24,600												
23	X	24.0	24,600		3.2										1.4
24	X	24.0	21,900		3.2										1.0
25	X	24.0	24,300		3.0										0.9
26	X	24.0	28,000		3.2										1.2
27	X	24.0	22,100		3.2										1.8
28	X	24.0	30,700		3.2										1.2
29		24.0	29,800												
30	X	24.0	29,800		3.0										1.0
31		24.0													
Total			722,100												
Average			23,294												
Maximum			36,200												

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



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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Temp of Water, °C			pH of Water, if Applicable
1	X	24.0	31,200		2.0								0.7	
2	X	24.0	45,400		2.5								1.0	
3	X	24.0	24,600		2.6								0.8	
4	X	24.0	34,500		2.4								0.8	
5	X	24.0	71,600		2.5								0.8	
6		24.0	25,650											
7	X	24.0	25,650		2.5								0.8	
8	X	24.0	19,600		2.5								0.8	
9	X	24.0	32,100		2.5								1.5	
10	X	24.0	21,000		2.6								1.0	
11	X	24.0	25,000		4.0								2.5	
12	X	24.0	19,200		2.8								2.0	
13		24.0	32,550											
14	X	24.0	32,550		3.2								1.8	
15	X	24.0	20,300		3.0								1.2	
16	X	24.0	30,400		3.4								2.5	
17	X	24.0	24,300		1.8								0.6	
18	X	24.0	27,300		1.8								0.6	
19	X	24.0	27,100		2.2								1.2	
20		24.0	32,000											
21	X	24.0	32,000		1.8								0.8	
22	X	24.0	24,600		1.9								0.7	
23	X	24.0	36,700		2.0								0.8	
24	X	24.0	30,500		2.0								0.8	
25	X	24.0	21,600		2.0								0.8	
26	X	24.0	21,200		1.6								0.6	
27		24.0	32,600											
28	X	24.0	32,600		2.0								0.8	
29	X	24.0	25,400		2.0								1.6	
30	X	24.0	29,000		2.2								1.0	
31	X	24.0	41,000		2.0								0.8	
Total			929,200											
Average			29,974											
Maximum			71,600											

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

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



See Pages 4 for Instructions.

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

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

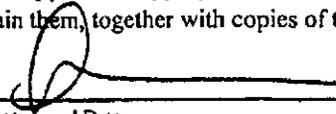
PWS Name: Twin Rivers		PWS Identification Number: 3641399	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 85		Total Population Served at End of Month: 298	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida    Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Twin Rivers		Plant Telephone Number: (352) 787-0980		
Plant Address: 8 Riverdale Avenue		City: Ormond	State: Florida    Zip Code: 32174	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000				
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:	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.

    7/6/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	30,000		2.2										1.0	
2	X	24.0	18,700		2.0										1.0	
3		24.0	31,500													
4	X	24.0	31,500		2.2										1.4	
5	X	24.0	29,300		2.4										1.8	
6	X	24.0	28,200		2.4										1.2	
7	X	24.0	22,100		3.4										2.2	
8	X	24.0	24,100		3.2										2.5	
9	X	24.0	21,700		2.5										1.1	
10		24.0	32,300													
11	X	24.0	32,300		2.6										1.0	
12	X	24.0	16,000		2.4										1.2	
13	X	24.0	21,500		2.5										1.0	
14	X	24.0	25,200		2.5										1.4	
15	X	24.0	16,000		3.0										0.7	
16	X	24.0	24,600		2.8										0.9	
17		24.0	25,400													
18	X	24.0	25,400		3.2										0.6	
19	X	24.0	23,100		3.2										0.9	
20	X	24.0	15,600		3.5										1.3	
21	X	24.0	26,300		3.5										1.0	
22	X	24.0	14,200		4.0										1.5	
23	X	24.0	17,600		3.0										1.4	
24		24.0	27,200													
25	X	24.0	27,200		4.0										3.0	
26	X	24.0	17,000		3.5										2.5	
27	X	24.0	23,700		3.2										2.0	
28	X	24.0	29,000		3.2										2.5	
29	X	24.0	27,000		3.2										2.0	
30	X	24.0	13,900		2.5										1.8	
31		24.0														
Total			717,600													
Average			23,148													
Maximum			32,300													

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue			City:	Ormond
				State:	Florida
				Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
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:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

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

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	30,700												
2	X	24.0	30,700		1.8									1.0	
3	X	24.0	18,100		2.0									0.8	
4	X	24.0	15,600		3.0									1.8	
5	X	24.0	21,400		3.2									2.5	
6	X	24.0	15,600		3.2									2.7	
7	X	24.0	18,000		3.2									1.8	
8		24.0	20,850												
9	X	24.0	20,850		3.0									1.6	
10	X	24.0	25,500		3.2									2.8	
11	X	24.0	23,100		2.8									2.0	
12	X	24.0	13,000		4.0									3.5	Mechanical Malfunction at water plant
13	X	24.0	39,300		2.8									1.4	
14	X	24.0	14,900		2.8									1.0	
15		24.0	21,800												
16	X	24.0	21,800		2.8									1.5	
17	X	24.0	19,000		2.8									2.2	
18	X	24.0	18,000		2.2									1.5	
19	X	24.0	18,200		2.4									1.4	
20	X	24.0	10,000		2.4									1.5	
21	X	24.0	23,700		2.6									1.5	
22		24.0	24,000												
23	X	24.0	24,000		3.0									1.3	
24	X	24.0	18,000		2.8									0.8	
25	X	24.0	18,000		2.8									0.8	
26	X	24.0	21,500		2.8									0.8	
27	X	24.0	15,900		2.8									1.2	
28	X	24.0	18,000		2.4									0.8	
29		24.0	19,500												
30	X	24.0	19,500		3.2									1.3	
31	X	24.0	20,000		3.2									1.5	
Total			638,500												
Average			20,597												
Maximum			39,300												

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

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	30,700												
2	X	24.0	30,700		1.8									1.0	
3	X	24.0	18,100		2.0									0.8	
4	X	24.0	15,600		3.0									1.8	
5	X	24.0	21,400		3.2									2.5	
6	X	24.0	15,600		3.2									2.7	
7	X	24.0	18,000		3.2									1.8	
8		24.0	20,850												
9	X	24.0	20,850		3.0									1.6	
10	X	24.0	25,500		3.2									2.8	
11	X	24.0	23,100		2.8									2.0	
12	X	24.0	13,000		4.0									3.5	Mechanical Malfunction at water plant **
13	X	24.0	39,300		2.8									1.4	
14	X	24.0	14,900		2.8									1.0	
15		24.0	21,800												
16	X	24.0	21,800		2.8									1.5	
17	X	24.0	19,000		2.8									2.2	
18	X	24.0	18,000		2.2									1.5	
19	X	24.0	18,200		2.4									1.4	
20	X	24.0	10,000		2.4									1.5	
21	X	24.0	23,700		2.6									1.5	
22		24.0	24,000												
23	X	24.0	24,000		3.0									1.3	
24	X	24.0	18,000		2.8									0.8	
25	X	24.0	18,000		2.8									0.8	
26	X	24.0	21,500		2.8									0.8	
27	X	24.0	15,900		2.8									1.2	
28	X	24.0	18,000		2.4									0.8	
29		24.0	19,500												
30	X	24.0	19,500		3.2									1.3	
31	X	24.0	20,000		3.2									1.5	
Total			638,500												
Average			20,597												
Maximum			39,300												

\*\* Boil Water Notice for Entire System Issued on 7/12/07 and rescinded on 7/16/07.

\* 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, 2007

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

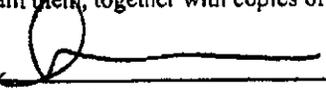
PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980	
Plant Address:	8 Riverdale Avenue			City:	Ormond	
		State:	Florida	Zip Code:	32174	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000					
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:	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.

 9/6/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C), Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	15,000		3.0									0.9	
2	X	24.0	24,000		3.0									0.8	
3	X	24.0	15,700		2.8									1.0	
4	X	24.0	20,600		2.8									1.0	
5		24.0	25,200												
6	X	24.0	25,200		2.8									0.8	
7	X	24.0	22,400		2.7									0.8	
8	X	24.0	23,600		2.8									9.0	
9	X	24.0	23,000		2.8									1.1	
10	X	24.0	20,500		2.8									0.8	
11	X	24.0	16,600		2.4									0.8	
12		24.0	29,200												
13	X	24.0	29,200		2.4									0.8	
14	X	24.0	22,500		2.4									1.5	
15	X	24.0	21,000		2.4									0.9	
16	X	24.0	22,000		3.0									0.8	
17	X	24.0	23,000		3.0									1.3	
18	X	24.0	23,000		3.0									1.5	
19		24.0	25,500												
20	X	24.0	25,500		2.4									1.0	
21	X	24.0	20,000		2.5									2.0	
22	X	24.0	19,000		2.5									1.7	
23	X	24.0	32,300		2.4									1.0	
24	X	24.0	24,700		3.0									1.4	
25	X	24.0	14,500		3.2									0.8	
26		24.0	31,550												
27	X	24.0	31,550		3.0									2.2	
28	X	24.0	18,000		3.2									1.0	
29	X	24.0	23,000		3.0									0.8	
30	X	24.0	23,000		3.0									0.8	
31	X	24.0	22,300		3.0									0.8	
Total			712,600												
Average			22,987												
Maximum			32,300												

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

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



See Pages 4 for Instructions.

