Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 5 of 16

Part 6 of 8

#### Containing:

Monthly Operating Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE OF 18 O 4 3 1 3 MAY 22 8

Aqua Utilities Florida, Inc.

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See Pages 4 for Instructions.

General Information	for the Month/Y	ear of: January, 2007		er e krije rojih seke		
Public Water System	(PWS) Informat	ion				
PWS Name:	Quail Ridge				PWS Identification Numb	er: 3354867
PWS Type:	✓ Community	Non-Transient Non-Communit		nmunity	Consecutive	
Number of Service Connection	ons at End of Month:	77			Population Served at End of	f Month: 270
	Aqua Utilities Florida	the second of the second			3	
	Brian Heath			Cont	act Person's Title:	Area Manager
Contact Person's Mailing Ad		O Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone ?		352) 787-0980		Conta	act Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Add	lress:	eheath@aguaamerica.com		en klaski i alikete e	\$1	
Water Treatment Plan						
		The stage of the s			Plant Telephone Number:	352-787-0980
	37713 Quail Ridge Ci			City: Eustis	State: Florida	Zip Code: 34788
Type of Water Treatment by		Raw Ground Water	Purchased Finished Water			
Permitted Maximum Day Op			468,000	each custified		
Plant Category (per subsection					Class (per subsection 62-699	
Licensed Operators	THE CONTRACT OF STREET	Name Name	License Clas	License Number	Da	iy(s)//Shift(s):Worked
Leat/Ghier Oberatora v		artika 2000 a da ili ili ili ili ili ili ili ili ili il	<b>C</b>	6813	Days 1st Shift	
	Marty Neal		C straining	10027	Days 1st Shift	
<u> </u>	ohn Worrell		C A Section	6597	Days 1st Shift	
	ga sa gang kan baya			Latte was grayed in		
		A STATE OF THE STA	、自己的品质的基本。 <b>在</b> 實際的語	t pession of history		
	<u> Party styllette styllet</u>					
		way base out to the first of the second				
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		And the second s	State of the state			
	em (et al), ede ki (il), e					
<b>经验证的证据</b>						t francischer in der Steine Gerale in der
Constitution to the Lange	Chi co					
Certification by Lead/						
i, the undersigned water	r treatment plant o	pperator licensed in Florida, am	the lead/chief operator of the	e water treatment p	olant identified in part l	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 cer	tify that all drinkin	g water treatment chen	nicals used at this plant conform to NS
International Standard 6	60 or other application	able standards referenced in sub	section 62-555.320(3), F.A.	C. I also certify th	at the following addition	onal operations records for this plant
were prepared each day	that a licensed of	perator staffed or visited this plant	ant during the month indicat	ed above: (1) recor	ds of amounts of chem	nicals used and chemical feed rates; and
(2) if applicable, approp	oriate treatment pr	rocess performance records. Fu	rthermore, I agree to provid	e these additional o	perations records to th	e PWS owner so the PWS owner can
retain them, together wi	th copies of this r	eport, at a convenient location:	for at least ten vears.			The state of the s
1. Cl	<u> </u>		<del></del>			
Illhu H		to the same of the	Will Fontaine	A Committee Committee Committee		0.4010
Signature and Date			Printed or Typed Name	· · · · · · · · · · · · · · · · · · ·	<u>t g ku u</u>	<u>C-6813</u>
Signature and there	Br	CUMENT NUMBER-DATE	runce of Typee Name			License Number
			Daga 1			•
DEP Form 62-555900(3)Alte	ernate	04313 MAY 22 8	Page 1			

FPSC-COMMISSION CLERK

4 113	Identili	catton	Number:		3354867		Plant Name:	Quail Ridge							
Ш. І	Daily 1	Data	for the N	lonth/Year	of:		January, 2007							<del></del>	
				Virus Inacti		/al: ▼ Free (		Chlorine Di	louide.	Ozone	EE C1	oined Chlori	(Chlasse		
ا تا	Itravio	let Ra	distion		er (Describe):		omorate 1	Chiorine Di	Oxige	1 Ozone	Comi	oinea Chiori	пе (Спютал	nines)	
_						ibution System:	₩ Free Chk	orine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine I	Dioxide	
		2.3				T Calculations, o						<u></u>		76.298 & 46.588 B	
							CT Calc						Dose (		
				ació va i	P. Copperation	AN ALIS SOFT OF A STREET	STATISTICISCALE	manons x 200	SALANIA N	144.30.00015	AND CARREST	Section 199	Topota value		Personal Control of the Control of t
4.30				<b>10</b>	<b>  数</b> 第多点		11.7 15.5	Lowest GTA	#19 C	1000	177-787	412.25	7.53	4-12-4	
					1025		Disinfectant	#Provided		W 10		10.47	TA BOTT	7 (1987)	
	Days	Yani		sNet Quantity		Lowest Residual	Contact Time	Before or M			75 T		Minimum	Cowest Residual	
	Visit		<b>また人のひまでま</b> り	of Finished		Disinfectant /// Concentration (C)	Measurements	Cusiomer				Lowester	IIIV Dosei		# all Emergency of Abnormal Operating
Dayo	Oper	Aford		Vater	la Tara	Before or at Firsty.	Point During				Minimum CT	1.12	Required.	Remote Pointin	Gonditions Repair on Maintenance Work that
the	) (Ci	iQ.	<b>3</b> 3 3 4 4	Producted	Peak Flow	Customer During	Peak Flow	vi) low mg-1	[empot		Required mg	UV Dose	I SamW-Sar	Distribution a	Winvolves Taking Water System Components
Month				da Fgall X 13		Peak Flow, mg/L	minutes	系/min/LSS	Water, C	if/Applicable	CEmin/L.	mW-sec/cm	sec/cm/ii	System ing/La	A Consol Operation
<b>建41</b> 基			24.0 24.0			0.8				A service of the		<u> </u>	<del> </del>	0.7	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
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125	×		24.0			1.5	Fig. 1 States		100	Angelolis - A				1.3	
7 P. O.	X		24.0			1.6			12 1 2 1 3		<del> </del>			1.3	De Maria de
<b>1137 W</b>	Х	<b>C</b>	24.0	16,000		1,5				A STANCE OF		2. 14. 17.			gan de la company
如動	\$	7.4	24.0	17,000			alt Halletin	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de	19 V P			No.			<b>数据数据的 化双氯二甲二甲基二甲</b>
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	( ) X		24.0			1.5							<b> </b>		AND THE STREET
<b>强制</b>		11.12	24.0	17,000		<u> </u>			7-1-7	g. 727		farm to			
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确度	K	_	24.0	15,000			dia Linguista di	- 1				i i ja en		i i ja	
Popul.				482,000					-	-	•				•

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



See Pages 4 for Instructions.			·	
1. General Information for the Month/Year of: Feb	ruary, 2007			
A. Public Water System (PWS) Information				
PWS Name: Quail Ridge			PWS Identification Number:	3354867
PWS Type:	Community Transient Nor	-Community	Consecutive	
Number of Service Connections at End of Month: 77			Population Served at End of N	Nonth: 270
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Cont	act 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		Cont	ect Person's Fax Number: (	352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamer	ica.com			
B. Water Treatment Plant Information		_		
Plant Name: Quail Ridge			Plant Telephone Number:	352-787-0980
Plant Address: 37713 Quail Ridge Circle		City: Eustis	State: Florida	Zip Code: 34788
Type of Water Treatment by Plant:	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	468,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Class (per subsection 62-699.3	
"Dicensed Operators Name	License (	lass License Number	Day	(s) / Shift(s) Worked
Lead/Chief Operator: Will Fontaine	С	6813	Days 1st Shift	· ·
Other Operators Marty Neal	1 44, 13 4 1 <b>C</b>	10027	Days 1st Shift	
John Worrell	c	6597	Days 1st Shift	
			<u> </u>	
		<u>.  </u>		
II Certification by Lead/Chief Operator				
	anida anada land/ahia6a	- Cale	Tana idensified in many Y	Cali
I, the undersigned water treatment plant operator licensed in Fl				
information provided in this report is true and accurate to the b				
International Standard 60 or other applicable standards referen				
were prepared each day that a licensed operator staffed or visit	ed this plant during the month ind	licated above: (1) reco	rds of amounts of chemic	cals used and chemical feed rates; and
(2) if applicable, appropriate treatment process performance re		ovide 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.			
Christian				
Who 7 = 3-8-07	Will Fontaine			C-6813
Signature and Date	Printed or Typed Name	······································		License Number
*·B·········· =- * - **				Primarria s smith At

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the N	Jonth/Year	of;		February, 2007								
			g Virus Inacti		val: Free C		Chlorine Di	<u> </u>	□ Ozone			· · · · · · · · · · · · · · · · · · ·		
r .	traviolet R			er (Describe)		morate	Chiorine Di	ioxide	Ozone	1 Com	bined Chlori	ne (Chlorar	nines)	
•					ribution System:	Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
1000					T Calculations; or								N. GALLANS STATE	THE STREET STREET, ST
1.76		生化树	. n v - 19	16	Carculations, of	O V DOSC, W	Demostate	COM-TOR	VII US DIAC	uvanon, m	Applicable	Dose		
2 mg	# 15 To 1	の対策				***	manons -	The Follows		Services	The second of	Dose		
a is ca			125030	1			Lowest CT	经销售	表於主义				14.74 人主义	
		PG 1 10万条50				Disinfectant	Provided		学科學語	學學的意思				
18, 24	Days Plant Staffed or	was the			Lowest Residual	*Contact Time	Before or at				Andreas Control		Lowest Residual	
	Visited by		Net Quantity of Finished		Disinfectant' Concentration (C)	(T) at C Measurement	First			A. Market	Lowest	Minimum UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	100 C		Before or at First	Point During	Customer During Peak			Minimum CI		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	oin S	[9] P. G. G. G. S. G. G. S. A. C. S. G.	Peak Flow		Peak Flow	Flow, mg-	Temp of	nH of Water	Required, mg	UV Dose,	mW-	Distribution -	Involves Taking Water System Components
Month	'∵'X") *		rigal.	Rate gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm		System, mg/L	Out of Operation
李明教	X	24.0			1.5								1.3	
1 2 %	Х	24.0			1.4				N .: 1				1,1	
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¥ 12.8	Х	24.0			1.4								1.1	
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29432	X	24.0			1,4		<b></b>	ļ	14-3				1.1	
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्र <u>ी</u> 6िङ् देशी		24.0			1.4	ļ — — — — — — — — — — — — — — — — — — —		<del> </del>			-	·	1,2	
718	. x	24.0			1.3		-			<b>!</b>	<del></del>	<del> </del>		
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20	х	24,0			1.5		<del></del>	<del>†</del>					1.3	
¥24.	· X	24.0			1.4			1				<del>-                                    </del>	1.1	
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29		24.0		<del>                                     </del>	1,4		<del> </del>	<del> </del>	· ·	<del> </del>	<del> </del>	<del>                                     </del>	1,4	<del> </del>
##30 <sub>#</sub> )		24.0		<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	l ————	<del>  '                                   </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	
9431 a		24.0		<del> </del>				<del>                                     </del>	-		-	<del>                                     </del>	<b>†</b>	
Total #	Mes New Y	Z2494494		<del> </del>		<del>*</del>		<u> </u>		<u> </u>	•	·	<del>** </del>	*
William Charles	Design of Landson States	and the second of the	21 222	7										

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



See Pages 4 for Instructions. L. General Information for the Month/Year of: March, 2007 A. Public Water System (PWS) Information 3354867 PWS Name: Quail Ridge PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive 270 Number of Service Connections at End of Month: 77 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: Florida PO Box 490310 City: Leesburg State: Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: 352-787-0980 Quail Ridge Plant Telephone Number: ing. Plant Address: 37713 Quail Ridge Circle City: Eustis Zip Code: 34788 Florida State: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Category (per subsection 62-699.310(4), F.A.C.): v Plant Class (per subsection 62-699.310(4), F.A.C.): G License Class License Number Day(s) / Shift(s) Worked Licensed Operators Name VICTOR WAS TRUE TO BE Lead/Chief-Operator Will Fontaine 6813 Days 1st Shift Other Operators Marty Neal 10027 Days 1st Shift John Worrell 6597 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. 4-9-07 Will Fontaine C-6813

Page 1

License Number

Printed or Typed Name

PWS I	lentificaíto:	n Number:		3354867		Plant Name:	Quail Ridge							
MI. I	aily Data	for the X	lonth/Year	of:		March, 2007								· · · · · · · · · · · · · · · · · · ·
			g Virus Inactiv		ol: Pro	·								
	tráviolet R					hiorine [	Chlorine Di	oxide	Ozone	Comb	bined Chlori	ne (Chloran	nines)	
F				r (Describe):	·		<del></del>			4-11		·		
I ype (	t Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	H. W. Carrier Company
200		AT HARRIST THE		C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable	100	Viet 1-1-4	
	392 N. V.				·····································							Dose 🚟 🐇		
							Lowest CT	2 557 5 60 2 578 54 7		1.斯蒙尔·森	THE REAL PROPERTY.	Service of		
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12 July 2						Disinfectant	Provided							
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time >	Before or at First					Minimum	Lowest Residual Disinfectant	
4.00	Visited by		of Finished		Concentration (C)	Measurement	Customer	6. 16.00		支撑体器	Lowest	UV Dose		Emergency or Abnormal Operating
Day of	1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hours plant			Before of at First	Point During	During Peak	65	TO THE PARTY	Minimum CI	A COLOR DE LA COLO	Required,		Conditions; Repair or Maintenance Work that
the	/ (Place	wy in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow mg-	Temp of	pH of Water,	Required, mg	UV Dose,	∂,_mW-,,.	Distribution	Involves Taking Water System Components:
Month	(5. X.)	Operation	gai,	Rate, gpd	Peak Flow, mg/L	minutes 🧀	min/L	Water, OC	if Applicable	min/L	mW-sec/cm	"sec/cm²	System, mg/L	Out of Operation
9412	Х	24,0			1.6								1.2	
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300		24.0	<del></del>	<u> </u>										
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240 X	X	24.0 24.0			1.4		·	ļ		· · · · · · · · · · · · · · · · · · ·			1.2	
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100	х	24.0		<u> </u>	1.4	<u> </u>		<del> </del>		<del> </del>	<del> </del>	<del> </del>		
1 12	X	24.0			1.3			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	1	1.0	
<b>WINN</b>	Х	24.0		<u> </u>	1.3					1	<u> </u>	†	1.1	
1414	Х	24.0		<u> </u>	1.3			<del>                                     </del>			<u> </u>	· · · · · · · · · · · · · · · · · · ·	1.0	
1915	Х	24.0			1.3				1				1.1	
116	Х	24.0			1.3		<del></del>						1.0	
8.17	Х	24.0			1.5									
18		24.0												
24192	Х	24.0			1.4						<u>                                     </u>		1.1	
202	X	24.0		ļ. •	1.4	ļ		<u> </u>	ļ	<u> </u>	ļ		. 1.2	
2213	Х	24.0	<del> </del>		1.5			<del> </del>				ļ	1.3	
22 € 2 23 €	X	24.0		ļ	1:4		<u> </u>		<u> </u>	ļ	<b></b>	-	1.3	
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25	- <del>.</del>	24.0		<del> </del>	1.5	<del></del>		<del> </del>	<del> </del>		<del> </del>	+	1.3	
266 4x27x	X	24.0		<del> </del>	1.5	<del> </del>		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	-	1.3	
28	X	24.0		<del> </del>	1.5	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	1.2	
29	x	24.0			1.5	<del>                                     </del>	·	<del>                                     </del>			<del>                                     </del>	<del>                                     </del>	. 1.3	
300	x	24.0			1.5	<b> </b>		<del>                                     </del>	1	<u> </u>	1	i	1.3	
315	X	24.0						1						
Topular		121.45	669,000											
A 2013		100	21,581	1										

<sup>•</sup> 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: April, 2007 A. Public Water System (PWS) Information PWS Name: 3354867 Ouail Ridge PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 240 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: Zip Code: 34749 PO Box 490310 State: Florida City: Leesburg Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: 352-787-0980 Quail Ridge Plant Telephone Number: Plant Address: Zip Code: 34788 37713 Quail Ridge Circle City: Eustis State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): С ν License Class License Number Day(s)//Shift(s) Worked seems License Class License Number Lead/Ghieis@perators Will Fontaine 6813 Days 1st Shift Marty Neal 10027 Days 1st Shift John Worrell 6597 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. -5-4-07 C-6813 Will Fontaine