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

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

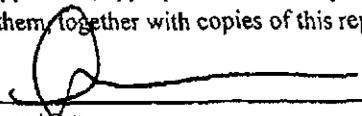
PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com			Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue			City:	Ormond
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

Signature and Date:  10/09/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>
1	X	24.0	18,200		1.4							0.8	
2		24.0	21,650										
3	X	24.0	21,650		1.6							0.8	
4	X	24.0	19,000		2.0							1.0	
5	X	24.0	16,800		2.5							0.9	
6	X	24.0	33,100		2.5							0.8	
7	X	24.0	19,000		2.8							1.0	
8	X	24.0	15,900		2.6							1.0	
9		24.0	28,500										
10	X	24.0	28,500		3.2							2.2	
11	X	24.0	26,000		3.5							1.0	
12	X	24.0	27,000		3.5							1.2	
13	X	24.0	27,200		4.0							3.0	
14	X	24.0	25,200		4.0							2.0	
15	X	24.0	21,600		2.5							1.0	
16		24.0	27,000										
17	X	24.0	27,000		2.3							0.8	
18	X	24.0	15,700		2.4							0.9	
19	X	24.0	22,500		2.6							1.0	
20	X	24.0	20,000		2.0							0.8	
21	X	24.0	25,500		3.0							1.4	
22	X	24.0	32,300		1.8							0.8	
23		24.0	34,500										
24	X	24.0	34,500		1.5							0.8	
25	X	24.0	27,000		3.0							2.0	
26	X	24.0	20,300		3.0							1.8	
27	X	24.0	20,000		4.0							3.0	
28	X	24.0	22,700		3.8							2.5	
29	X	24.0	19,700		3.5							2.3	
30		24.0	26,000										
31		24.0											
Total			724,000										
Average			23,355										
Maximum			34,500										

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



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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24.0	26,000		2.5									0.8	
2		24.0	14,900		3.2									2.2	
3		24.0	24,500		2.5									1.0	
4		24.0	25,000		2.5									1.4	
5		24.0	23,100		2.5									1.2	
6		24.0	20,000		2.5									1.0	
7		24.0	20,400												
8		24.0	20,400		1.2									0.8	
9		24.0	19,000		2.0									1.0	
10		24.0	19,100		2.4									1.2	
11		24.0	19,600		2.8									1.2	
12		24.0	18,000		3.5									3.0	
13		24.0	22,800		1.9									0.8	
14		24.0	31,700		2.2									0.9	
15		24.0	27,500		2.4									1.4	
16		24.0	22,100		2.4									0.9	
17		24.0	40,000		2.5									2.0	
18		24.0	27,100		2.4									1.5	
19		24.0	20,200		3.0									2.0	
20		24.0	17,000		3.5									2.2	
21		24.0	25,500												
22		24.0	25,500		3.8									2.6	
23		24.0	14,400		3.5									1.0	
24		24.0	22,600		3.5									1.0	
25		24.0	25,600		3.5									2.5	
26		24.0	31,000		3.0									1.0	
27		24.0	17,000		3.0									1.1	
28		24.0	25,600												
29		24.0	25,600		3.0									1.0	
30		24.0	21,000		1.8									0.8	
31		24.0	22,100		2.4									1.0	
Total			714,300												
Average			23,042												
Maximum			40,000												

\* 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, 2007

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

PWS Name:	Twin Rivers	PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

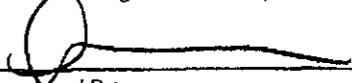
**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers	Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City:	Ormond
		State:	Florida
		Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000		
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:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

 11/7/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	21,000		2.4									0.8	
2	X	24.0	20,000		2.6									0.8	
3	X	24.0	14,800		1.5									0.8	
4		24.0	27,000												
5	X	24.0	27,000		2.5									1.0	
6	X	24.0	16,200		2.2									0.8	
7	X	24.0	20,000		2.8									1.0	
8	X	24.0	29,400		4.0									1.0	
9	X	24.0	20,700		3.8									2.0	
10	X	24.0	23,300		3.8									2.2	
11		24.0	25,000												
12	X	24.0	25,000		3.0									1.7	
13	X	24.0	21,100		3.0									1.9	
14	X	24.0	23,400		3.0									2.0	
15	X	24.0	22,000		2.8									1.5	
16	X	24.0	24,000		2.8									1.8	
17	X	24.0	13,200		2.8									1.8	
18		24.0	26,000												
19	X	24.0	26,000		2.8									1.5	
20	X	24.0	23,000		2.8									1.0	
21	X	24.0	21,000		3.0									2.0	
22	X	24.0	25,000		3.8									2.5	
23	X	24.0	24,000		3.2									1.8	
24	X	24.0	15,900		1.8									1.0	
25		24.0	25,600												
26	X	24.0	25,600		2.4									1.2	
27	X	24.0	20,000		2.5									1.5	
28	X	24.0	18,600		2.5									1.2	
29	X	24.0	23,000		2.5									0.9	
30	X	24.0	18,000		2.5									1.2	
31		24.0													

Total	664,800
Average	21,445
Maximum	29,400

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

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

PWS Name: <b>Twin Rivers</b>		PWS Identification Number: <b>3641399</b>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <b>85</b>		Total Population Served at End of Month: <b>298</b>	
PWS Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>Florida</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Zip Code: <b>34749</b>	
Contact Person's E-Mail Address: <b>bheath@aquaaamerica.com</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	

**B. Water Treatment Plant Information**

Plant Name: <b>Twin Rivers</b>		Plant Telephone Number: <b>(352) 787-0980</b>	
Plant Address: <b>8 Riverdale Avenue</b>		City: <b>Ormond</b>	State: <b>Florida</b>
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <b>180,000</b>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <b>IV</b>		Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b>	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	<b>Paul Thompson</b>	<b>A</b>	<b>7251</b>
Other Operators:	<b>David Haring</b>	<b>C</b>	<b>14091</b>
	<b>Ralph Marriott</b>	<b>C</b>	<b>7527</b>

**II Certification by Lead/Chief Operator**

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

01/09/08  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 3641399 Plant Name: Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Flushed Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	21,200		2.5										1.4
2		24.0	24,250												
3	X	24.0	24,250		2.4										0.8
4	X	24.0	12,600		2.0										0.9
5	X	24.0	17,000		2.8										1.2
6	X	24.0	22,000		2.8										1.4
7	X	24.0	20,000		1.6										1.6
8	X	24.0	18,800		1.6										1.6
9		24.0	23,900												
10	X	24.0	23,900		2.8										1.4
11	X	24.0	20,300		2.7										1.0
12	X	24.0	18,400		2.7										1.0
13	X	24.0	22,500		2.8										1.2
14	X	24.0	20,900		2.8										0.9
15	X	24.0	13,900		2.8										0.9
16		24.0	25,050												
17	X	24.0	25,050		1.2										0.8
18	X	24.0	17,000		3.0										1.0
19	X	24.0	18,700		3.2										2.8
20	X	24.0	20,000		3.2										2.4
21	X	24.0	18,400		3.2										2.5
22	X	24.0	12,000		3.4										2.4
23		24.0	21,500												
24	X	24.0	21,500		3.4										2.2
25	X	24.0	22,100		3.4										2.0
26	X	24.0	22,400		3.2										2.5
27	X	24.0	20,300		3.2										2.0
28	X	24.0	22,000		3.4										2.4
29	X	24.0	16,400		3.2										2.0
30		24.0	20,800												
31	X	24.0	20,800		3.2										1.4
Total			627,900												
Average			20,255												
Maximum			25,050												

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

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

PWS ID:	3641399	Plant Name:	Twin Rivers
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \*** 2005

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.8mg/L as PO <sub>4</sub>
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

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

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

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



See Pages 4 for Instructions.

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

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

PWS Name: <u>Twin Rivers</u>		PWS Identification Number: <u>3641399</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>85</u>		Total Population Served at End of Month: <u>298</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Twin Rivers</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>8 Riverdale Avenue</u>		City: <u>Ormond</u>	State: <u>Florida</u> Zip Code: <u>32174</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>100,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator		License Class	License Number	Days Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operators	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>

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

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

2/7/06
Paul Thompson
A7251  
 Signature and Date                      DOCUMENT NUMBER-DATE                      Printed or Typed Name                      License Number



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



See Pages 4 for Instructions.

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

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

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO.Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980	
Plant Address:	8 Riverdale Avenue			City:	Ormond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
<b>Licensed Operators:</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>		
<b>Lead/Chief Operator:</b>	Paul Thompson	A	7251	Days 1st Shift		
<b>Other Operators:</b>	David Haring	C	14091	Days 1st Shift		

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  3/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: February, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C. Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	20,500		2.6									1.4	
2	X	24.0	18,200		2.8									2.0	
3	X	24.0	20,700		2.6									0.9	
4	X	24.0	20,000		2.6									1.2	
5		24.0	10,667												
6	X	24.0	10,667		2.6									1.8	
7	X	24.0	10,667		2.4									0.6	
8	X	24.0	15,200		2.4									0.4	
9	X	24.0	30,800		2.4									1.6	
10	X	24.0	16,800		2.4									1.0	
11	X	24.0	9,700		2.4									0.4	
12		24.0	23,250												
13	X	24.0	23,250		2.4									0.4	
14	X	24.0	18,600		2.4									1.0	
15	X	24.0	14,700		2.6									1.2	
16	X	24.0	24,400		2.8									0.5	
17	X	24.0	14,100		2.8									2.0	
18	X	24.0	16,100		2.1									1.0	
19		24.0	23,850												
20	X	24.0	23,850		2.4									0.6	
21	X	24.0	18,700		2.2									1.3	
22	X	24.0	23,300		2.4									1.4	
23	X	24.0	16,700		2.0									0.8	
24	X	24.0	16,000		2.2									1.2	
25	X	24.0	14,200		2.2									1.0	
26		24.0	25,000												
27	X	24.0	25,000		2.0									1.0	
28	X	24.0	9,300		2.0									1.3	
29		24.0													
30		24.0													
31		24.0													
Total			514,200												
Average			16,587												
Maximum			30,800												

\* Refer to the instructions for this report to determine which plants must provide this information.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** March, 2006

**A. Public Water System (PWS) Information**

PWS Name: Twin Rivers		PWS Identification Number: 3641399	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 85		Total Population Served at End of Month: 298	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Twin Rivers		Plant Telephone Number: (352) 787-0980	
Plant Address: 8 Riverdale Avenue		City: Ormond	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32174	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000			
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 Operator	Name	License Class	License Number	Days Shifts Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	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.

4/6/06  
 Date
 

 Paul Thompson  
 Printed or Typed Name
 

 A7251  
 License Number





# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3641399** Plant Name: **Twin Rivers**

III. Daily Data for the Month/Year of: **April, 2006**

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Disinfection Method	Free Chlorine Residual (mg/L)	Total Chlorine Residual (mg/L)	pH	Temperature (°F)	Total Hardness (mg/L)	Total Dissolved Solids (mg/L)	Total Suspended Solids (mg/L)	Total Solids (mg/L)	Total Chlorine Demand (mg/L)	Free Chlorine Demand (mg/L)	Combined Chlorine Demand (mg/L)	Total Chlorine Demand (mg/L)	Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Ultraviolet Radiation (mJ/cm²)	Other (Describe)	Remarks or Abnormal Operating Conditions Requiring Investigation or Maintenance Work that Involves Replacing Water System Components Out of Operation		
																					Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)
1	X	24.0	23,000	2.2																	0.8	
2		24.0	37,850																			
3	X	24.0	37,850	2.2																		0.4
4	X	24.0	25,100	2.5																		0.5
5	X	24.0	25,700	2.5																		0.4
6	X	24.0	31,100	2.5																		0.8
7	X	24.0	25,200	2.9																		0.7
8	X	24.0	25,000	2.4																		0.5
9		24.0	25,650																			
10	X	24.0	25,650	2.4																		0.4
11	X	24.0	20,100	2.4																		0.8
12	X	24.0	23,500	3.5																		0.4
13	X	24.0	27,400	3.5																		0.5
14	X	24.0	27,200	3.5																		2.0
15	X	24.0	22,000	2.8																		1.6
16		24.0	33,600																			
17	X	24.0	33,600	3.8																		1.0
18	X	24.0	30,400	3.0																		0.7
19	X	24.0	29,100	3.0																		1.5
20	X	24.0	32,500	3.0																		0.7
21	X	24.0	26,000	3.0																		1.0
22	X	24.0	39,700	3.0																		0.6
23		24.0	31,800																			
24	X	24.0	31,800	3.0																		0.8
25	X	24.0	29,100	3.0																		0.9
26	X	24.0	27,900	3.5																		2.5
27	X	24.0	22,200	3.0																		2.1
28	X	24.0	31,300	2.6																		1.9
29	X	24.0	19,900	2.6																		1.7
30		24.0	31,950																			
31		24.0																				
Total			853,150																			
Average			27,521																			
Maximum			39,700																			

\* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** May, 2006

**A. Public Water System (PWS) Information**

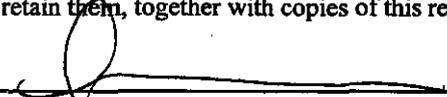
PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980	
Plant Address:	8 Riverdale Avenue			City:	Ormond	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
	Paul Thompson	A	7251	Days 1st Shift		
	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 6/6/06  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: May, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day	Time	Flow (gpm)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Other (mg/L)	Temperature (°F)	pH	Residual (mg/L)
X	24.0	31,950	2.0							1.6
X	24.0	23,800	2.0							2.0
X	24.0	47,400	2.5							1.3
X	24.0	34,400	2.5							1.3
X	24.0	25,700	2.5							1.5
X	24.0	28,800	2.4							1.0
	24.0	30,500								
X	24.0	30,500	2.5							1.4
X	24.0	18,800	2.5							1.0
X	24.0	26,900	2.5							1.1
X	24.0	22,800	2.3							1.2
X	24.0	16,600	3.0							1.1
X	24.0	40,000	2.7							1.0
	24.0	35,100								
X	24.0	35,100	2.8							1.0
X	24.0	18,300	2.5							1.0
X	24.0	24,100	2.5							1.6
X	24.0	34,900	2.5							1.2
X	24.0	30,200	2.4							1.0
X	24.0	21,700	2.4							1.5
	24.0	42,250								
X	24.0	42,250	2.6							1.9
X	24.0	21,600	2.5							1.5
X	24.0	30,600	2.6							0.4
X	24.0	25,700	2.6							0.8
X	24.0	25,200	2.4							0.8
X	24.0	17,500	2.8							0.8
	24.0	34,250								
X	24.0	34,250	2.5							0.6
X	24.0	20,200	2.4							1.6
X	24.0	30,300	2.4							0.8
		901,650								
		29,085								
		47,400								

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: June, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Day Plant Started or Resumed Operation	Hour of Day	MG of Water Produced	Concentration of Chlorine Residual (mg/L) at Various Points in Distribution System										Concentration of Chlorine Residual at Point of Distribution	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System/Component Out of Operation		
				At Plant	At Treatment Plant	At Distribution Point			At Distribution Point								
1	X	24.0	22,200		2.2												
2	X	24.0	25,200		2.4											0.9	
3	X	24.0	20,500		2.4											0.6	
4	X	24.0	20,700		2.4											1.1	
5	X	24.0	20,700		2.4												
6	X	24.0	19,900		2.4											0.4	
7	X	24.0	41,400		2.4											0.5	
8	X	24.0	22,400		2.5											1.0	
9	X	24.0	29,800		2.4											1.4	
10	X	24.0	17,300		2.2											1.2	
11	X	24.0	31,450		2.2											1.0	
12	X	24.0	31,450		2.6												
13	X	24.0	12,200		1.5											1.9	
14	X	24.0	16,700		0.8											1.0	
15	X	24.0	15,400		1.0											0.4	
16	X	24.0	19,400		1.0											0.4	
17	X	24.0	12,200		0.8											0.6	
18	X	24.0	22,400		0.8											0.6	
19	X	24.0	22,400		2.8												
20	X	24.0	15,500		2.8											1.1	
21	X	24.0	24,800		2.8											1.5	
22	X	24.0	24,800		2.8											1.0	
23	X	24.0	21,700		2.8												
24	X	24.0	19,600		2.8											1.9	
25	X	24.0	26,600		2.2											1.4	
26	X	24.0	21,150		2.2											1.5	
27	X	24.0	21,150		2.5												
28	X	24.0	15,000		2.3											1.8	
29	X	24.0	13,400		2.0											1.3	
30	X	24.0	12,200		2.2											0.4	
31	X	24.0	13,400		2.4											1.5	
31		24.0														1.0	
Total			628,200														
Average			20,265														
Maximum			41,400														

\* Refer to the instructions for this report to determine which plants must provide this information.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** July, 2004

**A. Public Water System (PWS) Information**

PWS Name: <u>Twin Rivers</u>		PWS Identification Number: <u>3641399</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>85</u>		Total Population Served at End of Month: <u>298</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaafrica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Twin Rivers</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>8 Riverdale Avenue</u>		City: <u>Ormond</u>	State: <u>Florida</u> Zip Code: <u>32174</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>180,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>Days 1st Shift</u>
Other Operators:	<u>David Haring</u>	<u>C</u>	<u>14091</u>	<u>Days 1st Shift</u>
	<u>Ralph Marriott</u>	<u>C</u>	<u>7527</u>	<u>Days 1st Shift</u>

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

3/8/06  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

**III. Daily Data for the Month/Year of:** July, 2004

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	15,100		2.6										1.0
2		24.0	18,250												
3	X	24.0	18,250		2.8										1.5
4	X	24.0	12,100		2.2										1.0
5	X	24.0	19,000		2.2										0.8
6	X	24.0	22,200		2.4										1.5
7	X	24.0	16,700		2.4										1.0
8	X	24.0	11,900		2.2										1.0
9		24.0	23,750												
10	X	24.0	23,750		2.2										1.1
11	X	24.0	15,500		2.4										0.8
12	X	24.0	15,300		2.5										1.4
13	X	24.0	19,900		2.8										1.7
14	X	24.0	20,700		2.8										1.2
15	X	24.0	15,400		2.5										1.4
16		24.0	27,500												
17	X	24.0	27,500		2.5										1.6
18	X	24.0	17,900		2.6										1.4
19	X	24.0	28,000		2.8										1.8
20	X	24.0	18,600		2.8										1.0
21	X	24.0	25,100		2.8										1.4
22	X	24.0	15,400		2.8										1.2
23		24.0	22,100												
24	X	24.0	22,100		2.8										1.0
25	X	24.0	16,000		2.8										1.4
26	X	24.0	16,200		2.8										1.0
27	X	24.0	17,500		2.8										1.0
28	X	24.0	15,200		2.8										1.3
29	X	24.0	19,400		2.6										1.0
30		24.0	25,850												
31	X	24.0	25,850		2.8										1.4
Total			608,000												
Average			19,613												
Maximum			28,000												

\* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** August, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Twin Rivers	PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
PWS Owner:	Aqua-Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers	Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City:	Ormond
		State:	Florida
		Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000		

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
IV		C		
Operator Name	License Class	License Number	Day(s) / Shift(s) Worked	
Paul Thompson	A	7251	Days 1st Shift	
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:  9/6/06  
 Printed or Typed Name: Paul Thompson  
 License Number: A7251