Page 1

Printed or Typed Name

License Number

Signature and Date

PWS Id	entificaito	n Number:		3354867		Plant Name:	Quail Ridge							
III. D	aily Data	for the A	lonth/Year	of:		April, 2007								
					1	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>		<del></del>		
			Virus Inacti			hlorine [	Chlorine Die	oxide	C Ozone	Comb	oined Chloria	ne (Chloran	nines)	
<b>.</b>	raviolet R			r (Describe):								<del></del>		
					ibution System:	Free Chlo				(Chloramine		Chlorine I	•	
777	推新游			P TO	I Calculations, or	UV Dose to	Demostate I	our loc	Virus Inac	tivation if	Applicable		F-401K-2/2-3	VALUE CONTRACTOR
	<b>建</b>	34.12		<b>三型 化氯基酚</b>	SALVINERS	CTGI	ulations A		175 14 18 18	48 WHAT	PARTY.	Dose 4	15 9 29 47 5 4	
				2012			i di wai chi		ALCO L	9425	A CHARGE	<b>34</b> 000000000000000000000000000000000000		
15							Lowest CT		100	包封。				
						Disinfectant Contact Time (T) at C	Trovided						Lowest Residua	
	Si effet		Net Quantity		Lowest Residual :: Disinfectant	Contact time	pelore or at					Minimum		
6.3	Staffed or Visited by	3053405	of Finished	<b>有多多。</b>	Concentration (C)		- 100		A DAMPETS		Lowest	UV Dose		Emergency of Abnormal Operating
DitA	0.00	Houreman	300 miles	<b>医补证统</b>	Before or at First	Point Dumpe	Diring Peak	影響作	主义的社	Minimum CT	Operating	Required.	Remote Point in	Conditions Repair of Maintenance Work tha
the	(Place	Se in the	Producted	Peak Flow	Customer During	Peak Flower	Flowing	Temp of	pH of Water	Required me	"UV Dose."	· mw	Distribution	Conditions Repair of Maintenance Work that involves Taking Water System Components
Month	资文学	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutés	min/L	Water OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm	System mg/L	Out of Operation
		24.0	18,000			. 5 )	en elle							
	Х	24.0			1.4		Sala Line in	7.				141	1.2	
200 P	X	24.0			1.3							2 1 2 2	1.1	
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	ŵ	24.0		<del> </del>	1.3.		in the state of th	n .			<b></b>		1.0	
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20	X	24.0			1.6			-	<del>                                     </del>				1.4	
18011	X	24.0			1.5			1.				,		
	5 1 1	24.0												
© 23.5	X	24.0			1.6							-	1.4	
¥ 24 m	Х	24.0			1.6						<u> </u>		1.3	
251	X	24.0			1.6						<u> </u>		1.4	
24 ZO	X	24.0			1:6-	<del> </del>	<u> </u>		<del> </del>	ļ	<del> </del>		1.4	
200	X	24.0		4	1.6	<del> </del>			<del> </del>	ļ———	<del> </del>		1.4	
2 50 PM	^-	24.0			1,4	<del></del>			<del>                                     </del>	<b></b>	<del> </del>		l	
300	x	24.0			1.4			<del> </del>	<del> </del>		<del> </del>	<del>                                     </del>	1.2	
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N v	1000	C V	19.484											

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



Licensed Operators

Other Operators:

Lead/Chief Operator: Will Fontaine

Marty Neal

John Worreli

Name

See Pages 4 for Instructions. I. General Information for the Month/Year of: May, 2007 A. Public Water System (PWS) Information PWS Name: Quail Ridge 3354867 PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Translent Non-Community Consecutive Number of Service Connections at End of Month: 240 Total Population Served at End of Month: PWS Owner: Aqua Utilities Fiorida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: Zip Code: 34749 PO Box 490310 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: 352-787-0980 **Ouail Ridge** Plant Telephone Number: Plant Address: 37713 Quail Ridge Circle Zip Code: 34788 City: Eustis State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):

License Class

C

License Number

6813

10027

6597

Days 1st Shift

Days 1st Shift

Days 1st Shift

Day(s) / Shift(s) Worked

#### H. Certification by Lead/Chief Operator

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

Will Fontaine
Signature and Date

Will Fontaine
Printed or Typed Name
C-6813
License Number

PWS I	dentification	n Number:		3354867	T	Plant Name:	Quail Ridge				· · · · · · · · · · · · · · · · · · ·			
111. 1	Daily Data	for the N	louth/Year	of:		May, 2007								
			g Virus Inactiv		al: 🗸 Free C	·····			<i>p</i>					
1- 11	traviolet R	adiation		r (Describe):		niorme i	Chlorine Di	oxide	Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
<b>P</b>														
Type	of Disinfed	tant Resid	dual Maintair		ibution System:	▼ Free Chle				(Chloramine		Chlorine l	Dioxide	
		4.000		C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	•		
					*	CT Calc	ulations				ÚΫ	Dose		
	1 1 1 1	ESTABLE.		10 10 1 19 1 1 A		2 2 7 5	Lowest CT							
			, ,			Disinfectant	Lowest CT Provided		. :	1		F.w		
1.0	Days Plant	KW AN			Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First	1.		1 .		Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer			1	Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant			Before or at First	Point During	During Peak		A	Minimum CT		Required.	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	nin/L	mW-sec/cm	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
3.41 m	X	24.0		ļ	1,5	<u></u>		ļ		<u> </u>		ļ	1.3	
3.4	X	24.0 24.0		ļ	1,5			ļ.	<u> </u>	<del>]</del>		ļ	1.3	<u> </u>
4	x	24.0		<del> </del>	1.5			<del>                                     </del>	<del> </del> -	<del> </del>	<del></del>	<del> </del>	1.2	
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6 ;		24.0		<del> </del>	2.7	<u> </u>	<del> </del>	├──	<u> </u>	<del> </del>		<del> </del>	<del> </del>	
1.07	X	24.0			1.4		ļ	<del> </del>	<del> </del>	<del>-</del>	· · · · · · · · · · · · · · · · · · ·		1.2	
2-8	X	24.0	32,000	i	1.3			1			· · · · · · · · · · · · · · · · · · ·		1.0	
. 39 ⊸	X	24.0			1.5	I							1.2	
105	X	24.0			1.4					]			1.2	
141	X	24.0		<u> </u>	1.7					<u> </u>			1.4	
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13 14	- <del></del>	24.0		<u> </u>				-		<del> </del>		<u> </u>		
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18	X	24.0		<u> </u>	1.6			<del> </del>	<u> </u>	<del> </del>		1	1.4	
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30		24.0		<del> </del>	1.6			<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	+	1.4	
31	X	24.0		<del> </del>	1.0	<u> </u>	†	1	1	+		<del>                                     </del>	† <del></del>	<del> </del>
Total .					<del></del>	<u> </u>	<del>*****</del> **	<del></del>		. <del></del>	<del> </del>			
Avgora				1										

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



/S Type:		ion	<del></del>								474 7 17 17
	)uail Ridge		tyr tyr bir eigh		A A SAME OF THE SAME	2 a 7 3 a 7		PWS Identification Num	ber:	3354867	. 1 1 2 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1
	✓ Community	Non-Transier	nt Non-Community		ransient Non-Com	munity		Consecutive			
mber of Service Connectio			96					l Population Served at End	of Month:	240	Turk align
	Aqua Utilities Florida		<u> </u>	<u> </u>		e i jakeja					
				<u> </u>		Ap Hagilia		tact Person's Title:	Area Manage		
ntact Person's Mailing Add		O Box 490310		. , : 13	e e e e e e e e e e e e e e e e	City: Lee		State: Florida		Zip Code:	34749
ntact Person's Telephone N		352) 787-0980					Con	tact Person's Fax Number:	(352) 787-63.	33	<u> </u>
ntact Person's E-Mail Addi		eheath@agua	tamerica.com						<u> </u>		<u> </u>
ater Treatment Plan		·						· · · · · · · · · · · · · · · · · · ·			
	Quail Ridge				A Comment of the			Plant Telephone Number	:	352-787-09	
	7713 Quail Ridge Cir					City: Eus	tis	State: Florida		Zip Code:	34788
oe of Water Treatment by I		✓ Raw Ground		urchased Fini			<del> </del>		<del></del>		<del></del>
mitted Maximum Day Ope			<del></del>	<del></del>	468,000	<u> </u>					
nt Category (per subsection			<u>V</u>	Vitor and a second area.				Class (per subsection 62-69	9.310(4), F.A.C.	): C	and the second second second
icensed Operators		Name	e in the Late	A Marian	License Class		<del></del>		ay(s) / Shift(	) worked:	-1920/346926
ad/Chief/Operators v		<u> </u>			С		13	Days 1st Shift			<u> </u>
		<u> </u>	·		C	100		Days 1st Shift			<u> </u>
	ohn Worrell	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			<u>c</u>	65	97	Days 1st Shift			<del></del>
		William									
<i></i>	A. A. S.	<u>, , i , , , , , , , , , , , , , , , , ,</u>	· · · · · · · · · · · · · · · · · · ·								<u> </u>
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			<del></del>								<del></del>
<b>经验证证据</b>						11 11 1					

Means of Achieving Four-Log Virus Inactivation/Removal:	
Means of Achieving Four-Log Virus Inactivation/Removal:    The Chlorine   Chlorine   Chlorine   Combined Chlorine   Chlorine   Combined Chlorine   Chlorine	
Chlorine   Chlorine	
Chore   Characity   Combined Chloramines	
Circle   C	The second secon
Companies   Comp	
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X   24.0   18,000   1.5	
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X   24.0   18,000   1.5	
X     24.0     18,000     1.5       X     24.0     19,500     1.6       X     24.0     19,500     1.6       X     24.0     22,000     1.7       X     24.0     19,000     1.6       X     24.0     25,000     1.5       X     24.0     25,000     1.5       X     24.0     22,000     1.5	
X   24.0   18,000   1.5	gency of Abnormal Operation
X   24.0   18,000   1.5	Repair of Maintenance Wo
X     24.0     18,000     1.5       3     24.0     19,500     1.6       4     X     24.0     19,500     1.6       3     X     24.0     22,000     1.7       3     X     24.0     19,000     1.6       3     X     24.0     19,000     1.6       3     X     24.0     25,000     1.5       3     X     24.0     22,000     1.5       3     X     24.0     22,000     1.5	Taking Water System Compo
X     24.0     18,000     1.5       3     24.0     19,500     1.6       4     X     24.0     19,500     1.6       3     X     24.0     22,000     1.7       3     X     24.0     19,000     1.6       3     X     24.0     19,000     1.6       3     X     24.0     25,000     1.5       3     X     24.0     22,000     1.5       3     X     24.0     22,000     1.5	Out of Operation
34.0     19,500       35.0     X       24.0     19,500       1.6     1.4       35.0     X       24.0     22,000       1.7     1.5       35.0     X       24.0     19,000       1.6     1.4       35.0     X       24.0     25,000       1.5     1.4       35.0     1.5       1.3     1.3	
X     24.0     19,500     1.6       X     24.0     22,000     1.7       X     24.0     19,000     1.6       X     24.0     25,000     1.5       X     24.0     22,000     1.5	
X   24.0   22.000   1.7   1.5   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.4   1.5   1.5   1.4   1.5	· · · · · · · · · · · · · · · · · · ·
397     X     24.0     19,000     1.6     1.4       378     X     24.0     25,000     1.5     1.4       398     X     24.0     22,000     1.5     1.3	<u>, -i</u>
X   24.0   25,000   1.5   1.4   1.5   1.3   1	
X 24.0 22,000 1.5 1.3	
X 24.0 15,000 1.5	
24.0 20,000	
製造 X 24.0 20,000 1.5 1.4 24.0 X 24.0 20,000 1.5 1.3 1.3 1.3	<del> </del>
製鋼 X 24.0 20,000 1.5 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	
X 24.0 20,000 13	
X 24.0 17,000 1.6 1.2	
(6) 24.0 19,000	
键数 X 24.0 19,000 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	
[8] X 24.0 27,000 1.7 1.3	
1.5 X 24.0 22,000 I.5	
206 X 24.0 16,000 1.6 1.5 1.5 1.4	
X   24.0   20,000   1.5   1.4	
33 X 24.0 18,000 1.3	
24.0 23,500	
26 X 24.0 23,500 1.3 1.0	
26 X 24.0 15,000 1.3 1.0	;
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28% X 24.0 20,000 1.4 1.3	<del></del>
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<b>30線</b> X 24.0 19,000 1.4	· · · · · · · · · · · · · · · · · · ·
618,000	
19,935	

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



See Pages 4 for Instructions. General Information for the Month/Year of: July, 2007 A. Public Water System (PWS) Information PWS Name: PWS Identification Number: 3354867 Quail Ridge PWS Type: Consecutive ✓ Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 240 PWS Owner: Aqua Utilities Florida Contact Person: Contact Person's Title: Area Manager Brian Heath Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida (352) 787-6333. Contact Person's Fax Number: Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information 352-787-0980 Plant Name: **Ouail Ridge** Plant Telephone Number: Zip Code: 34788 Plant Address: 37713 Quail Ridge Circle City: Eustis State: Florida ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s) // Shift(s) Worked isad/Chierl@perator 6813 Days 1st Shift Will Fontaine C 10027 Days 1st Shift Marty Neal John Worrell 6597 Days 1st Shift H. 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

Page 1

C-6813

License Number

Will Fontaine

Printed or Typed Name

Signature and Date

retain them, together with copies of this report, at a convenient location for at least ten years.

-88-07

-110	Identifica	iton Number:		3354867		Plant Name:	Quail Ridge							
III.	Daily Da	ta for the Mo	onth/Year	of:		July, 2007								
Mean	s of Achie	ving Four-Log	Virus Inactiv	vation/Remov	/al: ▼ Free C	hlorine [	Chlorine Die	oxide	C Ozone	Comb	oined Chlori	ne (Chloran	nines)	· .
		Radiation		r (Describe):	,	,	Cilio. Bio Di	ome	( 020.00	, com	Julica Ciliott	iic (Cinorai	12103)	
Type	of Disin	fectant Residu		-	ibution System:	✓ Free Chlo	rine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
<b>AND 9</b>					Al Calculations, or									
	A Seek				west the								7000	
	往答案			12.7.2	7 - C - 2 - 3 - 1 - 2					Set Law	33. 61.4		1 2 2 2 2 2	
1							Lowest CT							
	Days Pla	mi se da se			Lowest Residual	Disinfectant Contact Time	Provided Before or at	1.577					Lowest Residual	
	Suffed		Net Quantity		Disinfectant*	mac	First	A EAR	400		10.044	Minimum:	Disintectainte	
		by Hours plant	of Finished		Concentration (C)	Measurement	Customer?	12.00			Lowesta	UV Dose	Concentration at	Emergency or Abnormal Operating
	d Operato	or, Hours plant				Point During	During Peak		<b>学学教教</b>	Minimum CI	Operating.	Required	Remote Point in	Finergency of Abnormal Operating 134 Conductors Repair or Maintenance World that
the	(Place				Customer During	Peak Flow	Flow, mg	Treath he	IDH OF WATER.	Kequirea, mp	i wa Aurose's	134 44 17 4 5	l Distribution &	relutionises if artifle strate, by pent, combinings
Mont		Operation			Peak Flow mg/l	minutes		Water, C	11 Applicable		mW-sec/cm	sec/cm	System mg/L	Our of Operation
1892 B		24.0	23,000	<del></del>	1.6			ļ		41			1.0	
	THE T	24.0	26,000		1.6			<del>                                     </del>	<b></b>				1.1	
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Total	or s	Gerto (Care A Otalia de Cala	625,000 20,161											

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



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

iblic Water System ( /S Name; (	Quail Ridge					PWS Identification Number:	3354867
	✓ Community	Non-Transient Non-C	ommunity	Transient Non-C	Community	Consecutive	
mber of Service Connection	ons at End of Month:	96	•		Tot	al Population Served at End of Month:	240
/S Owner:	Aqua Utilities Florida						
ntact Person: E	Brian Heath				Cor	ntact Person's Title: Area Ma	
ntact Person's Mailing Ade	dress: PC	D Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telephone N		52) 787-0980			Con	ntact Person's Fax Number: (352) 78	7-6333
ntact Person's E-Mail Add		eheath@aguaamerid	a.com				
ater Treatment Plan	nt Information						
	Quail Ridge		16 16 Te			Plant Telephone Number:	352-787-0980
	37713 Quail Ridge Cir				City: Eustis	State: Florida	Zip Code: 34788
e of Water Treatment by		✓ Raw Ground Water	Purchased	Finished Water		·	
nitted Maximum Day Op				468,000			
nt Category (per subsection			V .		Plan	t Class (per subsection 62-699.310(4), F	.A.C.): C
		Name 🚞 🦈	Participation	License Cl	ass License Numb	en / Day(s)//SI	nift(s) Worked
d/Chier Operators				C	6813	Days 1st Shift	
<b>网络沙克克尔斯斯特尔沙克斯斯特尔</b>	Marty Neal	· · · · · · · · · · · · · · · · · · ·		<u> </u> C	10027	Days 1st Shift	
	ohn Worrell			<u> </u>	6597	Days 1st Shift	
		·					
	·	<del></del> ,	<u> </u>				
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	· · · · · · · · · · · · · · · · · · ·			<u></u>	L	_ <u></u>	
rtification by Lead/	Chief Operator						
		perator licensed in Flo	rida am the lead/	chief operator o	the water treatmen	t plant identified in part I of this	report. I certify that the
_	-	-	•	•		ing water treatment chemicals u	-
					<del>-</del>	that the following additional ope	——————————————————————————————————————
						ords of amounts of chemicals us	
					vide these additiona	l operations records to the PWS	owner so the PWS owner
in them, together wi	ith copies of this r	eport, at a convenient l	ocation for at leas	t ten years.			
Mr. Fre	= 9-	7.07	Will Fon	taine			C-6813
			<del></del>	r Typed Name		<del></del>	License Number

PWS I	dent	ification	n Number:		3354867		Plant Name:	Quail Ridge							
	)ail:	y Data	for the A	lonth/Year	of:		August, 2007								
				g Virus Inactiv				<u> </u>					(C) 1:	-in-a	
	ltre	iolet P	adiation		vation/kemov ≈ (Describe):		Chlorine [	Chiorine Di	oxide	i Ozone	Com	bined Chlori	ine (Chlorar	nines)	
-							<u> </u>	<del></del>		-4 CF: :	(CL) '	<u>,,, _</u>	· (7):	Novid-	
Lype	OI L	ASIUISIV Terresion	cuant Resid				▼ Free Chlo				(Chloramine		Chlorine I	JOXIGE	The state of the s
1		1	A Part			T Calculations, or								<b>第二条编码</b>	Section of the second section of the section o
				的影響	等的語彙		CT Calc	ulations	Part of the	SEPTEMBER 2	建设的总统对数	UV.	Dose :: 2	1000年度	
The second	T SE		Market.	医经过多种	100	in the property of	755 V 100	<b>计划线数</b>	學的發	<b>建设委员</b>	A 100	1989	70% SERVICE		
								Lowest Cl	愛愛羅	22.23	185 TY		(重要的重要)		
	語	vs plant		12位置对3		Lowest Description	Contact Time	Refore or an	情報等		Marie 2			Lowest Residual	The state of the s
		uffed of		Net Cliantire		Disinfectantel	ANTOM C	Fire Sal	12.5.5			<b>国家</b>	Minimum	Disinfectant 3	Emergency of Apportation Countings Conditions (Repair or Maintenance Work that Involves Taking Waters System Components
	W.	sited by		of Figushed		Concentration (C)	Measurement.	Customer	<b>18.43</b>	36.2.3.		Lowest	UV Dose	Concentration at	Emergency of Authornal Operatings
Dayo		perator	Higurs plant	Water		Before of at First	Point During	During Peak	523 W	3 3 4 7 3	Minimum.Cl	Operating	Required.	Remote Point in	Conditions Repair or Maintenance Work that
L the		Place		Producted.	Peak Flow	Castomer During	Peak Flow	Flow/mg-	Temp of	pHof Water,	Required, mg	UV Dose,	mwa	Distribution	Involves Taking Water System Components
Mond	1 86	XUX	Operation	<b>第2次國</b> 民務	Rate gpd ?	Lowest Residual of District Contentiation (C) Before Orat First (Customer Durings, Peakirlow ang/L	munutes 🔑	of min/Lan	Water . C	if Applicable	清於min/L 。	mWesec/cm	sec/cm2	-System; mg/L:	
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			250.044	19613	_										

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



See Pages 4 for Instructions.