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: August, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultraviolet Radiation  Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Disinfectant Residual (mg/L)	Flow (MGD)	Chlorine Demand (mg/L)	Chlorine Applied (mg/L)	Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Free Chlorine Residual (mg/L)	Combined Chlorine Residual (mg/L)	Other Residual (mg/L)	Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work that Involve Taking Water System Components Out of Operation
X	24.0	24,200		2.8						2.0
X	24.0	23,700		2.6						1.6
X	24.0	23,800		2.8						2.0
X	24.0	30,200		2.8						1.3
X	24.0	17,600		1.9						0.8
	24.0	39,000								
X	24.0	39,000		2.4						1.0
X	24.0	21,300		2.0						1.2
X	24.0	38,100		2.0						1.3
X	24.0	29,000		2.0						1.5
X	24.0	42,000		2.2						1.2
X	24.0	18,000		2.2						1.0
	24.0	38,400								
X	24.0	38,400		2.2						1.0
X	24.0	21,700		2.4						1.5
X	24.0	24,000		2.2						1.3
X	24.0	27,900		2.3						1.0
X	24.0	29,600		2.3						1.0
X	24.0	18,500		1.8						1.0
	24.0	31,400								
X	24.0	31,400		2.0						0.8
X	24.0	21,500		2.4						1.5
X	24.0	28,100		2.4						1.0
X	24.0	13,400		3.0						0.8
X	24.0	20,300		2.8						1.2
X	24.0	10,400		2.8						0.8
	24.0	21,000								
X	24.0	21,000		2.8						1.4
X	24.0	18,600		2.2						0.8
X	24.0	16,500		2.8						1.0
X	24.0	16,500		3.0						0.8
		794,500								
		25,629								
		42,000								

\* Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** September, 2006

**A. Public Water System (PWS) Information**

PWS Name:	Twin Rivers	PWS Identification Number:	3641399
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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@aquamerica.com		

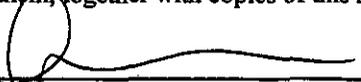
**B. Water Treatment Plant Information**

Plant Name:	Twin Rivers	Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City:	Ormond
		State:	Florida
		Zip Code:	32174
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Employee Name	License No.	Days 1st Shift	Days 2nd Shift	Days 3rd Shift	Days 4th Shift	Days 5th Shift	Days 6th Shift	Days 7th Shift	Days 8th Shift	Days 9th Shift	Days 10th Shift	Days 11th Shift	Days 12th Shift
Paul Thompson	A	7251											
David Haring	C	14091											
Ralph Marriott	C	7527											

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:  10/4/06  
 Printed or Typed Name: Paul Thompson  
 License Number: A7251

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: September, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day	Time	Flow (MGD)	Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Free Chlorine (lb)	Ultraviolet Radiation (hr)	Other (Describe)	Minimum of 4-log Inactivation	Residual (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
X	24.0	16,300									1.5	
X	24.0	13,300									1.0	
	24.0	20,800										
X	24.0	20,800									1.2	
X	24.0	25,700									0.8	
X	24.0	18,300									0.8	
X	24.0	12,600									0.8	
X	24.0	15,200									0.7	
X	24.0	18,000									0.8	
	24.0	16,850										
X	24.0	16,850									0.8	
X	24.0	16,500									1.0	
X	24.0	18,400									1.4	
X	24.0	27,200									0.8	
X	24.0	25,000									1.3	
X	24.0	15,600									1.0	
	24.0	23,750										
X	24.0	23,750									0.8	
X	24.0	17,800									1.2	
X	24.0	24,200									1.0	
X	24.0	16,700									0.8	
X	24.0	21,000									1.4	
X	24.0	22,200									1.2	
	24.0	25,900										
X	24.0	25,900									0.8	
X	24.0	17,700									0.8	
X	24.0	26,600									1.2	
X	24.0	20,400									0.9	
X	24.0	15,200									0.9	
X	24.0	18,100									0.9	
	24.0											
		596,600										
		19,245										
		27,200										

\* Refer to the instructions for this report to determine which plants must provide this information.





# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** November, 2006

**A. Public Water System (PWS) Information**

PWS Name: Twin Rivers		PWS Identification Number: 3641399	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 85		Total Population Served at End of Month: 298	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Twin Rivers		Plant Telephone Number: (352) 787-0980	
Plant Address: 8 Riverdale Avenue		City: Ormond	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32174	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
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:	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.

12/6/06
Paul Thompson
A7251

Printed or Typed Name
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: November, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/mg/L	PH of Water	nH of Water, if Applicable	Minimum CT Required, min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	23,100		2.6									0.9	
2	X	24.0	19,300		3.6									0.8	
3	X	24.0	11,000		2.6									0.8	
4	X	24.0	21,600		2.8									0.8	
5		24.0	22,100												
6	X	24.0	22,100		4.0									3.5	
7	X	24.0	13,000		4.0									3.0	
8	X	24.0	23,200		4.0									3.2	
9	X	24.0	16,900		4.0									3.0	
10	X	24.0	20,700		3.0									1.6	
11	X	24.0	21,100		2.2									1.0	
12		24.0	29,000												
13	X	24.0	29,000		2.2									1.5	
14	X	24.0	26,900		2.2									1.5	
15	X	24.0	23,100		2.8									2.4	
16	X	24.0	24,900		2.6									2.0	
17	X	24.0	16,600		2.6									2.0	
18	X	24.0	18,500		2.8									1.8	
19		24.0	24,250												
20	X	24.0	24,250		2.6									1.8	
21	X	24.0	21,100		2.8									1.2	
22	X	24.0	20,900		2.8									1.6	
23	X	24.0	19,300		2.8									1.5	
24	X	24.0	24,500		2.8									1.3	
25	X	24.0	17,700		2.8									1.3	
26		24.0	33,000												
27	X	24.0	33,000		3.0									1.5	
28	X	24.0	17,300		3.0									1.4	
29	X	24.0	14,400		3.0									1.8	
30	X	24.0	19,300		3.0									1.5	
31		24.0													
Total			651,100												
Average			21,003												
Maximum			33,000												

\* Refer to the instructions for this report to determine which plants must provide this information.

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



Polymer Page 3 Due in December

See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** December, 2006

**A. Public Water System (PWS) Information**

PWS Name: Twin Rivers		PWS Identification Number: 3641399	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 85		Total Population Served at End of Month: 298	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Twin Rivers		Plant Telephone Number: (352) 787-0980	
Plant Address: 8 Riverdale Avenue		City: Ormond	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32174	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
License Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operator	David Haring	C	14091
	Ralph Marriott	C	7527

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 1/8/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3641399 Plant Name: Twin Rivers

III. Daily Data for the Month/Year of: December, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Plant Number	Hours of Operation	Volume of Finished Water Produced (gallons)	Chlorine Calculations and Average Dose to Demonstrate Four-Log Virus Inactivation if Applicable										Average Disinfectant Residual Concentration in Distribution System (mg/L)	Remarks or Abnormal Operating Conditions, Repair or Maintenance Work that Involves the Public Water System's Operation	
				Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery	Free Chlorine Residual Concentration (mg/L) Before or After Customer Point of Delivery			
	X	24.0	17,000	3.0											1.0	
	X	24.0	23,800	3.0											1.8	
		24.0	21,100													
	X	24.0	21,100	3.0											1.4	
	X	24.0	27,300	3.0											1.3	
	X	24.0	17,800	3.0											2.0	
	X	24.0	43,000	3.4											1.5	
	X	24.0	25,800	3.2											0.7	
	X	24.0	12,500	3.0											1.2	
		24.0	25,300													
	X	24.0	25,300	3.0											1.2	
	X	24.0	22,100	3.0											1.8	
	X	24.0	11,800	3.0											1.6	
	X	24.0	23,000	3.0											1.8	
	X	24.0	11,600	3.0											1.5	
	X	24.0	13,800	3.0											1.3	
		24.0	22,200													
	X	24.0	22,200	3.0											1.5	
	X	24.0	16,400	3.0											1.8	
	X	24.0	16,300	3.0											1.2	
	X	24.0	20,600	3.2											1.6	
	X	24.0	12,700	3.0											1.4	
	X	24.0	17,600	3.0											1.7	
		24.0	20,000													
	X	24.0	20,000	3.0											1.4	
	X	24.0	18,000	3.0											1.2	
	X	24.0	18,000	2.8											1.5	
	X	24.0	16,400	2.7											1.3	
	X	24.0	15,300	2.8											1.3	
	X	24.0	13,900	2.2											1.0	
		24.0	19,250													
			611,150													
			19,715													
			43,000													

\* Refer to the instructions for this report to determine which plants must provide this information.

**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS ID:	3641399	Plant Name:	Twin Rivers
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =	0.8mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =	

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33938 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 34608 FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Lab Receipt Date and Time: 12/4/07 1600  
 Received for Laboratory By: Paul  
 Analysis Date and Time: 12/4/07 1655  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice  4°C  
 Disinfectant Check  Not Detected  >0.1 mg/l

HBEL Report Number: 2130079 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Coliform  Membrane Filtration PWS I.D. 3641399

System Name: Twin Rivers  
 System Address: 8 Riverdale Dr

City: Ormond Beach System or Owner's Phone #: 386-937-1091 Fax #: 386-329-9977  
 Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]  
 Date/Time: 4 Dec 07 1410 Date/Time: 12-4-07 1410 Date/Time: 12-4-07 1600

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 4 Dec 07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B  
 Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
	A			2130079001
	A			002
	A			2130079003

DOCUMENT NUMBER - DATE 04334 MAY 22 08

**TO BE COMPLETED BY COLLECTOR OF SAMPLE**

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd mg/L	pH
112	Well	1358	R	✓	
113	40 Tymbercreek Rd	1340	D	0.9	✓
114	5 Bayberry Dr	1348	D	1.0	✓

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# C14091)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth  
 TNTC-Too Numerous to Count TA-Turbid  
 L.C.A. Absence of gas or acid  
 Report authorized by: [Signature] Analyst: Paul  
 Date: 12/4/07 Technical Director or Designee

Name and Mailing Address of Person/Firm to Receive Report  
Aqua Utilities  
1108 THOMAS AVE  
Leesburg FL 34748



Page 1 of 1

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1 DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.) 2 Defined in Florida Administrative Code Rule 62-160  
 Top Form - ORIGINAL FORM # 1876 - PRINTING BY HEARIN Middle Form - LABORATORY Pink Form - CLIENT

FPSC-COMMISSION CLERK

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form**

**Public Water System Information (to be completed by sampler)**

System Name: Twin Rivers PWS ID #: 3641399

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 3 Riverdale ave

City: Ormond State: FL ZIP Code: 32174

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

**Sample Information (to be completed by sampler)**

Sample Number: 47581DW1 Location Code (if known): 40 Tymbercreek

Sample Date: 9/19/07 Sample Time: 6:50 AM  PM (circle one)

Sample Location (be specific): 40 Tymbercreek

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 7.4

**Sample Type (check only one)**

- Distribution
- Entry Point (for Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

**Sample Reason(s) (check all that apply)**

- Routine Compliance (with 62-550)  Quarterly (which quarter?) \_\_\_\_\_
  - Confirmation of MCL Exceedance \*
  - Composite of Multiple Sites \*\*
  - Clearance (permitting)
  - Other: \_\_\_\_\_
  - Special (not for compliance with 62-550)
  - Violation Resolution
  - Replacement (of invalidated sample)
- Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 62-550.500(8) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and  
attach a results page for each site.

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

**Certification (to be completed by sampler)**

Paul Thompson for David Haring field coordinator

(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/19/07

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form**

**Laboratory Certification Information (to be completed by lab)**

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32718-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information (to be completed by lab)**  
Sample Number: 47581DW1

Report Number: 47581  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

- |                                   |  |  |   |
|-----------------------------------|--|--|---|
| <u>Inorganics</u>                 | <u>Volatile Organics</u>   | <u>Radionuclides</u>   | <u>Disinfection Byproducts</u>                      |
| <input type="checkbox"/> All 17   | <input type="checkbox"/> All 21 <input type="checkbox"/> Partial | <input type="checkbox"/> Single Sample                           | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial  |  | <input type="checkbox"/> Qtrly Composite**                       | <input type="checkbox"/> Haloacetic Acids           |
| <input type="checkbox"/> Nitrate  |  |  | <input type="checkbox"/> Bromate                    |
| <input type="checkbox"/> Nitrite  | <u>Synthetic Organics</u>  | <u>Secondaries</u>   | <input type="checkbox"/> Chlorite                   |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> All 30 <input type="checkbox"/> Partial | <input type="checkbox"/> All 14 <input type="checkbox"/> Partial |   |

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).

Signature:



Date: 09/14/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_  
Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

Florida Department of Environmental Protection  
 Safe Drinking Water Program Laboratory Reporting Form

Disinfection Byproducts: 82-550.310(3)    Lab ID: 47681DW1    PWS ID: 3641399    Sample ID: 40 Tymbercreek

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	27.5		EPA502.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	2.55		EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	18.1		EPA502.2	0.500	09/06/07		E83018
2944	Dibromochloromethane	N/A	ug/L	4.77		EPA502.2	0.500	09/06/07		E83018
2950	Total Trihalomethanes	80	ug/L	51.0		EPA502.2	0.500	09/06/07		E83018

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Twin Rivers PWS ID #: 3041399

System Type (check one):  Community  Nonttransient Noncommunity  Transient Noncommunity

Address: Skivendale Ave.

City: Ormond State: FL ZIP Code: 32174

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 47581DW2 Location Code (if known): POE

Sample Date: 9/15/02 Sample Time: 7:15  AM  PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

- | Sample Type (check only one)  | Sample Reason(s) (check all that apply)  |
|---|--|
| <input type="checkbox"/> Distribution                               | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (which quarter?) _____ |
| <input checked="" type="checkbox"/> Entry Point (for Distribution)  | <input type="checkbox"/> Confirmation of MCL Exceedance *  |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites ** <input type="checkbox"/> Special (not for compliance with 62-550)      |
| <input type="checkbox"/> Raw (at well or intake)                    | <input type="checkbox"/> Violation Resolution  |
| <input type="checkbox"/> Max Residence Time                         | <input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of invalidated sample)                   |
| <input type="checkbox"/> Avg Residence Time                         | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Near First Customer                        | 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 nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Paul Thompson for David Haring Field Coordinator  
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/17/02

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form**

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47581DW2

Report Number: 47581  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

<u>Inorganics</u>	<u>Volatile Organics</u>	<u>Radionuclides</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 21 <input type="checkbox"/> Partial	<input type="checkbox"/> Single Sample	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Haloacetic Acids
<input checked="" type="checkbox"/> Nitrate			<input type="checkbox"/> Bromate
<input checked="" type="checkbox"/> Nitrite	<u>Synthetic Organics</u>	<u>Secondaries</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos	<input type="checkbox"/> All 30 <input type="checkbox"/> Partial	<input type="checkbox"/> All 14 <input type="checkbox"/> Partial	

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).



Signature:

Date: 09/14/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

Florida Department of Environmental Protection  
 Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1)    Lab ID: 47581DW2    PWS ID: 3641399    Sample ID: POE

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	0.0500	U	EPA300.0	0.0500	09/06/07	03:20 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	09/06/07	03:20 PM	E83018

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Twin Rivers PWS ID #: 3049399

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Skumdale Ave

City: Ormond State: FL ZIP Code: 32174

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: NA

Sample Information (to be completed by sampler)

Sample Number: 47581DW3 Location Code (if known): 40 Tymbercreek

Sample Date: 9/15/07 Sample Time: 6:50  AM  PM (circle one)

Sample Location (be specific): 40 Tymbercreek

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: 7.4

Sample Type (check only one)

- Distribution
- Entry Point (for Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

Sample Reasons (check all that apply)

- Routine Compliance (with 62-550)  Quarterly (which quarter?) 3<sup>rd</sup>
- Confirmation of MCL Exceedence \*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites \*\*
- Violation Resolution
- Clearance (permitting)
- Replacement (of invalidated sample)
- Other: \_\_\_\_\_

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 62-550.500(6) for requirements and restrictions.

\*\* See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrate MCL exceedences.

attach a results page for each site.

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: NA

Certification (to be completed by sampler)

Paul Thompson for David Haring field coordinator  
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 9/19/07

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form**

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47581DW3

Report Number: 47581  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

<u>Inorganics</u>	<u>Volatile Organics</u>	<u>Radionuclides</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 21 <input type="checkbox"/> Partial	<input type="checkbox"/> Single Sample	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial		<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate			<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<u>Synthetic Organics</u>	<u>Secondaries</u>	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos	<input type="checkbox"/> All 30 <input type="checkbox"/> Partial	<input type="checkbox"/> All 14 <input type="checkbox"/> Partial	

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, 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).



Signature:

Date: 09/14/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_

Florida Department of Environmental Protection  
 Safe Drinking Water Program Laboratory Reporting Form

Disinfection Byproducts: 62-550.310(3)    Lab ID: 47581DW3    PWS ID: 3641399    Sample ID: 40 Tymbercreek

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	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	20.0		EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	12.2		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	0.897		EPA552.2	0.500	09/12/07		E83018
2458	HAA5	60	ug/L	33.1		EPA552.2	0.500	09/12/07		E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client: AUF - Putnam County Project Name: Twin Rivers PWS# 3641399  
 Address: P.O. Box 490310 Contact: Paul Thompson P.O.#  
Leesburg FL 34748 FCL Lab Coordinator  
 Phone: 386-329-7122 Requested Due Date: 20  
 Sampled By (PRINT): David Haring **PICK UP**

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES						ANALYSES REQUEST	COMMENTS	Total		
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NH <sub>4</sub> SCN	NH <sub>4</sub> Cl					
1	40 Timbercreek	9-5-07	0650	DW	47581DW1				X	X		X			Ch 0.9 pH 7.4	2
2	Point of Entry	9-5-07	0715	DW	↓ 2	X							X		Ch pH 7.4	1
3	40 Timbercreek	9-5-07	0650	DW	↓ 3						X	X			Ch 0.9 pH 7.4	1
4																
5																
6																
7																
8																
9																
10																

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<u>David Haring</u>	9-5-07	1115	<u>[Signature]</u>	9-5	1117	<u>[Signature]</u>	9-5	306	<u>[Signature]</u>	9/5/07	1312

• WHITE - Original - To Be Returned      • YELLOW - Duplicate

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: June 4, 2007

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 TDS DE  
Received: 5/30/07 11:50

[2128760]

---

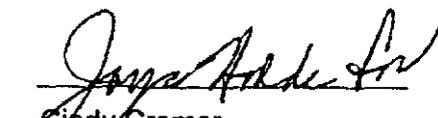
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

  
Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/4/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5284

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 TDS DE  
Received: 5/30/07 11:50

[2128760]

MB=Method Blank LCS=Laboratory Control Sample LCSO=Laboratory Control Sample Duplicate MS=Matrix Spike MSO=Matrix Spike Duplicate DUP=Sample Duplicate

**HBEL Sample** **Method Narratives (If Applicable)**

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/4/07



Page 2 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2128760]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 TDS DE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID				
Laboratory ID: 2128760001						<table border="1"> <tr> <td>Sampled: 05/29/07 13:30</td> <td>Received: 05/30/07 11:50</td> </tr> <tr> <td>Matrix: Water</td> <td>Results reported on Wet Weight Basis</td> </tr> </table>					Sampled: 05/29/07 13:30	Received: 05/30/07 11:50	Matrix: Water	Results reported on Wet Weight Basis
Sampled: 05/29/07 13:30	Received: 05/30/07 11:50													
Matrix: Water	Results reported on Wet Weight Basis													
Sample ID: P.O.E. Grab														
Total Dissolved Solids		500	mg/L	5.0	EPA 160.1	WCDE16157		06/1/07 14:14	PA	E83509				

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418



Printed: 6/4/07



**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: TWIN RIVERS PWS I.D. #: 3641399

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: RIVERDALE AVE

City: ORMOND BEACH State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 05/29/07 Sample Time: 1:30 PM

Sample Location (be specific): P.O.E. Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids) \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

**Sample Type (Check Only One)**

**Reason(s) for Sample (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Distribution                             | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (which Qtr? _____)             |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence*  | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites**    | <input type="checkbox"/> Violation Resolution                     |
| <input type="checkbox"/> Raw (at well or intake)                  | <input type="checkbox"/> Clearance (permitting)           | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Max Residence Time                       | <input type="checkbox"/> Other: _____                     |   |
| <input type="checkbox"/> Ave Residence Time                       | Sampling Procedure Used or Other Comments: _____          |   |
| <input type="checkbox"/> Near First Customer                      |   |   |

\*See 62-550.500(6) for requirements and restrictions.  
Note: See 62-550.512(3) for additional requirements  
for Nitrate or Nitrite MCL exceedences.