	VS) Informatio	154	· · · · · · · · · · · · · · · · · · ·		DW6 1446311	3354867
	l Ridge		·   -   -   -   -   -   -   -		PWS Identification Number:	3334607
	Community	Non-Transient Non-Community	Transient Non-Com		Consecutive	
umber of Service Connections a VS Owner: Agus		96	<del></del>		Total Population Served at End of Mo	nth; 240
	Utilities Florida			- 12		
entact Person's Mailing Address	1 Heath	D., 400010	· · · · · · · · · · · · · · · · · · ·			Zip Code: 34749
		Box 490310	· · · · · · · · · · · · · · · · · · ·	City: Leesburg		
entact Person's Telephone Num		52) 787-0980		<u></u>	Contact Person's Fax Number: (35	2) 787-6333
ntact Person's E-Mail Address:		eheath@aquaamerica.com				
ater Treatment Plant I						2.50 505 0000
	l Ridge			<del></del>	Plant Telephone Number:	352-787-0980
	3 Quail Ridge Circ			City: Eustis	State: Florida	Zip Code: 34788
pe of Water Treatment by Plan			ased Finished Water	<del></del>		
mitted Maximum Day Operati	ng Capacity of Plan	nt, gallons per day:	468,000	· ·		
int Category (per subsection 62	-699.310(4), F.A.C	C.): Difference and the second of the second	2007 (2007 ST0-2008 2007 A) 200	Pl	ant Class (per subsection 62-699.310	(4), F.A.C.): C // Shift(s) Worked
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ad/Chief@perators Will			С	6813	Days 1st Shift	
· · · · · · · · · · · · · · · · · · ·	y Neal	The second secon	c	10027	Days 1st Shift	
<u> John</u>	Worrell		С	6597	Days 1st Shift	
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the second section in				<u> </u>	<u></u>	
	ief Operator					

PWS I	dentificait	on Number:		3354867		Plant Name:	Quail Ridge							
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			g Virus Inacti		val: 🔽 Free C			• • •						
	traviolet l			er (Describe)		morne !	Chlorine Di	oxade	Ozone	i Com	bined Chlori	ne (Chiorar	nines)	
•				•	<del></del>						, , , , , , , , , , , , , , , , , , ,			
1 ype	or Disinfo	ctant Resi	dual Mainta	ined in Distr	ribution System:	✓ Free Chlo	rine !	Combin	ed Chlorine	(Chloramin	es) I	Chlorine I	Dioxide	et g page to
				1252 L.C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	<b>的对于数</b>		
	经验证			\$355 X 15	<b>不是我</b> 求以是	් ් උර්	ulations	100	1.41	#14.1975	UV.	Dose 🗽 😽		
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	Days Plan		13000	· 基础器 - 140	Lowest Residual	Contact Time	Before	3.00	41.57	3.7 A - 37	Lowest Operating	<b>3</b> 85 75 86	Louist Recidual	
	Staffed o		Net Quantity	35.00	Disinfectant	(T) at C	Fire	14.6	100	1000		Minimum	(Disinfectant	
12.0	Visited b	A TABLE	of Rinished	1.5	Concentration (C)	Measurement		0.00	2,000	4 5 A 40	Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
			t Water	1.54	Before or at First	Point During	During Peak	<b>从办</b> 学等	47.5	Minimum C	Operating	Required:	Remote Point in	Conditions Repair or Maintenance Work the
the .	T (Place	可有的有。	Producted	Peak Flow	Customer During	Peak Flow	Flow me:	2	I DIT OF WHILE.	I K coutre a mi	. UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	* 'X')	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L**	Water, OC	if Applicable	" min/L	mW-sec/cm	sec/cm <sup>2</sup>	System, mg/L	Emergency or Abnormal Operating Conditions: Repair of Maintenance Work the Involves Taking Water System Components (Out of Operation)
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<sup>•</sup> Refer to the instructions for this report to determine which plants must provide this information.



Name: Qualification Number: 3354867  Type:	ublic Water Sv	stem (PWS) Informa	tion						
Type: U Community Non-Translent Non-Community Translent Non-Community Consecutive ber of Service Connections at End of Months: 96°.  Total Population Served at End of Months: 240  Jowner Aqua Utilities Briodia act Person: Brian Heath Contact Person's Title: Area Manager act Person's Mailing Address: PO-Box 4903166.  act Person's Mailing Address: PO-Box 4903166.  act Person's Mailing Address: Po-Box 4903166.  act Person's Edaphone Number: (352)*877-6333  act Person's Edaphone Number: (352)*877-6333  act Person's E-Mail Address: Po-Box 410080/Jaamenfelde.com terr Treatment Plant Information  Name: Qualif Ridge  Address: 37713 Counter Person's Park Number: 352-787-0980  Interpretation of Plant Information  Name: Qualif Ridge  Address: 37713 Counter Ridge Friefe.  City: Euritic State: Pfordia: Zip Code: 34788  and Water Treatment by Plant: Plant Telephone Number: 352-787-0980  Category (person) Fask Mail State: Pfordia: Zip Code: 34788  Add State: Plant Telephone Number: 352-787-0980  Category (person) Fask Mail State: Pfordia: Zip Code: 34788  Add State: Pfordia: Zip Cod	/S Name:		CANDON POLICIO DE L'ADRICA POLICIO DE LA CANDA DEL CANDA DE LA CANDA DE LA CANDA DE LA CANDA DEL CANDA DE LA CANDA DE LA CANDA DE LA CANDA DEL CANDA DE LA CANDA DE LA CANDA DE LA CANDA DEL CANDA DE LA CANDA DE LA CANDA DE LA CANDA DEL C	e de la Espera de Section		PV	/S Identification Number	ar: 33:	54867
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act Person's Mailing Address: BO Box 490316.3; City: Leesburg: State: Florida: Zip Code: 34749 act Person's Telephone Number: (352)787-0980.55 act Person's E-Mail Address: Deheath@acquamenica.com teer Treatment Plant Information  I Name: Quali Ridge	S Owner:	The second secon				TO THE STATE OF TH	医中毒素 经营业的	(Act	A Comment of the Comm
Address: Flephone Number: (352)787-0980	tact Person:	Brian Heath	And the second second second	70 NOV. 10 10 10 10 10 10 10 10 10 10 10 10 10		Contact Pe	rson's Title:	Area Manager	
ace Person's E-Mail Address: Deheath@Bollaamerica.com.  tter Treatment Plant Information  1 Name: Quali Ridge: Plant Telephone Number: 352-787-0980-  2 Address: 37713 QualiRidge Circle: City: Eustis: State Florida: Zip Code: 34788  5 Of Water Treatment by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water  aitted Maximum Day Operating Capacity of Plant, gallons per day: 468:000  1 Category (per subsection 62-699.310(4), F.A.C.): ☐ Plant Class (per subsection 62-699.310(4), F.A.C.): ☐ Cerised(©) Partons  Cerised(©) Par	ntact Person's Maili	ng Address:	PO/Box 490310	San Francisco	City	: Lecsburg St	te: Florida		Code: 34749
ter Treatment Plant Information  1 Name: Qualt Ridge  2 Oty: Eustis State Florida Zip Code: 34788  2 of Water Treatment by Plant:	tact Person's Telep	hone Number:	(352) 787-0980 (2)	SOUTH THE	- delegate of the second of the	Contact Pe	erson's Fax Number:	(352) 787-6333	
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ne 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	ormation provi	ided in this report is t	rue and accurate to the be	st of my knowle	dge and belief. I certify	that all drinking	water treatment c	nemicais used at	this plant confor
ne 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 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	F Internationa	ıl Standard 60 or othe	r applicable standards ref	erenced in subse	ection 62-555.320(3), F	A.C. I also certii	y that the followin	ig additional ope	rations records to
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ne 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 principle of the principle of the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform Finternational 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 the 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 forms.							-		
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ne 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 primation 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 F 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 any twere 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 the second of the properties of the process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the									

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



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Public Water System (PWS) Information  PWS Name Qual Ridge PWS Type  Uronnumby Non-Translent Non-Community Non-Translent Non-Community Non-Translent Non-Community Non-Translent Non-Community PWS Owner. Aqua Cultines Florida Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person: Brian Heath Contact Person: Contact Person			November, 2007				A STATE OF THE STA		
PWS Type:   Community   Consecutive   Community   Consecutive   Consec									
Non-Translet Non-Community			and the second of the second o	er i galain kalagagi.	guissi - Jane Marrie	PWS Identification	Number:	3354867	
Number of Service Connections at End of Month:  PWS Owner: Aqua Chillics Florida  Contact Person's Title: Aqua Chillics Florida  Zip Code 34749  Contact Person's Title: Aqua Chillics Florida  Zip Code 34749  Contact Person's Tellonia Number:  Contact Person's Tellonia Number:  Contact Person's Tellonia Number:  Contact Person's E-Mail Address:  Deheath@aquagnerics.com  Nater Treatment Plant Information  Plant Address:  Plant Address:  Plant Address:  Plant Telephone Number:  352-787-0980  Plant Address:  37713 Quali Ridge Circle:  Purchased Flinished Water  Permitted Maximum Day Operating Capacity of Plant, gallows per day:  Plant Class (per subsection 62-699-3 10(4), F.A.C.):  Plant Class (per subsection 62-699-3 10(4),			sient Non-Community	Transient Non-Comr	nunity	Consecutive			
PWS Owner: Aqua Utilities Florida   Contact Person's Title: Afer Manager.  Contact Person's Mailing Address: PO Box 490310   Contact Person's Telephone Number: G352 787-0980   Contact Person's Telephone Number: G352 787-0980   Contact Person's Fax Number: G352 787-0980   Contact Person's E-Mail Address: Pelesth@aquabmerica.com   Water Treatment Plant Information Plant Name: Qualifelidge Circle   City Buairs   State: Florida   Zip Code: 34788    Plant Address: 37712 Qualifelidge Circle   Purchased Finished Water   Pennited Moximum Day Operating Capacity of Plant, galloss per day: 468,000   Plant Categor (Oer subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), FA.C.): V.   Flant Cless (per subsection 62-699-310(4), FA.C.)   Plant Cless (per subsection 62-699-310(4), F					Total	Population Served at	End of Month:	240	
Contact Persons: Britan Health:  Contact Persons Tolephone Number: (352) 787-0980  Plant Address: Deheath (Qaguamerica:Cont)  Plant Name: Quali Ridge  Plant Telephone Number: 352-787-0980  Plant Telephone Number: 352-787-0980  Plant Address: 37713 Qualif Ridge Circle  Type of Water Treatment by Plant: V Raw Ground Water Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Classgory (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-0980  Plant Class (per subsection 62-699 310(4), F.A.C.): C  Address: 352-787-				4. 1. g				ffer (pagit na se	
Contact Person's Mailing Address: PO Box 490310   City: Lesburg   State: Florida   Zip Code: 34/49/3   Contact Person's Telephone Number: (352) 787-0880   Contact Person's Fex Number: (352) 787-6333   Contact Person's Fex Number: (352) 787-6333   Water Treatment Plant Information Plant Name: Qualify Ligo Citole   City: Bustis   State: Florida   Zip Code: 34/788.  Type of Water Treatment by Plant:			THE REPORT OF THE PARTY OF THE		Conta	ct Person's Title:			
Contact Person's E-Mail Address:  Deficial Markings:  Deficial Mar			我 : "最级的最级工作公司。"		City: Leesburg	State: Florida			34749
Contact Person's E-Mail Address:   Deheath@aquaamenica.com	Contact Person's Teleph	ione Number: (352) 787-0980			Conta	ct Person's Fax Num	ber: (352) 787-63	333	
Plant Name: Quali-Ridge   Plant Telephone Number: 352-787-0980.  Plant Address: 37783 Quali-Ridge Crole   City: Eastir State: Florida   Zip Code: 34788.  Plant Clargory (per subsection 62-699-310(4), F.A.C.): V: 468,000:  Plant Clargory (per subsection 62-699-310(4), F.A.C.): V: 468,000:  Plant Clargory (per subsection 62-699-310(4), F.A.C.): V: 468,000:  Plant Clargory (per subsection 62-699-310(4), F.A.C.): C: 46813: Days 1st Shift    Day 1st Shift   Day 1st Shift   Days 1st			uaamerica.com				· 以供用的 100gg	421.757.750 b	图 表现 经代本编码 (1)
Plant Address: 3773 Qualification by Leas/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 idrinking 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 operators for this plant users overaged 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 seed arters; and	B. Water Treatment							0.40,405.00	oo oo laa ka
Plant Address: 37/13 Quark tings Circle   Purchased Finished Water   Plant Class (per subsection 62-699 310(4), F.A.C.):   Plant Class (per subsection 62-699 310(4), F.A.C.   Plant Class (per subsection 62-699 310(4), F.A.C.   Plant Cl	Plant Name:						ımber:	7/	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:    Plant Category (per subsection 62-699-310(4), F.A.C.):   V.   Plant Class (per subsection 62-699-310(4), F.A.C.):     Control of Departure					City: Eustis	State: Florida		Zip Code.	34 / 00 have also have
Plant Class (per subsection 62-699-310(4), F.A.C.):  Plant Class (per subsection 62-699-310(4), F.A.C.):  C			<del></del>		and the second of the second o		Berger W. David Co.	42.14 T 4.455	15 NO 15 15 15 15 15 15 15 15 15 15 15 15 15
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Certification by Lead/Chief Operator	Plant Category (per sub	section 62-699.310(4), F.A.C.):		NAME OF BRIDE OF STREET	Plant C	lass (per subsection	02-099.510(4), 1.7.5	a warkat	The state of the s
It 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							es gay(s) comp	SAIRT ATTACABLE	
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were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemical used and chemical feed rates, and	International Stanc	lard 60 or other applicable standard	ls referenced in subsection 62	2-555.320(3), F.A.	C. I also certify the	at the following	additional operat	nons recoras	for this plant
(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	were prepared eac	h day that a licensed operator staffe	d or visited this plant during	the month indicate	d above: (1) reco	rds of amounts o	i chemicais used	and chemica	at feed rates, and
	(2) if applicable a	ppropriate treatment process perfor	mance records. Furthermore	. I agree to provide	these additional	operations record	ls to the PWS ow	mer so the P	WS owner can
retain them, together with copies of this report, at a convenient location for at least ten years.	them togeth	er with conies of this report at a co	nvenient location for at least	ten vears		•	***		
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Identification		<del></del>	3354867			Quail Ridge							
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Ins		ge 3 Due in December					
	on for the Month/Year of:	December, 2007		Augustus Santa			
PWS Name:	em (PWS) Information				PWS Identification Numb	er: 3354867	
PWS Type:	Quail Ridge Non-Trai		ransient Non-Com		Consecutive		
	ections at End of Month:	96	Tarsieric Nort-Com		Population Served at End of	f Month: 240	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contac	et Person's Title:	Area Manager	
Contact Person's Mailing				City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telepho				Contac	t Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail		quaamerica.com					
B. Water Treatment l							
Plant Name:	Quail Ridge				Plant Telephone Number	352-787-0	
Plant Address:	37713 Quail Ridge Circle			City: Eustis	State: Florida	Zip Code:	34788
Type of Water Treatment		and Water Purchased Fin	ished Water				
Permitted Maximum Day	y Operating Capacity of Plant, gallons pe	r day:	468,000				
Plant Category (per subs	ection 62-699.310(4), F.A.C.):	Aleksa <b>X</b> arilah			lass (per subsection 62-699	9.310(4), F.A.C.): C	Control of States and States for
		ame	License Class	License Number		ay(s) //Shift(s) Worked	<b>经</b> 的证据 (2015-20
Mead/Chief-Operate			c	6813	Days 1st Shift		
Office Operators	3001		C	10027	Days 1st Shift		
	John Worrell		C	6597	Days 1st Shift		
			<u> </u>				
			<u> </u>				
	<b>9</b>						
			<u> </u>		<u></u>		
II Cartification by L	ead/Chief Operator						
	vater treatment plant operator lice	need in Florida on the lead/ship	of oppositor of the	water freatment n	lant identified in nart	Lofthis report   Logitif	v that the
i, the undersigned w	ed in this report is true and accura	issu in Florida, am me lead/cin	er operator or un	: water weaunem p	ant tuentimed in pur	micale used at this plant	conform to NSF
information provide	ed in this report is true and accura	te to the best of my knowledge a	ing deliet. I cert	ny macan drinkin	g water deadnent one	inicais used at uns plant	for this plant
International Standa	ard 60 or other applicable standar	as referenced in subsection 62-3	33.320(3), F.A.	. i also cerniy in	at the following addit	ional operations record	al food seton and
were prepared each	day that a licensed operator staff	ed or visited this plant during the	e month indicate	d above: (1) recor	ds of amounts of che	micals used and chemic	ai leed lates, and
	propriate treatment process perfo			these additional o	perations records to	me PWS owner so the P	ws owner can
retain them, togethe	r with copies of this report, at a c	onvenient location for at least te	n years.				
1.4	7- 10						
Ifthe F	5 /-7-	Will Fontain	6. <u>·</u>			C-6813	
Signature and Date		Printed or Ty	ped Name			License N	umber