\*\* See 62-550.550(4) for requirements and  
attach a results page for each site.

Sampler's Name: DAVID HARLO

Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

**CERTIFICATION** (to be completed by sampler)

I, PAUL THOMPSON (for DAVID HARLO) FIELD COORDINATOR  
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 6/20/07

## 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: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E83509  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/30/07

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2128760001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21<br><input type="checkbox"/> Partial<br><p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Bromate<br><input type="checkbox"/> Chlorate<br><p><u>Secondaries</u></p> <input type="checkbox"/> All 14<br><input checked="" type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: \_\_\_\_\_

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 04-Jun-07

\* 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: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

**SECONDARY CHEMICAL ANALYSIS**

**62 - 550.320**

**(PWS031)**

Client: Aqua Utilities Florida, Inc. Workorder: Twin Rivers 6469 TDS DE  
 Sample Location: P.O.E. Grab  
 Sample Number: 2128760001  
 Sampling Date: 5/29/07 13:30  
 Preservative: Nitric Acid or None  
 Date Received: 5/30/07 11:50

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1930	Total Dissolved Solids [500]	500	mg/L	EPA 160.1	5.0	6/01/07	E83509

Southeast Florida  
FDOH # E96080

Central Florida  
FDOH # E83509

Northeast Florida FDOH # E82417

Southwest Florida  
FDOH # E85370

West Central Florida  
FDOH # E84418

Printed: 6/4/07





**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

**SYSTEM NAME:** Twin Rivers

**SYSTEM PWS ID #:** 3641399

**REPORT DATE:** 3/19/07

**SUBMISSION #:** 072714

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Central District. - Volusia Office
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Southwest District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Northeast District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the Marion County DOH: (or other \_\_\_\_\_).
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP: \_\_\_\_\_.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**



# 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

Page 1 of 3; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 3641399 System Name: Twin Rivers Sample Number: 1002  
Sample Date: 2/28/07 Sample Time: 13:40 Sample Location: P.O.E.  
Laboratory Assigned Submission Number: 072714 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable

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: March 19, 2007

### 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: Twin Rivers  
PWS ID: 3641399  
Submission Number: 072714

**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 #
1930	Total Dissolved Solids	500	mg/L	470		SM2540C	10	3/8/07		F83265



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

# 072714

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities  
Mailing Address: 930 South SR 19 Suite 3  
PALATKA FL 32177  
Telephone: 386-329-1122

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Twiss Rivers PWS ID No. 3641399  
Physical Address: 8 Riverdale Ave Phone No. 386-329-1122  
DIAMOND BEACH FL  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 28 Feb 07 / 13:40  
Sample Location (be specific): P.O.E.  
Sampler Name and Phone (please print): David Haring 386-329-1122  
Signature: David Haring Title: Senior Facility Operator  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

#### SAMPLE CUSTODY:

Sampler Relinquished: David Haring Signature 1 Mar 07 Date 0930 Time OK Condition  
Transporter Relinquished: \_\_\_\_\_

#### PARAMETERS REQUESTED (check box):

- Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_
- Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_
- Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_
- Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_
- Inorganics:  
 All 17  Partial: \_\_\_\_\_
- Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_
- Secondaries:  
 All 14  Partial: TDS
- Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential
- Volatile Organics:  
 All 21  Partial: \_\_\_\_\_
- Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: 2.8 pH: 7.4  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR LABORATORY USE ONLY

Received By: C. O. O'Connell Date 3-1-07 Time 9:35 AM Condition ICP

Lab Number: 072714

Comments: \_\_\_\_\_

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

Page: 52

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

072714

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Twin Rivers #6469 PWS I.D. #: 3641399

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8 Riverdale Ave

City: Ormond Beach State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: \_\_\_\_\_

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1002 Location Code (if known): \_\_\_\_\_

Sample Date: 28 Feb 07 Sample Time: 13:40 AM  PM (Circle One)

Sample Location (be specific): Point of Entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 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)
- Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: \_\_\_\_\_

CERTIFICATION (to be completed by sampler)

I, David Haring (Print Name), Senior Facility Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David Haring Date: 28 Feb 07



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10885 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

SYSTEM NAME: Twin Rivers #6469

SYSTEM PWS ID #: 3641399

REPORT DATE: 3/19/07

SUBMISSION #: 072710

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Central District. - Volusia Office
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Southwest District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP Northeast District.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the Marion County DOH: (or other \_\_\_\_\_).
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the DEP: \_\_\_\_\_.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



**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**

Page 1 of 3; including Chain of Custody

**LABORATORY CERTIFICATION INFORMATION**

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

**ANALYSIS INFORMATION**

PWS ID: 3641399 System Name: Twin Rivers #6469 Sample Number: 1001  
Sample Date: 2/28/07 Sample Time: 2:00 PM Sample Location: 34 Twin River Dr  
Laboratory Assigned Submission Number: 072710 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Disinfection Byproducts, Trihalomethanes

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

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: March 19, 2007

**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) 625-6838

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

System Name: Twin Rivers #6469

PWS ID: 3641399

Submission Number: 072710

Disinfectant Residual (mg/L): 0.5

### DISINFECTION BYPRODUCTS

62-550.310(3)

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	18		E524.2	0.31	3/5/07		E83079
2942	Bromoform	N/A	µg/L	0.22	U	E524.2	0.22	3/5/07		E83079
2943	Bromodichloromethane	N/A	µg/L	5.9		E524.2	0.23	3/5/07		E83079
2944	Dibromochloromethane	N/A	µg/L	1.2		E524.2	0.14	3/5/07		E83079
2950	Total Trihalomethanes	80	µg/L	25		E524.2				E83079

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

# 072710

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities  
Mailing Address: 930 South SR 19 Suite 3  
PALATKA FL 32177  
Telephone: 386-329-1122

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Twin Rivers #6769 PWS ID No. 3641399  
Physical Address: 8 Riverdale Ave Phone No. 386-329-1122  
Arnold Beach FL  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 28 Feb 07 / 2:00 PM.  
Sample Location (be specific): 34 Twin River Dr  
Sampler Name and Phone (please print): David Haring 386-329-1122  
Signature: David Haring Title: Senior Facility Operator

Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

#### SAMPLE CUSTODY:

Signature	Date	Time	Condition
<u>David Haring</u>	<u>1 MAR 07</u>	<u>0930</u>	<u>OK</u>
Transporter Relinquished:			

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulateds:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulateds:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulateds:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  
 All 17  Partial: \_\_\_\_\_  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries:  
 All 14  Partial: \_\_\_\_\_  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: 0.5 pH: 7.4  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: David Haring Date: 28 Feb 07

#### FOR LABORATORY USE ONLY

Received By: [Signature] Date: 2-1-07 Time: 9:35 AM Condition: icy  
Lab Number: 072710

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Tags: 5

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

072710

**PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - Please type or print legibly)

System Name: Twin Rivers #6469 PWS I.D. #: 

3	6	4	1	3	9	9
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 8 Riverdale Ave

City: Ormond Beach State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 1001 Location Code (if known): \_\_\_\_\_

Sample Date: 28 Feb 07 Sample Time: 2:00 AM  PM (Circle One)

Sample Location (be specific): 34 Twin River Dr

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.5 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)  Quarterly (Which Quarter? 1<sup>st</sup>)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- 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: David Haring

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, David Haring (Print Name), Senior Facility Operator (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: David Haring Date: 28 Feb 07



# 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

Page 1 of 3; including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 3641399 System Name: Twin Rivers #8469 Sample Number: Not Provided  
Sample Date: 2/28/07 Sample Time: 14:00 Sample Location: Tap Blank  
Laboratory Assigned Submission Number: 072711 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Disinfection Byproducts, Trihalomethanes

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

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: March 19, 2007

### 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: Twin Rivers #6469  
PWS ID: 3641399  
Submission Number: 072711

Disinfectant Residual (mg/L): N/A

### DISINFECTION BYPRODUCTS 62-550.310(3)

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	0.31	U	E524.2	0.31	3/5/07		E83079
2942	Bromoform	N/A	µg/L	0.22	U	E524.2	0.22	3/5/07		E83079
2943	Bromodichloromethane	N/A	µg/L	0.23	U	E524.2	0.23	3/5/07		E83079
2944	Dibromochloromethane	N/A	µg/L	0.14	U	E524.2	0.14	3/5/07		E83079
2950	Total Trihalomethanes	80	µg/L	0.50	U	E524.2				E83079

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

# 072711

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA Utilities  
Mailing Address: 930 South SR 19 Suite 3  
PALATKA FL 32177  
Telephone: \_\_\_\_\_

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Twin Rivers #6469 PWS ID No. 3641399  
Physical Address: 8 Riverdale Ave Phone No. 386-329-1122  
Ormond Beach FL  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 28 Feb 07 / 14:00  
Sample Location (be specific): Trip Blank  
Sampler Name and Phone (please print): DAVID HARMG 386-329-1122  
Signature: David Harmg Title \_\_\_\_\_  
Type (check box):  Distribution  TBM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample — Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY: Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Condition \_\_\_\_\_  
Sampler Relinquished: David Harmg 1/14/07 0930 OK  
Transporter Relinquished: \_\_\_\_\_

#### PARAMETERS REQUESTED (check box):

- Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_
- Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_
- Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_
- Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_
- Inorganics:  
 All 17  Partial: \_\_\_\_\_
- Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_
- Secondaries:  
 All 14  Partial: \_\_\_\_\_
- Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-TM Potential
- Volatile Organics:  
 All 21  Partial: \_\_\_\_\_
- Miscellaneous: \_\_\_\_\_

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR LABORATORY USE ONLY

Received By: Cheese Date 3-1-07 Time 9:35 AM Condition ice  
Lab Number: 072711  
Comments: \_\_\_\_\_  
Temp: 5C

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 20, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 TDS DE  
Received: 10/11/06 12:15

[2127058]

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771

307 Coolidge Avenue  
Lehigh Acres, FL 33936

16331 Cortez Blvd.  
Brooksville, FL 34601

FDOH # E96080

FDOH # E83509

FDOH # E85370

FDOH # E84418

Printed: 10/20/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Twin Rivers 6469 TDS DE  
**Received:** 10/11/06 12:15

**{2127058}**

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

<u>HBEL Sample</u>	<u>Method Narratives (If Applicable)</u>		
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/20/06

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2127058]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 TDS DE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2127058001		Sampled: 10/10/06 13:40		Received: 10/11/06 12:15				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Total Dissolved Solids		510	mg/L	5.0	EPA 160.1	WCDE15256		10/12/06 15:40	RM	E83509

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/20/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: October 23, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 THM/HAA5 [2126918]  
Received: 9/27/06 12:00

---

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-1584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Twin Rivers 6469 THM/HAA5  
**Received:** 9/27/06 12:00

**[2126918]**

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

**HBEL Sample**

**Method Narratives (If Applicable)**

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2126918]

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Twin Rivers 6469 THM/HAA5

Parameter	Qualifier	Result	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126918001</b>						<b>Sampled: 09/26/06 13:10</b>		<b>Received: 09/27/06 12:00</b>			
<b>Sample ID: 34 Twin Rivers Grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		7.3	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 17:41	WR	E96080
Bromoform	U	0.41	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 17:41	WR	E96080
Chloroform		22	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 17:41	WR	E96080
Dibromochloromethane		1.8	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 17:41	WR	E96080
Total THMs		31	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/9/06 17:41	WR	E96080

<b>Laboratory ID: 2126918002</b>						<b>Sampled:</b>		<b>Received: 09/27/06 12:00</b>			
<b>Sample ID: Trip Blank</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 18:15	WR	E96080
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 18:15	WR	E96080
Chloroform		0.25 U	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 18:15	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 18:15	WR	E96080
Total THMs		0.50 U	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/9/06 18:15	WR	E96080

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
Fort Pierce, FL 34946

FDOH # E96080

Printed: 10/23/2006

4155 St. Johns Pkwy, Suite 1300  
Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936

FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601

FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 11, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 HAA5/THM [2126850]  
Received: 9/19/06 11:50

---

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cartez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 HAA5/THM  
Received: 9/19/06 11:50

[2126850]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

**Method Narratives (If Applicable)**

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>
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Analytical Issue

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2126850]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 HAA5/THM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126850001						Sampled: 09/18/06 14:00 Received: 09/19/06 11:50				
Sample ID: 40 Tymbercreek Grab						Matrix: Water Results reported on Wet Weight Basis				
Bromodichloromethane		6.2	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 15:33	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2699		09/29/06 15:33	WR	E96080
Chloroform		17	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 15:33	WR	E96080
Dibromochloromethane		1.2	ug/L	0.30	EPA 524.2	VOC2699		09/29/06 15:33	WR	E96080
Total THMs		25	ug/L	0.50	EPA 524.2	VOC2699		09/29/06 15:33	WR	E96080

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/11/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: October 13, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

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Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 DW Scan [2126752]  
Received: 9/12/06 11:50

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Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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307 Coolidge Avenue  
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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/13/06



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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 DW Scan  
Received: 9/12/06 11:50

[2126752]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

**Method Narratives (If Applicable)**

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
2126752001	P.O.E. Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 504.1	PEST4792		
2126752001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
EPA 505	PEST4791		
2126752001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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FDOH # E84418

Printed: 10/13/06



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**CERTIFICATE OF ANALYSIS**

[2126752]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126752001</b>						<b>Sampled: 09/11/06 15:15</b>				
<b>Sample ID: P.O.E. Grab</b>						<b>Received: 09/12/06 11:50</b>				
						<b>Matrix: Water</b>				
<b>Results reported on Wet Weight Basis</b>										
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15123		09/12/06 13:45	PA	E83509
pH	Q	7.32	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20	PA	E83509
Total Dissolved Solids		500	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Barium		0.021	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Copper		0.0036	mg/L	0.0014	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Manganese		0.011	mg/L	0.0037	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Sodium		53	mg/L	0.50	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:25	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:25	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:10	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8150		09/28/06 18:37	DM	E96080
Mercury		0.000060 U	mg/L	0.000080	EPA 245.1	META8126	09/13/06 13:45	09/14/06 12:59	DM	E96080
Chloride		86	mg/L	5.0	EPA 300.0	IC6947		09/15/06 0:52	JL	E96080
Fluoride		0.053	mg/L	0.011	EPA 300.0	IC6940		09/13/06 13:34	JL	E96080
Nitrate as N		0.11	mg/L	0.0030	EPA 300.0	IC6940		09/13/06 13:34	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6940		09/13/06 13:34	JL	E96080
Sulfate		3.2	mg/L	1.4	EPA 300.0	IC6947		09/15/06 0:52	JL	E96080
Surfactants as LAS, Mol.wt.340		0.070	mg/L	0.042	EPA 425.1	WCDE15131	09/13/06 11:30	09/13/06 15:45	RM	E83509
1,2-Dibromo-3-chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 0:29	JL	E96080
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 0:29	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
Heptachlor		0.037 U	ug/L	0.037	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
Methoxychlor		0.045 U	ug/L	0.045	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
Toxaphene		0.62 U	ug/L	0.62	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:30	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080

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Printed: 10/13/06

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**CERTIFICATE OF ANALYSIS**

[2126752]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 21:59	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		08/25/06 1:15	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2693		09/25/06 1:15	WR	E96080
Atachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 2:23	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2333		09/18/06 16:26	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 16:26	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2335		09/20/06 14:13	JJM	E96080
Endosulf		2.8 U	ug/L	2.8	EPA 548.1	SVOC2439	09/15/06 11:06	09/20/06 1:41	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2334	09/15/06 11:10	09/20/06 13:54	JJM	E96080
Gross Alpha		2.3 U +/- 1.5	pCi/L		EPA 900.0	KNL1360		10/13/06 8:00	KNL	E84025
Radium 226		1.9 +/- 0.8	pCi/L		EPA 903.1	KNL1360		10/4/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.8	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1031		09/26/06 9:48	SAL	E84129
Color		8.0	CU	1.8	SM2120 B	WCGE26264		09/13/06 16:15	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26317	09/18/06 12:45	09/21/06 15:41	GG	E96080

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Page 4 of 6

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**CERTIFICATE OF ANALYSIS**

[2126752]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126752002						Sampled: Received: 09/12/06 11:50				
Sample ID: Trip Blank						Matrix: Water Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2693	09/25/06 1:49	WR	E96080		

<sup>1</sup>Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
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FDOH # E85370

16331 Cortez Blvd  
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FDOH # E84418

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# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

## Chain-of-Custody

and  
Agreement to Perform Services

Company: AQUA Utilities

Address: 930 South SR 19 Suite 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Twin Rivers #6469

Sampled By: David Haring

Method(s) of Shipment: \_\_\_\_\_

e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time  
Or  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

USE BALL POINT PEN  
PRESS HARD  
COMPLETELY FILL OUT  
ALL NON GREYED AREAS  
PRINT LEGIBLY

Laboratory not responsible for omitted information

\_\_\_\_ FDOH # E96080      \_\_\_\_ FDOH # E85370  
5600 U.S. 1 North      307 Coolidge Avenue  
Fort Pierce, FL 34948      Lehigh Acres, FL 33936  
 FDOH # E83509      \_\_\_\_ FDOH # E84418  
255 Enterprise Rd., Suite 1      2514 Osawaw Blvd.  
Deltona, FL 32725      Spring Hill, FL 34607



For Lab Use Only											
Temperature				Custody Seals				pH			
Checked		Intact		Checked		Y		Y		N	
<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	Y	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	Y	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N
PRESERVATIVE											
HNO <sub>3</sub>	NaOH					HNO <sub>3</sub>	HCl				
ANALYSES REQUESTED											
<input checked="" type="checkbox"/>											
1° + 2° Alcohols	Cyanide	Chloride	Fluoride	pH, color	TDS	Odor	HAB	Calc	Gross Alpha	Rad 226/228	Reg VOC's
X			X								
	X										
		X									
				X							
						X					
							X				
									X		
										X	
001	↓	↓	↓	↓	X						
002					3						