PWS I	lentificaito	n Number:		3354867		Plant Name:	Quail Ridge			· · · · · · · · · · · · · · · · · · ·	<u> </u>			Control of the Contro
Ш. О	aily Data	for the A	lonth/Year	of:		December, 200	7							
												·		
			y Virus Inacti			hiorine [	Chlorine Di	oxide	☐ Ozone	Comb	oined Chloria	ne (Chloran	nines)	•
ի հու	traviolet R	Cadiation	[ Othe	≖ (Describe):										
Type o	f Disinfe	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	rine 🗀	Combin	ed Chlorine	(Chloramine	s) 厂	Chlorine I	Dioxide	
38 Ax 4	44	<b>化学等数</b>			T Calculations, or	IIV Dasesto	Demostate T	Cour-I og	Virus Inac	tivation sife	Applicable	Strategy at	And the State of Stat	China Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Ca
		- 2.53			PROMISE STUDY				* <b>7</b> ******			Dose 🗟 🗟	A 1.55 A 1.55	
960	<b>建设</b> 。		17 - 12 O	34245966		harasan arab	A CONTRACTOR	1	inter strain a grown in	Section Cons	Acres of the	(8) (6 m) (8) (1) (1)	<b>2000年</b>	aktik (s. k. 1916). Brahamat in kanalisa k
	學為一				78 <b>9</b>	16-34-5-5	Lowest CT	1400	9444.5	No. 1	杨沙传说	<b>图 新</b>	3-1-7-1-1	A PROCESSION OF THE PROCESSION
004	单数点			<b>企业的</b> 领	P. P. P. B.	Disinfectant:	Provided	2位为2	<b>学学学</b>	A Company	30 x 40 x 4	多化外类	5 - A 10 2 4	CONTRACTOR AND AND AND AND AND AND AND AND AND AND
	Days Plan	137 35		<b>***</b>	> Lowest Residual ::	Contact Time 2	Before or at	沙沙沙	公子参加	12415-488		Minimum	Lowest Residual	
	Staffed or		Net Quantity	A STATE OF	*Disinfectant	That C	First	14.05	性的數語		Lowest	UV Dose	Disinfectant	
	Visited by	15-16	, of Finished :	200	Concentration (C)	Measurement	Customer	100			Operating	Required		Sign Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
Max of	Operator	Hours plant	Water	起源是高	Before or at First	Point During	During Peak	Temp of		Minimum CT Required, mg	THE DOCK THE BUT	mW		Involves Taking Water System Components
	(Place	10 S	Producted,	Peak Flow	Customer During	Peak Flow	Plow, mg- min/L	ô.	if Applicable	Kedailea ins	mW-sec/cm	sec/cm		eQut of Operation
Month	∵⊬"X"). X	Operation 24.0	gal. 19,000	*Rete gpd./	Peak Flow, mg/L:	minutes 🦋	section tree.	Water, SC	τι-Υήμησανιέ	Samuel Park	III 44-Secretiii	o-sourcities y	System in the second	
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	х	24:0			1.4								1.1	
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34694	х	24.0			1.5		11 11 11 11				anan et ur		1.2	the second of the second second second second
紫河市	- х	24.0			1.5		1.7	55 g - 1		7	At a second	Art of a	1.1	i was te to the second of the
<b>Section</b>	Х	24.0	15,000	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.5		100	11. 4. 1.		1 .A.		am, and the		
440.4	9 - 1	24.0	17,000	1901 814 72 23	ALC: N		្រុកពីទីការីសុំ			2.450	• 2 N .	Ç Persona		
\$ 10	Х	24.0			1.4								1.1	<u> Communication of a constant </u>
	Х	24.0			1.4		1	ř				11.	1.1	
	Х	24,0			1.3		1919						1.0	
(813)	Х	24.0			1.3					2 2 25 2 2			10	
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0152	X	24.0			1.1									
	х	24.0 24.0			1.3					<del> </del>			0.9	
	Ŷ	24.0			1.2			<del></del>					0.8	
- V	Ŷ	24.0			1.2			-					0.8	
	x	24.0			1.2			<del> </del>	-				0.8	
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262	X	24.0	14,000		1.1	<u> </u>							0.7	
207	×	24.0			1.2	,							0.8	
208	Х	24.0			1,5								1.1	
129	X	24.0			1.5									
200		24.0												
	X	24.0				<u> </u>						<u> </u>	<u> </u>	
Rotal V			473,000	<b>」</b>	•									

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

WS ID:	3354867	Plant Name:	Quail Ridge				
V. Summary of Use of P	olymer Containing /	Aerylamide, Polymer C	Containing E	pichlorohydrin, and Irot	ı or Manganese Sequ	estrant for the Year: # 2007	
A. Is any polymer containing to follows:	he monomer acrylamide us	ed at the water treatment plan	nt?	✓ No	he polymer dose and the	e acry lamide level in the polymer are a	is
Polymer Dose ppm =				Acrylamide Level, %'=			
B. Is any polymer containing to polymer are as follows:	he monomer <u>epichlorohydr</u>	n used at the water treatment	t plant?	☑No 『Yes	, and the polymer dose	and the epichlorohydrin level in the	
Polymer Dose ppm =			•	Epichlorohydrin Level, %'=			
C. Is any iron or manganese se	questrant used at the water	treatment plant?	☑ No	Yes, and the type of se	questrant, sequestrant d	lose, ect., are as follows:	
Type of Sequestrant (polypl	hosphate or sodium silicate	);	·				
Sequestrant Dose, mg/L of	<del></del>	<del></del>	-				
If sodium silicate is used, th	ie amount of added plus na	turally occurring silicate, in r	ng/L as SiO <sub>2</sub> =				

<sup>•</sup> 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.



See Pages 4 for Instructi	ions.								
I. General Information for		ear of: Ja	nuary, 2006						
A. Public Water System (P	WS) Informat	ion							
	ail Ridge			<del></del>			PWS Identification Number	er: 3354867	
	Community	Non-Transient Nor	n-Community 17	ransient Non-Com	munity		Consecutive		
Number of Service Connections		77	<del></del>	Taractic Front Control	, , , , ,		Population Served at End of	Month: 270	
	ua Utilities Florida								
	ian Heath					Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing Addre		O Box 490310		·	City:	Leesburg	State: Florida	Zip Code	34749
Contact Person's Telephone Nur	mber: (	352) 787-0980			<del></del>		ct Person's Fax Number:	(352) 787-6333	·
Contact Person's E-Mail Addres	ss:	eheath@aquaame	rica.com			<del></del>			
B. Water Treatment Plant									
Plant Name: Qua	ail Ridge						Plant Telephone Number:	352-787-	
Plant Address: 377	713 Quail Ridge Ci	rcle			City:	Eustis	State: Florida	Zip Code	e: 32726
Type of Water Treatment by Pla	ant:	✓ Raw Ground Water	Purchased Fir	ished Water					
Permitted Maximum Day Opera	ating Capacity of P	lant, gallons per day:		468,000					
Plant Category (per subsection 6	62-699.310(4), F.A	ı.C.): ·	V			Plant C	lass (per subsection 62-699.	.310(4), F.A.C.): C	
Licensed Operators	· WHEN THE SE	Name 🦸	<b>建筑</b>	License Class	Licen	se Number	Da	y(s) / Shift(s) Worked	d:
Lead/Chief Operator; Wil	ll Fontaine			c		6813	Days 1st Shift		
Other Operators: Ma	nty Neal			С	1	10027	Days 1st Shift	···-	
Joh	n Worrell			С		6597	Days 1st Shift	<u> </u>	<u> </u>
									<u>,                                      </u>
									<u> </u>
66 66 66 66 66 66 66 66 66 66 66 66 66									
The state of the s	٠.	•							
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163330 V 164 V 1					]			<u></u>	
· 1211 (1200) (1000)									
II Certification by Lead/C			·						C. disability
I, the undersigned water to	reatment plant	operator licensed in F	lorida, am the lead/chic	ef operator of the	water	treatment p	olant identified in part l	l of this report. I cen	iry that the
information provided in the	his report is tru	e and accurate to the	best of my knowledge a	ınd belief. I cert	ify that	t all drinkin	g water treatment chen	nicals used at this pla	nt conform to NSF
International Standard 60	or other applic	able standards refere	nced in subsection 62-5	55.320(3), F.A.	C. I als	so certify th	at the following addition	onal operations recor-	ds for this plant
were prepared each day th	hat a licensed o	perator staffed or visi	ted this plant during the	e month indicate	d abov	e: (1) recor	rds of amounts of chem	nicals used and chemi	cal feed rates, and
(2) if applicable, appropri	iate treatment p	rocess performance r	ecords. Furthermore, I	agree to provide	these	additional c	perations records to th	ne PWS owner so the	PWS owner can
retain them, together with	copies of this	report, at a convenien	t location for at least te	n vears.					
12		- F ,		,					
1/1/2		2-6-01	mon p	_				C-6813	
Signature and Date		DOCUMENT FROM	BER-CATEWIll Fontaine	;				License	Number
oignature and Date			•	ped Name				License	Hamboi
DEP Form 62-555900(3)Alterna	nate	04313	1AY 22 8	Page 1			•		

FPSC-COMMISSION CLERK

PWS I	dentificaito	n Number:		3354867		Plant Name:	Quail Ridge	e	· · · · · · · · · · · · · · · · · · ·					
III. I	aily Data	for the A	lonth/Year	of:		January, 2006			<del></del>		<del></del>			
			g Virus Inacti		val: 💢 Eres (					<del></del>	<del></del>			
	traviolet R		Othe			Chlorine	Chlorine D	ioxide	Ozone	Com	bined Chlori	ne (Chiorar	nines)	1
-								<del></del>	<del></del>					<u></u>
Type	Disinie	ctant Resi	dual Maintai	ined in Disti	ribution System:	✓ Free Chle	orine	Combir	ned Chlorine	(Chloramin	es)	Chlorine I	Dioxide	
		Parties.	100	Sec. Se in the	Lowest Residual Disinfectant Concentration (C) Before of at First 7	r UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	• .27, 4.9		
			1 SA	The state of	ON WHAT OUT	CT Calc	ulations	Sign of the	ar Are Ad	1. Sec. 25- 1	₩ NUV	Dose	James Allen	
	307			<b>国际 多数</b>		1	A STATE OF THE PARTY OF THE PAR	¥*,	St. (2.1)	Po	<b>5</b> 摩约 2.2	35		
1	10 m			* *		Della	Lowest C1	Tan N			or whomat			
1.0	Days Plant		6.7		Lowest Residual	Contact Time:	Refore or at						Lowest Residual	
~ * ,	Staffed or	19. # 1	Net Quantity		Disinfectant	That C	First		3.5	17.12	Sharing San San San San San San San San San San	Minimum	Disinfectant	
	Visited by	13.14	of Finished		Concentration (C)	Measurement	Customer				Lowest	ÜV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum C1	Operating	Réquired,	Remote Point in	Conditions: Repair or Maintenance Work that
the Month	(Place	in Operation	i rioducteu,	L. LCAK LIOM .	Customer During v	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-`.	Distribution •	Involves Taking Water System Components
17.6	- · · · · ·	24.0		Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	Minimum CI Required, mg	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
21漢	Х	24.0	<del></del>	<del></del>	1.5				<u> </u>		<u> </u>			
3 🐪	X	24.0		<del></del>	1.5	· · · · · · · · · · · · · · · · · · ·		<del> </del>	·				1.3	<u> </u>
~44 ·	Х	24.0			1.8	<del> </del>			ļ			<del></del>	1.6	
5	Х	24.0			1.7	<del> </del>		<del>                                     </del>			ļ		1.6	<del></del>
~6"	Х	24.0			1.6				<del> </del> -		<del> </del>	<del> </del>	1.3	<del></del>
24.733	X	24.0	14,000		1.6	<del>-</del>				<del></del>				<del></del>
, 8 ≛		24.0											<del></del>	
., 94.4	X	24.0			1.6			<del>                                     </del>					1.3	
10 👙	X	24.0			1.7								1.5	
**11 %	X	24.0			1.7								1.4	
12 :. 13 ::	- X X	24.0			1,7								1.4	
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15		24.0	14,500		1.7				,					
16	X	24.0	14,500		1.7									
/17 *	X	24.0	17,000		1.7	· · · · · · · · · · · · · · · · · · ·		<u> </u>					1.4	
18	X	24.0	10,000		1.6								1.5	
. 19	X	24.0	19,000		1.6						· ·		1.3	
20	Х	24.0	11,000		1.6	· ·							1.3	
21	X	24.0	13,000		1.6									
22		24.0	16,500											
23 >	X	24.0	16,500		1.7								1.4	
24	X	24.0	16,000		1.7								1.5	
26	X	24.0	10,000		1.6								1.4	
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29	×	24.0	16,000					ļ						
30	X	24.0	13,000		1.5	<del></del>								
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A	553.7 Test 19-105	Secretary Asia	14.054											

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



I. General Information for the Month/Year of:  A. Public Water System (PWS) Information  PWS Name: QuailRidge  PWS Type:
PWS Name: QuailRidge  PWS Type:
PWS Type:
Number of Service Connections at End of Month: 777  PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath. Contact Person's Title: Area Manager  Contact Person's Mailing Address: PO Box 490310  Contact Person's Telephone Number: (352) 787-0980  Contact Person's Fax Number: (352) 787-6333
PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath  Contact Person's Mailing Address: PO Box 490310  Contact Person's Telephone Number: (352) 787-0980  Contact Person's Telephone Number: (352) 787-6333
Contact Person's Title: Area Manager  Contact Person's Mailing Address: PO Box 490310  Contact Person's Telephone Number: (352) 787-0980  Contact Person's Telephone Number: (352) 787-6333
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749  Contact Person's Telephone Number: (352) 787-6333
Contact Person's Telephone Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com
B. Water Treatment Plant Information
Plant Name: Quail Ridge Plant Telephone Number: 352-787-0980
Plant Address: 377/3 Quail Ridge Circle Zip Code: 32726
Type of Water Treatment by Plant:
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  468,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V. Plant Class (per subsection 62-699.310(4), F.A.C.): C
viblicans and Operations 1997 And 1997 Marie 2005 And 1997 Miles 1997 And 1997 Marie 2005 And 1997 And
Will Fentaine C 6813 Days 1st Shift
Cutting Variable C 10027 Days 1st Shift
Ghin:Worrell C 6597 Days 1st Shift
・ 大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大
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 N
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; as
(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.
10 min copies of this report, at a convenient location for at least ten years.
May 72 3-6-06 Will Fontaine C-6813
Signature and Date Printed or Typed Name License Number

PWS Iden	tificaito	n Number:		3354867	7 Plant Name: Quail Ridge											
III. Dail	v Data	for the N	lonth/Year	of:		February, 2006				1 8 1 m 2 1	<del></del>					
			Virus Inacti		val: 🔽 Free (							((1))				
Ultra		-	-	er (Describe)	-	vinorine 1	Chiorine Di	oxide	Ozone	Combi	inea Unior	ine (Chiorain	imes)	•	. (	
<del>-</del> '						<b>=</b>		* ~	1011		<u> </u>	Chlorine D	·			
Type of I	Disinfe	ctant Resid			ribution System:	✓ Free Chle				(Chloramines			ioxide	proba priving almagem	TO THE REPORT OF THE PARTY OF T	
					in Chienland one lo	en earli year	ម្រើម៉ូប្រែឡូម៉ូ(្	frejen-Eraje	The Estate	in viitelit⊨ i	A RESERVED TO STREET AND A STREET	STREET, STREET, THE CONTRACT THE STREET,				
					فلندر ويونين تسايعات المنتع		Milya.	غاصف الأسلا	والمنافر الشيفات فالأناث والأراث	ووائن يغتد دائي الشارات	l like.					
				1.0			المنات توسيه وسرفي		200	5 (5 2)		1.78				
						Pikimikatin	Paragon Co			医电影多数						
	is Dhij				or area wagind	Combe Side	350000000000000000000000000000000000000						นักเขาสารเก็บได้			
- [5	filiti gr		THE COUNTRY		infante da	a Park	l lia					a.X.minimiza	Committee of the			
	effethir		ngia nitiei .		i Constantintibi (Cir	. Xerrication	Cironia				NAME OF	EVENT.	មកខណ្ឌី ដំប៉ូប៉ូន រួម	in the second	cafe (affirm the company)	
is tym. "e	1.00	i i di di di	1.37416		Segrit 1	ំ [ត្តិស្រី ] ប្រែក្រសួ	in herest.			Kindani Ed	vat-Clints	that the state of	all and countries in	Constitute (C)	Mr. Calvernia parisa di Calver	
	411	3.0	ili (zinale)			e de la mon	1000	TEIL (O)	Harry Value	Required mg			្រាំប្រក្រែកក្រាំប្រ	The state of the s		
DATE OF THE PARTY	WAS A	Map of the second	12 000	STATE SERVE	Markatal lowering Land	e minutes	a di Otta	WATCHAR	1 and the state of			PRESCO CIDATE	Section and section 1.3			
	X X	24.0 24.0	13,000 17,000		1.4		restanting	。据, 编数字 图:第二字			ings (b		1.3		444	
	x	24.0	14,000	APA ANA	1.4		Part Contract					-	1.3		The section of the	
	Х	. 24.0	12,000	FUIC SEVE	1.4	a a sa	ch/sic/sin			A Charles resigned	Ne.	1	749 66 - 14		1 1.	
		24.0	13,500	in the later				2 2 2		The second section of the	orani ili di	+	y a gyrin . V.			
	Х	24.0	13,500	distribution	1.2	1. 4. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	Fig. Carear	1.4-1					1.0	war war s		
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	X	-24.0	12,000		1.3			¥		Contact Contac	PO NA		0.9	Autoritation		
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110	d Art 1	24.0	15,000	ese in the E		College Page			212	缺犯的特色	Barran .			<b>3</b> , 14		
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y.d			401,000	}	,										•	
Virginia			12 935	l .												