LAB # 212679A

Preservation Key  
H=Hydrochloric Acid      P=Phosphoric Acid  
N=Nitric Acid              ST= Sodium  
S=Sulfuric Acid              Thio sulfate  
SH= Sodium Hydroxide      U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
601	11 Sep 06	1515	G	DW	1	P.O.E.
					1	
					1	
					1	
					1	
					2	
					3	
					X	
					3	Trip Blank

COMMENTS

Collection Time is when last bottle Filled

\* 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 6 of 6	RELINQUISHED BY <u>David Haring</u>	RELINQUISHED BY <u>Heather to Edy</u>	RELINQUISHED BY _____
	DATE/TIME <u>13 Sep 06 11150</u>	DATE/TIME <u>9/26/06 1410</u>	DATE/TIME _____
	RECEIVED BY <u>Janice</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>Ona de Sola</u>
	DATE/TIME <u>9/12/06 1157</u>	DATE/TIME _____	DATE/TIME <u>9-13-06 1015</u>



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Company: AQUA Utilities

Address: 930 South SR 19 Suite 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Twin Rivers #6469

Sampled By: David Harris

Method(s) of Shipment: \_\_\_\_\_

Standard Laboratory Turn Around Time

Or

Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

USE BALL POINT PEN  
PRESS HARD  
COMPLETELY FILL OUT  
ALL NON GREYED AREAS  
PRINT LEGIBLY

Laboratory not responsible for omitted information  
\_\_\_\_ FDOH # E96080      \_\_\_\_ FDOH # E85370  
5600 U.S. 1 North      307 Coolidge Avenue  
Fort Pierce, FL 34946      Lehigh Acres, FL 33936  
\_\_\_\_ FDOH # E83509      \_\_\_\_ FDOH # E84418  
255 Enterprise Rd., Suite 1      2514 Osawaw Blvd.  
Deltona, FL 32725      Spring Hill, FL 34607



*11/6/06* For Lab Use Only  
Temperature \_\_\_\_\_ Custody Seals \_\_\_\_\_ pH \_\_\_\_\_  
Checked  Intact      Checked   
 N       Y       NA       Y       N  
LAB # U22675A

PRESERVATIVE							
ST							
ANALYSES REQUESTED							
<input checked="" type="checkbox"/>							

**Preservation Key**

H=Hydrochloric Acid      P=Phosphoric Acid  
N=Nitric Acid      ST=Sodium  
S=Sulfuric Acid      Thioacetate  
SH=Sodium Hydroxide      U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED	COMMENTS
	DATE	TIME						
001	11 Sep 06	1515	G	DW	3	PDE	X	Collection Time Is when Last Bottle Filled
							X	
							X	
							X	
							X	
							X	
001					3		X	

\* 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 6 of 6	RELINQUISHED BY <u>David Harris</u>	RELINQUISHED BY <u>Paul Thompson</u>	RELINQUISHED BY _____
	DATE/TIME <u>12 Sep 06 1130</u>	DATE/TIME <u>9/12/06 1600</u>	DATE/TIME _____
	RECEIVED BY <u>Paul Thompson</u>	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>David Harris</u>
	DATE/TIME <u>9/12/06 1130</u>	DATE/TIME _____	DATE/TIME <u>9-13-06 1015</u>

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: May 16, 2006

To: Brian Heath  
Aqua Utilities Florida, Inc.  
930 S South State Road 19  
Palatka, FL 321779394

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Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 TTHM [2125561]  
Received: 5/03/06 12:40

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Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/16/06



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5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-6884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Twin Rivers 6469 TTHM  
Received: 5/03/06 12:40

[2125561]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

**Method Narratives (if Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte

Analytical Issue

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/16/06



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 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2125561]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Twin Rivers 6469 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2125561001</b> <b>Sample ID: POE Grab</b>					<b>Sampled: 05/02/06 13:20</b> <b>Matrix: Water</b>		<b>Received: 05/03/06 12:40</b> Results reported on Wet Weight Basis			
Bromodichloromethane		4.6	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 15:26	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 15:26	WR	E96080
Chloroform		11	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 15:26	WR	E96080
Dibromochloromethane		1.1	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 15:26	WR	E96080
Total THMs		17	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 15:26	WR	E96080
<b>Laboratory ID: 2125561002</b> <b>Sample ID: Tymbercreek Grab</b>					<b>Sampled: 05/02/06 13:55</b> <b>Matrix: Water</b>		<b>Received: 05/03/06 12:40</b> Results reported on Wet Weight Basis			
Bromodichloromethane		6.0	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 16:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 16:00	WR	E96080
Chloroform		15	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 16:00	WR	E96080
Dibromochloromethane		1.4	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 16:00	WR	E96080
Total THMs		23	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 16:00	WR	E96080
<b>Laboratory ID: 2125561003</b> <b>Sample ID: Trip Blank</b>					<b>Sampled:</b> <b>Matrix: Water</b>		<b>Received: 05/03/06 12:40</b> Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 16:33	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2630		05/13/06 16:33	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2630		05/13/06 16:33	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2630		05/13/06 16:33	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2630		05/13/06 16:33	WR	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit  
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North  
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 FDOH # E83509

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 Lehigh Acres, FL 33936  
 FDOH # E85370

2514 Osawaw Boulevard  
 Spring Hill, FL 34607  
 FDOH # E84418



Printed: 5/16/08

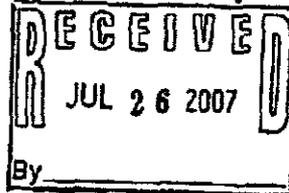




Volusia County Health Department  
Environmental Engineering - Drinking Water Section

Public Water System Inspection Report

Inspection Date: 7/19/2007  
Inspection Type: FOLLOW-UP INSPECTION  
PWS Type: Community  
Population Served: 288 Service Connections: 35  
Owner: AQUA UTILITIES FLORIDA



TWIN RIVERS ESTATES  
System PWS # 354333

CHECKED ITEMS INDICATE NON-COMPLIANCE

- |                |                                     |                  |                          |                         |                          |                   |                          |           |                                     |
|----------------|-------------------------------------|------------------|--------------------------|-------------------------|--------------------------|-------------------|--------------------------|-----------|-------------------------------------|
| Well Pad:      | <input checked="" type="checkbox"/> | Storage Tanks:   | <input type="checkbox"/> | Disinfection Levels:    | <input type="checkbox"/> | O and M Manual:   | <input type="checkbox"/> | Security: | <input type="checkbox"/>            |
| Sanitary Seal: | <input type="checkbox"/>            | Storage Other:   | <input type="checkbox"/> | Disinfection Equipment: | <input type="checkbox"/> | Meter Device:     | <input type="checkbox"/> | Other:    | <input checked="" type="checkbox"/> |
| Raw Water Tap: | <input type="checkbox"/>            | Plant Log:       | <input type="checkbox"/> | Disinfection Storage:   | <input type="checkbox"/> | Sanitary Hazards: | <input type="checkbox"/> |           |                                     |
| Check Valve:   | <input type="checkbox"/>            | Operator Visits: | <input type="checkbox"/> | Treatment Other:        | <input type="checkbox"/> | Cross Connection: | <input type="checkbox"/> |           |                                     |
| Well Other:    | <input type="checkbox"/>            | System Pressure: | <input type="checkbox"/> | Chemical Storage:       | <input type="checkbox"/> | Standby Power:    | <input type="checkbox"/> |           |                                     |

DEFICIENCIES

Deficiency Noted: **BOTTOM SECTION OF WOODEN DOOR TO WATER PLANT IS DAMAGED. (APPROXIMATELY 10-12' OPENING IN DOOR). NOTE: THIS WATER PLANT BUILDING IS ENCLOSED BY A LOCKED FENCE.**

Recommended Action: **REPAIR DOOR TO WATER TREATMENT PLANT.**

Inspection Date: 7/19/2007

Regulation: 62-555.350(2)

Due Date: 8/10/2007

COMMENTS

TOTAL CL2 = 1.8 PPM. OUTER WALLS OF STORAGE TANK THAT HAD NOTICEABLE WATER LEAKS ARE NOW DRY AND HAVE BEEN REPAIRED WITH A CONCRETE PATCH MATERIAL. A PROTECTIVE COATING OF PAINT SHOULD BE APPLIED TO THESE 'PATCHED' AREAS TO PROTECT AND SEAL THESE AREAS. PLEASE NOTIFY THIS OFFICE WHEN THESE WALLS HAVE BEEN PAINTED.

You are required to correct the deficiencies for the subject system and to provide a written statement to the department no later than each pertinent compliance deadline stating that all listed deficiencies have been corrected. Failure to do so may result in initiation of appropriate enforcement action by the department.

Inspector Name: Patricia Carrico

Signed: Patricia Carrico

Date: 7/23/2007

cc:

DOCUMENT NUMBER - DATE

04334 MAY 22 08

FPSC-COMMISSION CLERK

Patricia Carrico Environmental Specialist II (386) 274-0717  
P.O. Box 9190, Daytona Beach, FL 32120-9190

A UA  
Utilities Florida.

Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
Leesburg, FL 34748

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

August 1, 2007

Patricia Carrico  
Volusia County Health Department  
P.O. Box 9190  
Daytona Beach, FL 32120-9190

**RE: Reply to Follow-Up Inspection  
Twin Rivers Estates  
PWS ID No. 3641399  
Volusia County**

Dear Ms. Carrico:

Thank you for your inspection on July 19, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The wooden door at the water plant was replaced on August 1, 2007.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at [PAFarris@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com). Thank you.

Sincerely,

*Patrick Farris*

Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail  
Brain Heath, via e-mail  
Michael O'Reilly, via e-mail