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



/S Name:	m (PWS) Informa			ANTI CONTRACTOR OF THE STATE OF		PWS Identification Nun	nber: 3354867	
/S Type:	✓ Community	Non-Transient Non-	-Community	Transient Non-Com	munity	Consecutive	050	
	ctions at End of Month				Total	Population Served at End	of Month: 270	
S Owner:	Aqua Utilities Florid			(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)		至5.44110000000000000000000000000000000000		
tact Person:	Brian Heath		and the state of t	ALTON DE LES		act Person's Title:	Area Manager Zip Code:	34749
tact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: [Zip Code: ]	34149
tact Person's Telephon	ne Number:	(352) 787-0980			The second of th	act Person's Fax Number:		
tact Person's E-Mail A	Address:	beheath@aguaamer	ica:com	Control of the				2 2 2 2 100 30
iter Treatment P	lant Information				and the second s	****	352-787-09	080
t Name:	Quail Ridge				an arti <b>lit</b> e fila	Plant Telephone Number		32726
t Address:	37713 Quail Ridge	Circle .	1. 华 <b>尼亚岛斯</b> 伊尔克		City: Eustis	State: Florida	Zip Code:	32,120
e of Water Treatment	by Plant:	✓ Raw Ground Water	Purchased F	inished Water			Translation of Helicipa Sec.	
nitted Maximum Day	Operating Capacity of	Plant, gailons per day:		468,000			99 310(4), F.A.C.): C	* * * * * * * * * * * * * * * * * * * *
	ction 62-699.310(4), F		ELIVE ATTE			Class (per subsection 62-6	77.4	e e la
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	John Worrell		化图·Sublisa Specification	r C	6597	Days 1st Shift		
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			veriorist.		Tarket Land		The Control of the State of the	111

PWS Ic	lentificaite	n Number:		3354867.		Plant Name:	Quail Ridge	,					1		
Ш. О	aily Data	a for the N	Ionth/Year	of:		March, 2006	Aller		- 4	and delay of the	a, Wiji i		in the second of		
_					val: 🔽 Free (	· · · · · · · · · · · · · · · · · · ·	Chlorine D	ioxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)		
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A)	Pine.		A temple	Dellation	Casing Carrie	t wat the	ro i iū	1.00	man raci	Requesting		in.v.	្រីស្រែក្រុងប្រែក្រុង		งที่รักรี จรรมอก (อัสที่มูลสารกั <u>น).</u> 
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S. E.	X	24.0		<b>建筑社会</b>	1 Walls	3.5° 神多。5.45	EL MARKET	taj, ir iin	<b>非国际工作</b>	a negreji	KREAT A	A STATE OF THE STATE OF	大学的诗题 <b>13</b>		
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	X	24.0	17,000	e vitalija i			erecent	1220	2 27 3 7				1.2	2/3 /	
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230	<b>∂ 2`X</b> ≥ 1	H 24,0	27,000	<b>克·</b> 基金冠子手	Sissificacion (A	-31		SEC.	104444		(38.7)	i Kalaica	#1: ## 1 Min 1 2		eavil, Alex
		.≛ J.≇J24.0		數類這一人	三年(1) 李山野	<b>司以党署</b> 实办					Will be	v 19 <sup>15</sup>	气体 医乳头球	30 F. S.	
Will be			615,000												•

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



E[TOKIDA]	•		·							
See Pages 4 for Insti		·				•		7.00	Sign of the section of the section	
l. General Information	i for the Month/Y	ear of: A	pril, 2006			<b>并以外外,其中的</b>	aryttä (jan <sup>1</sup>			
A. Public Water Systen	n (PWS) Informa	tion		•					· · · · · · · · · · · · · · · · · · ·	
PWS Name:	Quail Ridge			<b>基金的基金</b>	N. T. gradina	To Advisor	PWS Identification Nu	ımber:	3354867	
PWS Type:	✓ Community	Non-Transient No	n-Community	Transient	Non-Commi	unity	Consecutive			
Number of Service Connec			7		Talk, dhi	Total	Population Served at Er	d of Month:	270	
PWS Owner:	Aqua Utilities Florid	A Transaction			The grade				The Control of the Co	
Contact Person:	Brian Heath	<b>创造工程的</b> 是一个			te Pour Po		act Person's Title:	Area Mana		the second second
Contact Person's Mailing A	Address:	PO Box 490310			C		State: Florida		\$13.00 Land 1.00	4749
Contact Person's Telephone		(352):787-0980				Cont	act Person's Fax Number	: (352) 787-6	333	
Contact Person's E-Mail A		beheath@aquaamo	erica.com	ALTERIA	And File	transfer species in				
B. Water Treatment Pl		· ,,6,679 × 7 7			1 7			<u> </u>	ara gad 0000	
Plant Name:	Quail Ridge	<del></del>				P. Ter Callandary	Plant Telephone Num	The State of the S	352-787-0980	4700
Plant Address:	37713 Quail Ridge C					ity: Eustis	State: Florida		Zip Code: 3	4788
Type of Water Treatment b		Raw Ground Wate	er Purcha	sed Finished Wa	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a design of the second of the	And the second s	The Paris Tolk Same	1000	
Permitted Maximum Day (			rich and Sawar and Vertile	468,000	Eric Jershin	in the second		(00 210(4) F.A	CARAGO	<u> </u>
Plant Category (per subsec			Tay <b>V</b> alve			Plant (	Class (per subsection 62-	699.310(4), F.A.		
animaja parama				ring single-term of the second second	The second secon			Tana Carrette year of the	Control of the Contro	
Land Chief Operator	Will Fontaine			WEST CLAS		*> = 6813 =			TO SERVICE STATE OF THE SERVIC	
(citie) crisialisto (sec	Marty Neal				Company of the Particle of the Company of the Compa	10027	Days 1st Shift			
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				State of the Server of August 4 of Server						
	- A constitue State		and the second s		en en en en en en en Englis block et				AND THE PARTY OF T	PERSONAL PROPERTY.
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		Carlodin Association					Name and the Control			
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The second of the second secon	arvenies zur ein der Western von erste Reg	and the second s	<ol> <li>Nathur-Banking that their direct photographic dea</li> </ol>	the formate for all of the area of the	en i amo escrit del Lo	escalations of Parties of School Sec	U. C. Sant and the sant and the			
II Certification by Lea										
I, the undersigned was	ter treatment plant	operator licensed in	Florida, am the le	ad/chief opera	tor of the v	vater treatment	plant identified in p	art I of this re	port. I certify th	at the
information provided	in this report is tru	ie and accurate to the	best of my know	ledge and belie	ef. I certif	y that all drinkin	ng water treatment c	hemicals used	at this plant cor	iform to NSF
International Standard	l 60 or other appli	cable standards refere	enced in subsection	n 62-555.320(	3), F.A.C.	I also certify th	at the following ad	ditional opera	tions records for	this plant
were prepared each da	av that a licensed o	nerator staffed or vis	ited this plant du	ring the month	indicated	above: (1) reco	rds of amounts of c	hemicals used	and chemical fe	ed rates; and
(2) if applicable, appr	onriate treatment	rocess performance	records Furthern	nore l'agree to	nrovide f	hese additional	operations records t	o the PWS ov	vner so the PWS	owner can
retain them, together	with conies of this	renort at a convenier	nt location for at J	loact ton vears	, provido t		<b>OP-13-1</b>			•
A COMMITTEE OF THE PARTY OF THE	and cobics of mis	toports at a convente	in iocation for at i	coust ton years.					-	
Mate	= 5-	5-06	Will	Fontaine				4-1 <u>3-13-</u>	C-6813	
Signature and Date			Print	ed or Typed Name	3			_	License Numb	er

PWS Identification Nun	nber:	3354867	Test	Plant Name:	Quail Ridge		1.	, C	wikili ili				
III. Daily Data for t		r of:		April, 2006				19.4	and the same				
Means of Achieving For	ur-Log Virus Inaci	tivation/Remo	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Chlorine D	ioxide	┌ Ozone		oined Chlori	ne (Chlorar	nines)		
Ultraviolet Radiati	on $\Gamma$ Oth	er (Describe)	: <u> </u>		<u> </u>								
Type of Disinfectant	Residual Mainta	ined in Dist	ribution System:	Free Chl	orine	Combin	ed Chlorine	(Chloramine	s) T	Chlorine I	Dioxide	· · · · · · · · · · · · · · · · · · ·	
			f Calenations of			Roll Scot	Vilus had	diversion his	ીતિકાર્મિલાનું	ल्कान्त्र अस्तरात्त्र			4 3 4 5 3 9
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Моница жаза <b>«</b> Орег	24.0 18.000	SEAS SING	Stranger over the stranger of	A COUNTY OF THE	2.4 min/15	Water	PLIA RELIGIOR	and the second	and the second	seviemen	Aystein in A		
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When the first of the second	22 903						•						

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

### MONTHLY OPERATION REPORT FOR PWGS TREATING IN MIGHT UNL .. ATE .. JR F .. JCH ... LOF ... BHE WAT



See Pages 4 for Instructions.  General Information for the Month/Year of: May, 2006  A Public Water System (PWS) Information  PWS Name: Qualifiedge PWS Type:	
A. Public Water System (PWS) Information  PWS Name: Qualification System (PWS) Information  PWS Type: V Community Non-Transient Non-Community Transient Non-Community Consecutive  Number of Service Connections at End of Month: 77  Total Population Served at End of Month: 270	
PWS Name: Quartification Number: 3354867.  PWS Type:	
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 77 Total Population Served at End of Month: 270	
Number of Service Connections at End of Month: 77 Total Population Served at End of Month: 270	A CONTRACTOR OF THE PARTY OF TH
Number of Service Conflictations at End of Monda.	Control of the contro
PWS Owner: Aqua yantes fronds	Contract Con
Contact Person: Avan Fleitit: Area Manager	200 200 100 100 100 100 100 100 100 100
TORRACTION TARGET AND THE TARGET AND	
Contact reisons retephone Number. 13383-1493-14980	- Park
Confact Leaving Princip Varieties (Confact Leaving Varieties)	5 - W. San
Water Treatment Plant Information  Plant Name: Plant Telephone Number: 352-787	1980
Tanit Address. Street Address City Carrier C	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.):  V Plant Class (per subsection 62-699.310(4), F.A.C.):	-
Frant Category (per subsection 02-099.510(4), F.A.C.).	2:16-2
C 6813 Days 1st Shift	7.5
C 10027 Days 1st Shift	
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point voltar	Y L
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1   1   1   1   1   1   1   1   1   1	
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 certified in part I of this report.	y 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 plan	t conform to NS
Internation provided in this report is true and accurate to the best of thy knowledge and benefit. I certify that an arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival arriv	e for this plant
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 record	of food setest or
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 chemic	at teen tales, an
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the P	ws owner can
retain them, together with copies of this report, at a convenient location for at least ten years.	* •
16	
Wei 2 6-5-06 Will Fontaine C-6813	
Signature and Date Printed or Typed Name License N	umber
A STATE OF STREET	4

PWS Identi	ficaiton N	umber:		3354867		P	lant Name:	Quail Ridge								
III. Daily	Data fo	r the M	lonth/Year	01:		N	/lay, 2006	<del></del>								
				ivation/Remo	val: 🔽 Fı	ee Ch	lorine	Chlorine Di	oxide	Cone	Comi	sined Chlor	ine (Chlora	mines)		
Ultravi	_	_	-	er (Describe)			•	Cinci no Di		, 020	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>——</b> (——————	_		
<b> -</b>					ribution System	<u> </u>	Free Chle	orine T	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine !	Dioxide		<del></del>
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<sup>? \*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. General Information for the Month/Year of: June, 2006 A. Public Water System (PWS) Information 3354867 PWS Name: Ouail Ridge PWS Identification Number: Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Total Population Served at End of Month: 270 Number of Service Connections at End of Month: 77 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Brian Heath Contact Person: State: Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information 352-787-0980 Plant Name: **Ouail Ridge** Plant Telephone Number: 37713 Quail Ridge Circle State: Florida Zip Code: . 34788 Plant Address: City: Eustis ✓ Raw Ground Water Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) // Shift(s) Worked Licensed Operators Name License Class License Number Lead/Chief Operator: Will Fontaine Days 1st Shift 6813 Other Operators Real Marty Neal 10027 Days 1st Shift John Worrell Days 1st Shift 6597 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

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

(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.

PWS I	lentificaitor	n Number:		3354867		Plant Name:	Quail Ridge				·			
III. D	aily Data	for the N	lonth/Year	of:		June, 2006								
Means	of Achievi	ng Four-Log	g Virus Inactiv	vation/Remov	ral: 🔽 Free C	Chlorine	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chloran	nines)	•
וט דן	traviolet R	adiation	Othe	r (Describe):	•									
Туре с	f Disinfe	ctant Resid	lual Maintai:	ned in Distr	ibution System:	▼ Free Chlo	rine T	Combin	ed Chlorine	(Chloramine		Chlorine I		
112 + 1		44.44	1	C	T. Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable	15 V 8 CENT	AND A SHIP	THE PROPERTY OF THE PARTY OF TH
海滨道		1 2 4		其他性質的	TANKS PER PER PER PER PER PER PER PER PER PER	CT Calc	ulations	Chicken Constitution	4.186.64	Carlo Maria	Mary UV-1	Dose 🐍 🌣		
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人。使为			4				Lowest CI	學演奏		Minimum CT Required, mg min/L			- 1	
15 60 2	Davs Plant				of Lowest Residual	Contact Time	Before or at				\$754 \$156.52 (1974)		Lowest Residual	
15 m/2 f	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First		Transfer and	1.2.2.2	A. 4	Minimum	Disinfectant	
	Visited by		of Finished	146 To 16	-Concentration (C)	Measurement	Customer 4	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	199	34.30	Lowest 5.	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	#	ALL AND	Minimum CT	Operating *	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted !	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution 1	Involves Taking Water System Components Out of Operation
iniciani.	~ ^ /	Operation	The C Runs Smith	Rate, gpd.	GI Cak LIOW, INSID	minutes	min/C	Water, C	if Applicable	· min/L	mW-sec/cm	sec/cm	System; mg/L*	Selection of Operation and Assessment
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2.6 Mg	X	24.0	8,000		1.2								0.8	
位的海	Х	24.0	24,000		1,1								1.0	
※88	X	24.0	24,000		1.2								1.0	
<b>学の事業</b>	X	24.0	16,000		1.3	<del> </del>		· ·			<u>-</u>	<u> </u>	1.1	
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24,000

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



See Pages 4 for Instructions. 1. General Information for the Month/Year of: July, 2006 . Walio Maria I. Alica A. Public Water System (PWS) Information 3354867 Ouail Ridge PWS Identification Number: PWS Name: √ Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: 270 Total Population Served at End of Month: Number of Service Connections at End of Month: 77 PWS Owner: Aqua Utilities Florida Area Manager Contact Person: Brian Heath Contact Person's Title: 34749 City: Leesburg State: Florida Zip Code: Contact Person's Mailing Address: PO Box 490310 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information 352-787-0980 Plant Telephone Number: Plant Name: Quail Ridge Zip Code: 34788 City: Eustis 37713 Quail Ridge Circle State: Florida Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Heleanse (class place) is a Number of the control o stricensed (one arms the seasons with a way and series was name) avit/Chieft/Operator Will Fontaine 6813 Days 1st Shift Oliner Organitions Days 1st Shift Marty Neal 10027 6597 Days 1st Shift John Worrell A debug 特許多 II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Will Fontaine C-6813

Printed or Typed Name

License Number

PWS I	dentificaito	on Number:		3354867			Plant Name:	Quail Ridge	e						
III. I	aily Data	a for the N	Ionth/Year	of:			July, 2006			<del></del>			············		
Means	of Achiev	ing Four-Lo	g Virus Inacti	ivation/Remo	oval:	▼ Free C		Chlorine D	ionido	Ozone	<u> </u>	611			
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·			dual Mainta		4	n Custom.	₩ Free Chl	ariaa F	Combin	and Chlorina	(Chloramine	\	Chlorine 1	Disable	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: August, 2006 A. Public Water System (PWS) Information PWS Name: PWS Identification Number: 3354867 Quail Ridge Non-Transient Non-Community ✓ Community Consecutive PWS Type: Transient Non-Community 270 Number of Service Connections at End of Month: 77 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Brian Heath Contact Person's Title: Area Manager Contact Person: 34749 PO Box 490310 State: Florida Zip Code: Contact Person's Mailing Address: City: Lecsburg 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** 352-787-0980 Plant Name: Quait Ridge Plant Telephone Number: Plant Address: 37713 Quail Ridge Circle City: Eustis State: Florida Zip Code: 34788 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468,000 V Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): is Concession Will Fontaine 6813 Days 1st Shift n a Koningroof Marty Neal 10027 Days 1st Shift John Worrell 6597 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. 9-7-06 Will Fontaine C-6813

License Number

Printed or Typed Name

Signature and Date

PWS Ide	ntificaito	n Number:		3354867		Plant Name:	Quail Ridge	e			······································				
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

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See Pages 4 for Instructions. September 2006 I. General Information for the Month/Year of: A. Public Water System (PWS) Information 3354867 PWS Identification Number: CALLED BALLER OF THE PROPERTY OF THE PARTY OF THE PWS Name: Quail Ridge Consecutive Non-Transient Non-Community Transient Non-Community ✓ Community PWS Type: Total Population Served at End of Month: 270 Service Line Number of Service Connections at End of Month: Aqua Utilities Florida PWS Owner: Contact Person's Title: Area Manager Brian Fleath Contact Person: 34749 Florida Zip Code: State: City: Leesburg PO Box 490310 Contact Person's Mailing Address: Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: 2000年,2010年中**河**南部北京 beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** 352-787-0980 Plant Telephone Number: Plant Name: Quail Ridge Zip Code: 34788 City: Eustis: State: Florida 37713 Osail Ridge Cirole Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 468.000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): . V: Entering Chies Diconsentiniber and Nation the deal of buying 68**1**3 Days 1st Shift J. Water Visited His 187 Will Fontaine 10027 Days 1st Shift Maria Para Marty Neal 2194 PASS 80 Days 1st Shift 6597 John Worrell HARE N. 20 Called All March See all Property 人类是性的 75.72 16 a Police At the Analysis of the State of The No water of the LUMBOR OF AL de la companya della companya della companya de la companya della - 150 m 12 VA Charlette Sie Paul 1944 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T. 186 T a du weblielingski ili sa strebe u S SHART RELEASE IN LABOUR. The water to bear

#### 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.

May 10-6-06 Signature and Date

Will Fontaine
Printed or Typed Name

C-6813	
License Number	

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

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Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.):  Plant Category (per subsection 62-699.310(4), F.A.C.):  Wall For (appear and the property of Plant, gallons per day:  Wall		The second secon		AL PROPERTY.		City: Eustis	State. Floring Control of the Contro		
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Il Certification by Lead/Chief Operator  I, the andersigned 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	11 Certification by 1	W/Chief Operate							
	retain them, togeth	er with copies of th	is report, at a convenient loc	ation for at	least ten years.				
(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 car retain them, together with copies of this report, at a convenient location for at least ten years.	Mr. J		11-3-06	(Constallation	and the comment of the Proceedings of the Comment o				
retain them, together with copies of this report, at a convenient location for at least ten years.	Signature and Date		****	Prin	ted or Typed Name			License Nu	mber

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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  ### Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  ###################################	
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Type of Disinfectant Residual Maintained in Distribution System:     Free Chlorine   Combined Chlorine (Chloramines)   Chlorine Dioxide	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



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

See Pages 4 for Instru L. General Information		Year of: Novembe	r, 2006						
A. Public Water System						<u> </u>			
	Quail Ridge	The State of the S		7. Take 1. S. C.		PWS Identification Num	ber: 335	4867	
PWS Type:	✓ Community	☐ Non-Transient Non-Comm	nunity	Transient Non-Co	mmunity	Consecutive	<del></del>		
Number of Service Connect			1			Population Served at End of	of Month: 270	The state of the state of	
PWS Owner:	Aqua Utilities Flori	the state of the s					Marie de la companya de la companya de la companya de la companya de la companya de la companya de la companya		1.2424
	Brian Heath			10 July 10 Jul	Cont	act Person's Title:	Area Manager		
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip	Code; 347	49
Contact Person's Telephone		(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333		1 1 2 1 1 1 2 2 2 2 2 2 1 1 1 1 1 1 1 1
Contact Person's E-Mail Ad		beheath@aquaamerica.co	<u>om</u>	PAGE.			2 t. 1, 10 t	TO THE STAFF A	
B. Water Treatment Pla	nt Information								
Plant Name:	Quail Ridge	The second of th		- 277 Files		Plant Telephone Number		-787-0980	The second secon
Plant Address:	37713 Quail Ridge	Circle		The second secon	City. Bustis	State: Florida	Zip	Code: 347	88
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased	Finished Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		468,000			ries .		4.46
Plant Category (per subsecti	on 62-699.310(4), F	.A.C.):				Class (per subsection 62-699		Ç	
Algogiised Operators		and the circ Name with the sa	MATERIAL STATE	😹 License Gla	s Licensea Vimber	Assertes dutyes D	ay(s)YaShift(s)nyo	nkailaie	
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		<u> </u>		18,583				The second	
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							·		
II Certification by Lead									
I, the undersigned water	er treatment plan	t operator licensed in Florida,	, am the lead/c	hief operator of t	he water treatment j	olant identified in part	I of this report, 1	certify that	the
information provided i	n this report is t	rue and accurate to the best of	f my knowledg	e and belief. I co	rtify that all drinkin	g water treatment che	micals used at this	plant confe	orm to NSF
International Standard	60 or other appl	icable standards referenced in	n subsection 62	2-555.320(3), F.A	A.C. I also certify the	at the following addit	ional operations re	cords for the	nis plant
were prepared each da	y that a licensed	operator staffed or visited thi	s plant during	the month indica	ted above: (1) reco	rds of amounts of cher	nicals used and ch	emical feed	1 rates; and
		process performance records.							
		s report, at a convenient locati			₹	-			
1							. ,		
Me		28-06	Will Fonta	ine			C-6	813	
Signature and Date		<u> </u>	بنكسيب جبي	Typed Name	A THIRTY OF THE SECOND			ense Number	
regisature and Date		•	ETHICO OF	r Ahen Maille			Liu	and immod	

Page 1

PWS I	entificaito	n Number:		3354867		Plant Name:	Quail Ridge	· · · · · · · · · · · · · · · · · · ·				·			
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Polymer Page 3 Due in December

WS Name:	Quail Ridge:	Antoniellustu				PWS Identification Number:	3354867
WS Type:	✓ Community	Non-Transient Non-C	ommunity	Transient Non-Co	ommunity	Consecutive	
lumber of Service Co	onnections at End of Month	ı: <i>111</i>				Total Population Served at End of Mon	th: 270 -
WS Owner:	Aqua Utilities Florida	<b>a</b>					
ontact Person:	Brian Fleath 🧸 📆 🕒						Manager
ontact Person's Mail	ing Address:	PO Box 490310			City: Lee	sburg : State: Florida :	Zip Code: 34749
ontact Person's Tele		(352) 787+0980				Contact Person's Fax Number: (352	)//87.6393 -
ontact Person's E-M		beheath@aquaameric	a.com				
Vater Treatmen	t Plant Information						
lant Name:	Quait Ridge 🐠 🗀	Historia Committee and the committee of				Plant Telephone Number:	352-787-0980
lant Address:	377/3 Quail Ridge C	ircle.			City: Eus	tis State: Plorida	Zip Code: 34788
ype of Water Treatn	ent by Plant:	✓ Raw Ground Water	Purcha	sed Finished Water			•
	Day Operating Capacity of l			468,000		n salakan sekecah jiran dan sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai se	
ant Category (per si	bsection 62-699.310(4), F.	A.C.):	F-V			Plant Class (per subsection 62-699.310(4	), F.A.C.):
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	Lead/Chief Operator						
						eatment plant identified in part I of t	
						Il drinking water treatment chemical	
iternational Stan	dard 60 or other applic	cable standards reference	ed in subsectio	n 62-555.320(3), F.	A.C. I also o	certify that the following additional	operations records for this plant
	h day that a licensed o	operator staffed or visited	d this plant du	ring the month indic	ated above:	(1) records of amounts of chemicals	s used and chemical feed rates;
ere prepared ead						ditional operations records to the PV	
	ippropriate treatment r	process performance rec	oras, rurtnern	nore, i agree to prov	iae mese aa	minonal operations records to the PV	ad omner so the Lary omner cai

License Number

Printed or Typed Name

Signature and Date

PWS Identification Number:		3354867		Plant Name:	Quail Ri	idge							
III. Daily Data for the N	Ionth/Year o	of:		December,	2006				·				
Means of Achieving Four-L	og Virus Inacti	ivation/Remo	oval:	Chlorine	Chlorine	e Dioxide	Ozone	Com	oined Chlor	ine (Chlorar	nines)		
Ultraviolet Radiation		(Describe):		ADMIT		puns							
Type of Disinfectant Resid	lual Maintain			∇ Free (			ned Chlorine	•		Chlorine I	Dioxide	ş	· · · · · · · · · · · · · · · · · · ·
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19.0X 11 2011, 24.0												a second transporter or in purchase to a principal	
MESSECULAR RECESSORS AND	481,000	num Lagri Procintes (CET	aut, afterna skillesterikini.			aranga I Madigasab Inggo		professionality (1919)	Mariana James Administra		ne sasar semente estra Pilita	meseruhanning mensika	
P. 30-55	15,516	•											
	01.000						•						

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

PWS ID:	3354867	Plant Name:	Quail Ridge			
V. Summary of Use of Poly	mer Containing Acryl	amide, Polymer (	Containing E	pichlorohydrin, ai	nd Iron	or Manganese Sequestrant for the Year: * 2006
A. Is any polymer containing the follows:	nonomer acrylamide used at	the water treatment pla	ant?	✓ No Ye	s, and the	e polymer dose and the acrylamide level in the polymer are as
Polymer Dose ppm =			····· , ····· ··· · · · · · · · · · · ·	Acrylamide Level, %=	=	
B. Is any polymer containing the polymer are as follows:	nonomer <u>epichlorohydrin</u> used	i at the water treatmen	nt plant?	☑ No	Yes,	and the polymer dose and the epichlorohy drin level in the
Polymer Dose ppm =				Epichlorohydrin Level	l, % =	
C. Is any iron or manganese seque	strant used at the water treatn	nent plant?	✓ No	Yes, and the typ	pe of seq	uestrant, sequestrant dose, ect., are as follows:
Type of Sequestrant (polyphos	phate or sodium silicate):					
Sequestrant Dose, mg/L of pho		cate as SiO <sub>2</sub> =				
If sodium silicate is used, the a	mount of added plus naturally	occurring silicate, in	mg/L as SîO <sub>2</sub> =			

<sup>\*</sup> 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.

t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DOCUMENT NUMBER-DAT

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 On the Internet at www.sjrwmd.com.

October 17, 2007

Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749

SUBJECT:

Consumptive Use Permit Number 4545

Quail Ridge Estates

Dear Sir/Madam:

Enclosed is your permit as authorized by the St. Johns River Water Management District on October 17, 2007.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided. within which to file a petition for an administrative hearing pursuant to Sections 120,569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely.

Blove Boan Lenie Gloria Lewis, Director

Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent:

Aqua Utilities Florida Po Box 490310

Leesburg, FL 34749-0310

David G. Graham, CHAIRMAN

Ann T. Moore, SECRETARY

Duane L. Ottenstroer, TREASURES

Susan N. Hughes

Michael Ertei OVIEDO

Arlen N. Jumpe FOFT NECOV

W. Leonard Wood FFFRIANDINA REACH

**PERMIT NO. 4545** 

**PROJECT NAME: Quail Ridge Estates** 

DATE ISSUED: October 17, 2007

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 10.0 million gallons per year (mgy) of ground water from the Floridan aguifer to provide public supply, water utility and fire protection to an estimated 361 residents.

#### LOCATION:

Site: Quail Ridge Estates

**Lake County** 

Section(s):

25

Township(s):

185

Range(s):

25E

#### **ISSUED TO:**

Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373. Florida Statutes and 40C-1, Florida Administrative Code.

#### PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated October 17, 2007

**AUTHORIZED BY:** 

St. Johns River Water Management District Department of Resource Management

Dwight Jenkins Division Director

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 4545 AQUA UTILITIES FLORIDA DATED OCTOBER 17, 2007

- District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
  - (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs

are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

- (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
- (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
- (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- All submittals made to demonstrate compliance with this permit must include the CUP number 4545 plainly labeled.
- 11. This permit will expire on October 17, 2027.
- 12. Total withdrawal from well #1 (GRS #35304), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months using District Form No. EN-50. The reporting dates each year after that date will be as follows:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

- 13. Maximum annual ground water withdrawals for household use must not exceed 10.0 million gallons per year for household use and water utility use.
- 14. Maximum daily allocation for fire protection use is 0.94 million gallons. A separate accounting of water withdrawn for fire protection must be maintained.
- 15. The permittee must monitor all water from well #1 (GRS #35304) using a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 16. The permittee must have all flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
- 17. The permittee must implement the Water Conservation Plan submitted to the District on July 23, 2007 in accordance with the information and plans contained therein.
- 18. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(4), F.S., every five years during the remaining term of the permit. The permittee shall submit the report by October 31st of 2012, 2017 and 2022. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
  - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 15, 2006; and
  - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.

- (d) documentation verifying that the use of water is efficient and that the permittee is implementing all feasible water conservation measures;
- (e) information documenting that the ground water allocations in the permit will continue to be needed for the remainder of the permit duration;
- (f) information demonstrating that the lowest quality source of water, including reclaimed water, is being used to meet water demands unless the permittee demonstrates that such use is not feasible pursuant to SJRWMD rules;
- 19. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or cause or contribute to a violation of minimum flows and levels adopted in chapter 40C-8, F.A.C., except as authorized by an SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

- 1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sirwmd.com, within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing notice of District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
- 2. If the Governing Board takes action that substantially differs from the notice of District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
- 3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

- 5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida. Petitions received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at <a href="www.sirwmd.com">www.sirwmd.com</a>. These conditions include, but are not limited to, the petition being in the form of a PDF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.
- Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).
- 7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.
- 8. A person with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of their property, has the right to, within 30 days of receipt of the notice of District decision regarding a permit application, apply for a special magistrate proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the Office of the District Clerk located at District Headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, FL 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes. Requests for relief received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day.
- A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph nos. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph nos. 1 or 2 above waives the right to a special magistrate proceeding. (Subsection 70.51(10)(b), Florida Statutes).
- 10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special magistrate proceeding. (Subsection 70.51(3), Florida Statutes).

- 11. Any person whose substantial interests are or may be affected who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of rendering of the final District action, (Section 373.617, Florida Statutes).
- 12. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filling a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.
- 13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filling a request for review with the Commission and serving a copy on the Florida Department of Environmental Protection and any person named in the order within 20 days of the rendering of the District order.
- 14. A District action is considered rendered, as referred to in paragraph nos. 11, 12, and 13 above, after it is signed on behalf of the District, and is filed by the District Clerk.
- 15. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph nos. 11 and 12 above, or for Commission review as described in paragraph no. 13 above, will result in waiver of that right to review.

#### **Certificate of Service**

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749

At 4:00 p.m. this 17th day of October, 2007.

Hlora goen denie

Division of Regulatory Information Management Gloria Lewis, Director

St. Johns River Water Management District Post Office Box 1429 Palatka, FL 32178-1429 (386) 329-4152

Permit Number: 4545



# Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

VIA EMAIL
[PAFarris@aquaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 OCD-PW-SS-07-0474

Lake County PW	PWS ID Number
Fem Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than <u>June 29, 2007</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

KMD/ddo Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

# State of Florida Department of Environmental Protection Central District

## **SANITARY SURVEY REPORT**

Plant Name	QUAIL RIDG	E ESTATES	County	Lake	PW\$ <b>!</b> D #	3354867
Plant Location 33	713 Quail Ridge	Circle, Eustis, FL 3	2726		Phone	(352) 435-4028
Owner NameAqu	a Utilities Florid	a, Inc				(352) 435-4028
Owner Address 11	100 Thomas Av	enue, Leesburg, FL	34748			
Contact Person P	atrick Farris	Title	Env. Complian	ce Specia	list Phone	(352) 435-4029
Contact Person P. This Survey Date	04/11/07	Last Survey Date	04/28/04	Las	st C.I. Date	8/24/99
PWS TYPE & CLAS		_ ,	RAW WATE		•	
☑ Community (5C)			☑ GROUNI	D; Numbe	r of Welis	1
☐ Non-transient No			SURFAC	E/UDI; So	ource	
☐ Non-Community			☐ PURCHA	SED fron	n PWS ID#	
•			☐ Emerger	icy Water	Source	
PWS STATUS			Emergen	cy Water	Capacity	
Approved system			-	•	-	
WC35-178565, 6	3/5/90, cleared 1	2/5/90	AUXILIARY			
		·	Yes 🛄		Not Record	luired
Unapproved syst	tem		Source		·	
055105 ADEL 01		00	Capacity of S	Standby (I	<w)< td=""><td></td></w)<>	
SERVICE AREA CH			Switchover:		natic Mai	nual
Mobile Home Park			Standby Plan			
<del>- 10</del>	/ [ ] No. 15/1	AL/A	Hrs Operated			
Food Service: LIY	es II no Ma	IN/A	What equipm	nent does	it operate?	
OPERATION & MAI	NTENANCE		Well pi	nmbs		
Certified Operator:		Not required	☐ High S	ervice Pu	mps	
Operator(s) & Certifi			Treatm	ent Equip	ment	- Dia Hak
Will Fontaine C-68			Sausty 1/2 if	iax-day de	emand? LJ 10	es No Unk
See MOR for com			Comments_			
O & M Log: ☑ Yes					·	
Operator Visitation F Hrs/day: Required_ Days/wk: Required_	requency	•	TREATMEN	T PROCE	ESSES IN US	SE .
Hrs/day: Required_	Visit Ac	tual Visit	Disinfection	n		
Days/wk: Required_	5 + 1 Ac	tual 5 + 1				
Non-consecutive D	Days? L <u>J</u> Yes	L_No ⊠ N/A	What additio	nal treatm	ent is neede	d?
MORs submitted red	uulartv? 🔀 Yes	LING LIN/A	None at this	is time		
Data missing from N	/IORs? ☐ No 🛚	X Yes ☐ N/A	For control o	f what de	ficiencies?	
Population and the r			N/A			
reported on MORs of						
Number of Service (	Connections	<u>96</u>	DISTRIBUTI			
Population Served _			Flow Measu			w Meter
Average Day (from I			Meter Size 8		8" Water Spo	
Max. Day (from MO		pd 03/07			Devices: 🛛 🕻	
Max-day Design Ca	pacity <u>468,0</u>	000 gpd			None observe	
WRITTEN PROGRA	AMS		Coliform Sar			
O & M Manual Yes I	Located Water to	reatment plant	DDBP Monit			
Written Preventive					ap 🔯 Yes	
Flushing Plan XY	es 🗌 No 🛮 Re	ecords No			tion Control i	-iogiani.
Valve Maint Plan 🛛		ecords No	Inadequa		tor lost soliba	ated 03/24/05 by
<b>Emergency Respon</b>	se Plan 🛛 Yes (	□ No □ N/A	Central Flori			AIGU USIZ4IUS DY
Comments			Central F1011	ua CUIIIIC	no, IIIU.	<del></del>

PWS ID#_	3354867
Date	04/11/07

#### **GROUND WATER SOURCE**

	WATER SOURCE		 	
Well Num		1		
(FLUWID No.) Year Drilled		(AAC3238) 1989	<u> </u>	
		340'		
	Depth Drilled			
	Drilling Method		 	
Type of G	•	Neat cement		
Static Wat		62'		
· · ·	Water Level	Unknown		
Design We		Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (outside casing)		131'	 	
Diameter (	outside casing)	10"		
Material (outside casing)		Black steel		
Well Contamination History		None	 	
Is inundation of well possible?		No		
6' X 6' X 4	" Concrete Pad	Yes	 <del></del>	
	Septic Tank	>200'	 	
SET	Reuse Water	N/A		
BACKS	WW Plumbing	N/A		
	Other Sanitary Hazard	None observed	 	·
	Type	Vertical turbine	 	
	Manufacturer Name	Goulds		
PUMP	Model Number	10RJHO-6	 	
	Rated Capacity (gpm)	650	 	
Motor Horsepower		60	 	
Well casing	g 12" above grade?	Yes	 	
Well Casin	g Sanitary Seal	Ok		
Raw Wate	r Sampling Tap	Yes		
Above Gro	und Check Valve	Yes		
Fence/Hou	ısing	Fence		
Well Vent	Protection	Yes	· · · · · · · · · · · · · · · · · · ·	

COMMENTS Provide information for all items marked "unknown."	

•					Date	04/11	<u>/07                                    </u>
CHLORINATION (Dis	sinfactio	n)		STORAGE FACILITI	Ee		
Type: Gas H		11)			rdropneuma	tio /E\ E	Florated
• •		Capacit	v * gpd		earwell	uc (=) =	-ievaleu
Make <u>Stenner</u> Chlorine Feed Rate #	1 _ 35	zapacii. etmko	#2 _ 10 stroke	Tank Type/Number		<del></del>	<del> </del>
Avg. Amount of Cl <sub>2</sub> ga			N/A				
Chlorine Residuals: I	Plant 1	16		Capacity (gal)	6,500		j
Remote tap location				Material	Steel		
DPD Test Kit: O			h operator	Gravity Drain	Yes	<del></del> -	
□ No	one	□ Not	Used Daily				<u> </u>
Injection Points Prio	r to hyd	ropneu	matic tank	By-pass Piping	Yes		
Booster Pump Info 1	I/A			Pressure Gauge	Yes		
Comments *2 hypoc	<del>:hlorinat</del>	<u>ors, #1</u>	– 5 gpd and #2	Sight Glass or	Yes		
_ 17 gpd		<del></del>		Level Indicator			
				Fittings for	Yes		
	•			Sight Glass			
Chlorine Gas Use	YES	NO	Comments	Protected Openings	Yes		
Requirements				PRV/ARV	PRV		
Dual System							
Auto-switchover				On/Off Pressure	40/62		
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability				Height to Bottom of	N/A		
Loss of Cl <sub>2</sub> residual			i l	Elevated Tank			
Cl₂ leak detection				Height to Max.	N/A		
Scale				Water Level			
Chained Cylinders				Comments <u>Dates of</u> are unknown.	last cleanin	g and insp	<u>ection</u>
Reserve Supply	<u>U</u>						
Adequate Air-pak	A						
Sign of Leaks		<u> </u>					
Fresh Ammonia		Å					
Ventilation							
Room Lighting				HIGH SERVICE PUM	PS		
Warning Signs				Pomp Number			
Repair Kits				Type			
Fitted Wrench				Make			
Housing/Protection	П			Model			
AĘRATION (Gases, I	Fe & M	n Remo	oval)	Capacity (gpm)			
	(			Motor HP			
Aerator Condition				Date Installed	_/		
Bloodworm Presence				Maintenance	1	$\overline{}$	
Visible Algae Growth Protective Screen Co		<del>\</del>	<u> </u>	Comments		<del></del>	
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PWS ID# 3354867

Comments \_\_\_\_

PWS ID#	3354867
Date	04/11/07

### **DEFICIENCIES:**

1. Failure to adequately establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part ill of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555,360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, <a href="www.frwa.net">www.frwa.net</a>, also has a cross-connection control manual for your reference

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

 Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population and the number of service connections reported on MORs differ from Department records.

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C]

### **COMMENTS/REMINDERS:**

· Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least <u>annually</u>) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

PW\$ ID#	3354867
Date	04/11/07

## **COMMENTS/REMINDERS (continued):**

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

Provide information for all items marked "unknown."

Inspector Nameda D Owens	Title Environmental Specialist I	_ Date _	05/10/07	
Approved by	Title <u>Environmental Manager</u>	Date_	05/17/07	

## RESPONSE FORM

## Please provide any changes to the following:

PWS ID Number: <u>3354867</u>	Business Name:	
PWS Name: QUAIL RIDGE ESTATES		
	Owner(s) Name:	
Mailing Address:		
	Mailing Address:	
Date:		
	Fax #:	
	E-Mail Address:	
Florida Department of Environmental Prote Drinking Water Compliance/Enforcement P 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803		
Attention: Danielle D. Owens, Environmental Spe	ecialist	
In response to the Department's Sanitary Survey following actions were done to correct the listed de	Report for the subject public water system dat ficiencies:	ed <u>April 11, 2007,</u> the
Deficiency <u>Corrective</u>	Action Done	Date Done
		·
		<u> </u>
(Attach additional sheet if necessary)		
I hereby certify to the correctness of the above info	ormation:	
PWS Owner/Representative Signature:		
Name of PWS Owner/Representative:		
	(Please Type or Print)	



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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

July 2, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

#### For All Systems:

1. Failure to adequately establish and implement a cross-connection control program.

#### Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. Failure to keep records documenting that isolation valves are being exercised.

#### Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. Failure to keep records documenting that dead-end water mains are being flushed.

#### Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

 Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

#### Fern Terrace PWS 3350370:

1. The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.

#### Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 2/12/07 and 2/13/07, both passed.

#### Skycrest PWS 3351205:

1. The maximum contaminant level for total coliform bacteria was exceeded during April 2007.

#### Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 4/16/07 and 4/17/07, both passed.

#### Valencia Terrace PWS 3351421:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

#### Grand Terrace PWS 3354697:

1. The maximum contaminant level for total coliform bacteria was exceeded during November 2006.

#### Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 11/6/06 and 11/7/06, both passed.

#### Western Shores PWS 3351464:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

#### Silver Lake Estates PWS 3351182:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. Failure to submit a capacity analysis report.

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

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

Sincerely,

Patrick Farris

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

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: An Telynock Month/Year: April 300

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

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WATER BREAK REPAIR RECORD:

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Utilities Florida.

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

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UA Utilities Florida

### WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Grand Terr
Month/Year: April 200>

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at Flush	Hydrant Me	tet Reading	Total Gallons	Location of Flush Points	Reason Flushed
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WATER BREAK REPAIR RECORD

Location of Size of Line or Crack Leaked Water Loss Break Initials

Repair Size of Line or Crack Leaked Water Loss Break

A UA Utilities Florida

### WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: April Zoo?

Month/Year: Morrawayiew

PLUSHING.

(Includes service lines, mains, hydrants, tanks, etc.)

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WATER BREAK REPAIR RECORD:

Date Location of Size of Line Size of Hole Approx. Time Estimated Cause of Initials

Repair Size of Line or Crack Leaked Water Location Break Initials

A UA Utilities Florida.

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: William Ricks
Month/Year: ADA BOOT

FLUSHING.

(Includes service lines, mains, hydranis, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at		eter Reading	Total Gallons	Location of Flush Points	Reason Flushed
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WATER BREAK REPAIR RECORD:

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A UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Silver Lake Estates
Month/Year: April 2007

FLUSHING:

(Includes service lines, pains, hydrants, tanks, etc.)

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### WATER FLUSHING & BREAK REPAIRS RECORD To be seed to record water last dire to flushing or breaks? (To be used to record water lost due to flushing or breaks)

Plant:	SKI	X.	S S S	F	
Month		*	tov)		2007

PLUSHING: (includes pervice lines, mains, hydrams, tanks, etc.)

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·								<b>.</b>		:		

	WATER BREAK	REPAIR RECORI	):C					
	Date	Location of Repair	Size of Line	.: Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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Utilities Florida.

# WATER FLUSHING & BREAK REPAIRS RECORD. (To be used to record water lost due to flushing or breaks)

Plant: Valencia taluaca Month/Year-Apol 2007

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.):

Date	H20 Appear:	CL2 Res	Flush Point	Time Flushed	PSI at		cter Reading	Totai Gallons	Location of Flush Points	: Reason : Flushed
	Before	After	Size	Minutes	11050	Start	End .	Flushed		. CAUSIRGI
Assert:				ine					47.4	
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						•				
	-		```					Flushing Leg	<b>w</b> .	
								Flushing Program FP Line Repair LR Customer Complaint CC Main Clearance MC		
		-				•				
			· .			_		Contractor Use	CU (explain	others)
							<b></b>			

WATER BREAK REPAIR RECORD:

Date	Location of Repair	. Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
<sup>2</sup> ,	Street Contraction						
					*		
						. ,	
		^					
	201200-0-12						

A UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Western Skires
Month/Year: April 2007

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear:	CL2 Res.	. Flush Point	Time - Flushed	PSI at		eter Reading	Total Gallons	Location of Flush Points	Reason Flushed			
	Before	After	Size	Minutes	Plusa	Start	End	Flushed	Plusa Points	r manes			
म्। ।	· .							Z; 100 .	Well	Samples			
HISQ.		1.5	2"	10	50		,		Island Sr	FP.			
4/19		1:5	Hyd	10	50				Linda La	FP.			
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	· ·							Flushing Legend: Flushing Program PP Line Repair LR					
				·.				Castomer Complaint CC Main Cleanance MC Contractor Use CU (explain others)					
						•		Conserve C32 CO (exhans one:12)					
		i											

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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	\$7.00						
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DEP Form 62-555.900(3)Afternate

# MONTHLY OPERATION REPORT FOR PWSs TREATING RANGEOUND WATER OR PURCHASED FINISHED

DOCCHENI NEWBER-GVIE

See page 4 for instructions							
1. General Information for the Month/Year of:	January-07						
A. Public Water System (PWS) Information							
PWS Name: Ravenswood				PWS Identif	fication Numb	er: 3351062	
PWS Type: X Community	Non-Transient Non-Comm	nunity	Transient l	Von-Commur	nity	Consecutive	
Number of Service Connections at End of Month:	43		Total Popul	ation Served	at End of Mor	nth: 151	
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath			Contact Per	son's Title:	Area Manag		
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg	State:	FL Zip Code:	
Contact Person's Telephone Number: 352/787-09	980		Contact Per	son Person's	Fax Number:	352/78 <b>7-</b> 6	333
	aquaamerica.com						·
B. Water Treatment Plant Information							
Plant Name: Ravenswood				Plant Telepi	none Number:		
Plant Address: US Hwy 27			City:	Leesburg	State:	FL Zip Code:	34748
Type of Water Treated by Plant: X Raw Ground W		chased Finished Wat	er				
Permitted Maximum Day Operating Capacity of Plant, gallo	ns per day:	56,160					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class		on 62-699.310		
Lucensed Operators Name		-License Class	Licens	e Number 🧆		Day(s)/Shift(s)-Wo	orked a second
Will Fontain	e	C	6	813		3 Days per wee	
Other Operators 2000 John Worrel	1	С	6	597		3 Days per wee	k
Marty Neal		С	10	0027		3 Days per wee	k
			1				
					<u> </u>		
II. Certification by Lead/Chief Operator						<u>.</u>	
I, the undersigned water treatment plant operator licensed i	in Florida, am the lead/o	chief operator of th	e water treat	tment plant i	identified in I	Part I of this report. I	certify that the
information provided in this report is true and accurate to t							
International Standard 60 or other applicable standards refe							
were prepared each day that a licensed operator staffed or							
and (2) if applicable, appropriate treatment process perform			vide these a	daitional op	erations reco	ras to the PWS owner	r so the PWS owner
can retain them, together with copies of this report, at a cor	nvenient location for at	least ten years.					
10-							
2-9-07	372713 P *				0/013		
	Will Fontaine			_	C6813	1	
Signature and Date	Printed or Typed Name	•			License Nur	mper	
A A SEE AAAN ASAMA		Page 1					
DEP Form 62-555.900(3)Afternate		. ~5~ .					

PWS Identifica	VS Identification Number: 3351062 Plant Name: Ravenswood												
III. Daily Data	for the Mont	th/Year of	Ŋ	nuary-07		<del></del>		7. 274.					
		og Virus Inactiv				X Free C	hlorin	Chlorine I	Dioxide		Dzone	Combined Chlo	orine (Chloramines)
Ultraviol	et Radiation		D 0	ther (Describ	e):								
	ectant Residu	ual Maintained is	n Distribution S	ystem:			Х	Free Chlorine	Co	mbined Cl	hlorine (Chlori	amines)	Chlorine Dioxide
Days			A SALES OF THE SAL	CI Calculation	szor UV Dose, to	Démonstraté F	our-Log	Virus Inactivation, it Appl	icable stand			A STATE OF	chiorine Dioxide
Days	<b>表现</b> 的		CONTRACTOR OF THE PARTY OF THE		Joseph A.	lanons	REAL CO.		CONTRACTOR OF	201Ca - 124			
Plant Staffed					This is the same	Provided					Lowest		
or Visited	SACON			Districciant	Contact Time	Before or	·				Disinfectant		A Company
Asserting Visited	1	Section 1988		Concentration	(a) (f) and (a)	at First	4	7 7 1 3 4 4 5	a Love in	Minimum	Concentration	8.00 mg/cm/2	10 Page 10 Co. 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page
by a		Net Quanity		C) Before of att	Measurement	Customer	Temp.	Minimum	Operating	LI V4D (se	es/at Remote /	and the second	
Day of Operato	Plant in	Water	Peak flow	Dinna Peri	Pelk Fox	Peak Flow	Water	Required		Kedured.	Diribinot	Renair of Mainter	ance Workshaft Involved laking
Month XXX	Operation	Produced gal	Rate gpd	Flow mg/lie	minutes	mg min/L	C	Applicable mg-min/L	scc/cm2	Sec/cm2	Systems mg/L	Water System	omponents Out of Operation
X X X X X X													
X X	24 hrs	9,100	<b> </b>	1.5	<del> </del>				ļ		13		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24 hrs 24 hrs	8,900 8,200	<del> </del>	1.6 1.4	<u> </u>						1.5 1.3		
X X	24 hrs	9,700	<del> </del>	1.4	<del> </del>	<del> </del>					1.3		
28642	24 hrs	16,100		1.4	<del> </del>					1	1		
200 GAN2	24 hrs	16,100	<del>                                     </del>										
第288章 X	24 hrs	16,200		1.4							1.3		
XXXXX X	24 hrs	5,400		1.3							1.2		
X X00	24 hrs	9,900	<b>_</b>	1.4	ļ			ļ			1.3		
(2) X X X	24 hrs 24 hrs	6,900 8,900		1.3 1.4	<del> </del>						1.2 1.2		
NE COM	24 hrs	15,300	<del>                                     </del>	1	<del> </del>						1.2		
X 202 X NO. X	24 hrs	15,300											
15 X	24 hrs	15,300		1.4							1.3		
18 1162 X	24 hrs	11,000		1.4							1,2		
AND X	24 hrs	7,400		1.5							1,2		
384898 X	24 hrs	7,700	<del> </del>	1.5	<u> </u>						1.4		
XXA9PP X	24 hrs 24 hrs	12,300 9,100	<del>  </del>	1.5	<del> </del>				<del> </del>	<del> </del>	1.4		
(4)(2)(1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	24 hrs	9,100	<del>  -</del>	<del> </del>	<del> </del>								· · · · · · · · · · · · · · · · · · ·
\$1122 X	24 hrs	9,200	<del>                                     </del>	1.5					<del> </del>		1.3	<del> </del>	
23 X	24 hrs	9,600		1.4							1.2		
<b>第124階 X</b>	24 hrs	8,300		1.4							1,3	·	
X 24 X X X X X X X X X X X X X X X X X X	24 hrs	7,800	<del> </del>	1.5	ļ	ļ				<b> </b>	1.3		· · · · · · · · · · · · · · · · · · ·
3.26 X	24 hrs	7,600	<del>  -</del>	1,5	<del> </del>	<del> </del>			<u> </u>	<del> </del>	1.4		
<b>208</b>	24 hrs	8,200 8,200	<del> </del>		<del> </del>				<del> </del>	<del> </del>			
1209 X	24 hrs	8,200	<del> </del>	1.4				<del></del>		<del>  </del>	1.2		
X X	24 hrs	8,500		1.5	1						1.3		
X X	24 hrs	10,800		1.5	I						1.4		
TOTAL SERVICE STATE OF THE PARTY OF THE PART		312,600	4								<del>_</del>		
Averagement		10,084	-										

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



See page 4 for instructions					
1. General Information for the Mont	h/Year of: February-07	· ·			
A. Public Water System (PWS) Info					
PWS Name: Ravenswood			(PV	/S Identification Numb	ber: 3351062
PWS Type: X Commun		munity	Transient Non		Consecutive
Number of Service Connections at E				n Served at End of Mo	onth: 151
PWS Owner: Aqua Utilitie		· ···			
Contact Person: Brian Heath			Contact Person	's Title: Area Mana	
Contact Person's Mailing Address:	PO Box 490310	··········	City: Le	esburg State:	FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980		Contact Person	Person's Fax Number:	352/787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com				
B. Water Treatment Plant Information	on				
Plant Name: Ravenswood			Pl	ent Telephone Number	
Plant Address: US Hwy 27				esburg State:	FL Zip Code: 34748
Type of Water Treated by Plant:		rchased Finished W	ater		
Permitted Maximum Day Operating		56,160			
Plant Category (per subsection 62-69				r subsection 62-699.31	
Licensed Operators	Name	License Class	License N	umber	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	c	6813		3 Days per week
Other Operators:	John Worrell	С	659		3 Days per week
	Marty Neal	С	1002	7	3 Days per week
			_ <u></u>		
					<u> </u>
<b>《连答案的基础的</b>			<u> </u>	L	
B. C. of Started by Land I Chief Comm					
H. Certification by Lead/Chief Oper					
I, the undersigned water treatment pl	ant operator licensed in Florida, am the lead/	chief operator of t	he water treatme	nt plant identified in	Part I of this report. I certify that the
information provided in this report is	strue and accurate to the best of my knowled	ge. I certify that a	ll drinking wate	treatment chemicals	s used at thisplant conform to NSF
International Standard 60 or other ap	plicable standards referenced in subsection 6	52 <b>-</b> 555.320(3), F.A	C. I also certif	y that the following a	additional operations records for this plant
were prepared each day that a license	ed operator staffed or visited this plant during	g the month indica	ted above: (1) re	cords of amounts of	chemicals used and chemical feed rates;
	atment process performance records. Futher				
	of this report, at a convenient location for at			· · · · · · · · · · · · · · · · · · ·	
The county of the copies	or and reports at a convenient result of the	. ious wii jouis.			
14	707		•		
Ille 9 a	3-9-07 Will Fontaine			C6813	
Signature and Date	Printed or Typed Nam	ie	· · · · ·	License N	umber

PWS Id	PWS Identification Number: 3351062 Plant Name: Ravenswood													
10.154	11 Just	or the Month			February-07									
Maone	of Achie	W me vrem	R/A car of			· · · · · · · · · · · · · · · · · · ·	[V] F ∠	71-1		C1 1 . 1	N		T T	Continued Chinaina (Chinaminas)
			og Virus Inactiv				X Free (	hionn	e	Chlorine I	Jioxide	<b>□</b> '	Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):								
Type o	Disinfe	ctant Residu	al Maintained ir	Distribution	n System:			X	Free Chi	orine	C₀	mbined C	hlorine (Chlori	amines) Chlorine Dioxide
20.	. Atomorphis	ા વ		15 (18 ) 15 (18 ) 15 (18 )	n System: CT Calculations	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*	A. Tarak	<b>国家交通</b> 出版	
	Days				The second of the second second	C2 Calcu	MICHS .	S			v - (∴UV)	Dose	×,00	
	Plant						Lowest CT	Sec.	1 10.5	Probable A		1000	6 Lowest	
1. At 1	Staffed	2000			Lowest Residual	Disinfectant	Provided	JA 87.5			A 12 12 15	<b>"你没有</b>	Residual	
14004	or Visited			3. C. Q.	Disinfectant Concentration	Contact Time	Before or	n.		1	11/12/15/15		Disinfectant Concentration	
1.1	by		Net Quanity	3.5	(C) Before or at	Measurement	at First	Temp.		Minimum	Lowest	Minimum UV Dose	at Remote	
Day of	Operator	Hours	of Finished	<b>学</b>	First Customer	Point During	During	of	pH of Water,		UV Dose,		Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	- Peak Flow	Peak Flow,	Water,	if	Required	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С			sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
24150	X	24 hrs	8,600		1.6								1.4	
<b>公约2</b> 至少	X	24 hrs	8,900		1.7					l			1.6	
<b>第38</b> 章		24 hrs	9,300											
4/4%		24 hrs	9,400											
14 <b>2</b> 5-1€	<u> X</u>	24 hrs	9,400		1.4	<u> </u>				<u> </u>			1.2	
6.4	X	24 hrs	7,500		1.5				<u> </u>	ļ		<del> </del> -	1.3	
##17 H	X	24 hrs 24 hrs	10,000 7,700		1.5			-					1.3	<u> </u>
※9 接	X	24 hrs	8,900		1.5	<b>!</b>							1.4	
<b>410</b> :		24 hrs	9,700		1	·			<del>                                     </del>				1.7	
713		24 hrs	9,700									<u> </u>		
es 12	Х	24 hrs	9,700		1.5								1.3	
√13√∵	Х	24 hrs	9,700		1.5								1.4	
444	X	24 hrs	6,800		1.4			· · · · ·					1.2	
晓15钟	Х	24 hrs	11,000		1.4								1.3	
村6鄉	X	24 hrs	7,900		1.5								1.3	
河70		24 hrs	8,000									<u> </u>		
*418		24 hrs	8,000										<u> </u>	
194	X	24 hrs	8,000		1.3			<del> </del>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<b>!</b>	1.1	
201	X	24 hrs	10,000		1.3	<del> </del>	<del></del>		<u> </u>				1.1	
21,79	X	24 hrs	9,400		1.3	<del> </del>		ļ	<del> </del>	<del> </del>		<del> </del>	1.2	
392372	X	24 hrs 24 hrs	9,200 9,900		1.2			<del> </del>	<del> </del>			<u>.                                    </u>	· 0.9	
24**	X	24 hrs	10,500		1.3			-					1.1	
25%		24 hrs	10,500					<del>1</del>	<del>                                     </del>	<del> </del>		<del> </del> -	<del> </del>	
926	х	24 hrs	10,600		1.4	<del> </del>			<del> </del>	-			1.2	
2.27an	x ·	24 hrs	10,000		1.4	<del>                                     </del>	<del> </del>	<del> </del>		<del>                                     </del>		†	1.3	
12843	X	24 hrs	9,500		1.4	<del>                                     </del>		<u> </u>		<del></del>	<del>                                     </del>	1	1.3	
*1.2936		24 hrs												
6 <b>₹30</b> %		24 hrs												
431		24 hrs				<u> </u>	l	l		L	1	<u> </u>	<u> </u>	
Total	27人3346		257,800											

11,000

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



See page 4 for instructions

A. Public Water System (PWS) Information  PWS Name: Ravenswood PWS Type: X  Community Non-Transient Non-Community Transient Non-Community Consecutive  Number of Service Connections at End of Month: 43 Total Population Served at End of Month: 151  PWS Owner: Aqua Utilities Florida  Contact Person's Brian Heath Contact Person's Trile: Area Manager  Contact Person's Malling Address: PO Box 490310  Contact Person's E-Mail Address: PO Box 490310  Contact Person's E-Mail Address: Beheath@aquaamerica.com  B. Water Treatment Plant Information  Plant Name: Ravenswood  Plant Telephone Number: (352) 787-0980  Plant Address: US Hwy 27  Type of Water Treated by Plant: X  Raw Ground Water Person Person's Flat Name Plant Name: Ravenswood  Plant Address: US Hwy 27  Type of Water Treated by Plant: X  Raw Ground Water Person Person's Flat Name Plant Nam	I. General Information for the Month/Year of:	March-07		**************************************	· · · · · · · · · · · · · · · · · · ·	
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 43 Total Population Served at End of Month: 151  PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath Contact Person's Mailing Address: PO Box 490310 Contact Person's Mailing Address: PO Box 490310 Contact Person's Number: 352/787-0980 Contact Person's Fax Number: 352/787-0980 Contact Person's E-Mail Address: beheatin@aquaamerica.com  B. Water Treatment Plant Information  Plant Name: Ravenswood Plant Address: US Hwy 27 Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.): D Licensed Operators Name License Class License Number: Day(a)/Shift(a) Worked  Address: Mail Class (per subsection 62-699-310(4), F.A.C.): D Address Class Number: Day(a)/Shift(a) Worked  Address: Day per week  Marty Neal  C 66397 3 Days per week  Marty Neal C 6597 3 Days per week  Marty Neal C 10027 3 Days per week	A. Public Water System (PWS) Information					
PWS Type: X   Community   Non-Transient Non-Community   Transient Non-Community   Consecutive   Number of Service Connections at End of Month: 43   Total Population Served at End of Month: 151   PWS Owner: Aqua Utilities Florida   Contact Person: Brian Heath   Contact Person's Title: Area Manager   Contact Person's Mailing Address: PO Box 490310   Contact Person's Title: Area Manager   Contact Person's Nation Number: 352787-0980   Contact Person's Fax Number: 352787-6333   Contact Person's E-Mail Address: beheath@aquaamerica.com   B. Water Treatment Plant Information   Plant Name: Ravenswood   Plant Telephone Number: (352) 787-0980   Plant Address: US Hwy 27   City: Leesburg   State: FL   Zip Code: 34748   Type of Water Treated by Plant: X Raw Ground Water   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160   Plant Class (per subsection 62-699.310(4), F.A.C.): V   Plant Class (per subsection 62-699.310(4), F.A.C.): D   Licensed Operators   Name   License Class   License Number   Day(s)/Shift(s) Worked   Seal/Cicief Operators   Name   License Class   License Number   Day(s)/Shift(s) Worked   Seal/Cicief Operators   John Worrell   C   6813   3 Days per week   Marty Neal   C   10027   3 Days per week   Marty Neal   C   10027   3 Days per week				PWS Ident	fication Number:	3351062
Number of Service Connections at End of Month: 43   Total Population Served at End of Month: 151   PWS Owner: Aqua Utilities Florida   Contact Persons: Brian Heasth   Contact Persons Title: Area Manager   Contact Persons 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. Water Treatment Plant Information   Plant Name: Ravenswood   Plant Telephone Number: (352) 787-0980   Plant Address: US Hwy 27   City: Leesburg   State: FL   Zip Code: 34748   Type of Water Treated by Plant:   X   Raw Ground Water   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant gallons per day: 56,160   Plant Class (per subsection 62-699.310(4), F.A.C.): D   Licensed Operators   Name   License Class   License Number:   Day(s)/Shift(s)-Worked    **Eabl/Chief Operators**   John Worrell   C   6597   3 Days per week   Marty Neal   C   10027   3 Days per week   Marty Neal   C   10027   3 Days per week   Marty Neal   C   10027   3 Days per week    **Marty Neal   C   10027   3 Days		-Transient Non-Comm	unity			Consecutive
PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath 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 F-Mail Address: beheath@aquaamerica.com  B. Water Treatment Plant Information  Plant Address: US Hwy 27 Type of Water Treated by Plant:   X Raw Ground Water   Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): U   Plant Class (per subsection 62-699.310(4), F.A.C.): D    Licensed Operators   Name   License Class   Ticense Number   Day(s)/Shift(s) Worked    Lead/Citif Operators   John Worrell   C   6597   3 Days per week    Other Operators   John Worrell   C   6597   3 Days per week    Marry Neal   C   10027   3 Days per week    Marry Neal   10027   10027   10027   10027    Marry Neal   10027   10027   10027    Marry Neal   10027   10027   10027    Marry Neal	Number of Service Connections at End of Month:					151
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749  Contact Person's Felophone Number: 352/787-0980 Contact Person's Fax Number: 352/787-6333  B. Water Treatment Plant Information  Plant Mame: Ravenswood Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748  Type of Water Treated by Plant: XZ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D  Licensed Operators Name License Class: License Number: Day's per week  Marty Neal C 10027 3 Days per week  Marty Neal C 10027 3 Days per week	PWS Owner: Aqua Utilities Florida					
Contact Person's Telephone Number: 352/787-0980 Contact Person's Fax Number: 352/787-6333  Contact Person's E-Mail Address: beheath@aquaamerica.com  B. Water Treatment Plant Information  Plant Name: Ravenswood  Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748  Type of Water Treated by Plant: LX Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): D  Licensed Operators Name License Class: License Number: Day(s)/Shift(s)/Worked  Jaad/Chief Operators: John Worrell C 6813 3 Days per week  Marty Neal C 10027 3 Days per week  Marty Neal C 10027 3 Days per week				Contact Person's Title:	Area Manager	
Contact Person's E-Mail Address:   beheath@aquaamerica.com				City: Leesburg	State: FL	Zip Code: 34749
B. Water Treatment Plant Information Plant Name: Ravenswood Plant Address: US Hwy 27 Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators  Will Fontaine C 6813 3 Days per week  The Address: A License Number  C 6597 3 Days per week  Marty Neal C 10027 3 Days per week  Marty Neal C 10027 3 Days per week				Contact Person Person's	Fax Number:	352/787-6333
Plant Name: Ravenswood Plant Telephone Number: (352) 787-0980 Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748 Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class: License Number Day(sy)/Shift(s) Worked Lead/Chief Operators: Will Fontaine C 6813 3 Days per week Other Operators: John Worrell C 10027 3 Days per week Marty Neal C 10027 3 Days per week		uaamerica.com				
Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748  Type of Water Treated by Plant: Lx Raw Ground Water Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D  Licensed Operators Name License Class: License Number: Davy(s)/Shift(s) Worked  Leeal/Chief Operators: John Worrell C 6813 3 Days per week  Other Operators: John Worrell C 10027 3 Days per week  Marty Neal C 10027 3 Days per week						
Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D  Licensed Operators Name License Class: License Number Day(s)/Shift(s) Worked  Lead/Chief Operators: Will Fontaine C 6813 3 Days per week Other Operators: John Worrell C 6597 3 Days per week  Marty Neal C 10027 3 Days per week  C 10027 3 Days per week				Plant Telep	hone Number:	(352) 787-0980
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699.310(4), F.A.C.):  V Plant Class (per subsection 62-699.310(4), F.A.C.):  Day(s)/Shift(s) Worked  License Operators:  License Class:  License Number  Day(s)/Shift(s) Worked  Day (sp. Shift(s))  Day (s	<del></del>			City: Leesburg	State: FL	Zip Code: 34748
Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operators Will Fontaine C 6813 3 Days per week Other Operators John Worrell C 10027 3 Days per week  Marty Neal C 10027 3 Days per week			hased Finished Wate	£ .		
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operators Will Fontaine C 6813 3 Days per week Other Operators John Worrell C 6597 3 Days per week Marty Neal C 10027 3 Days per week		per day:	6,160			
Lead/Chief Operators:   Will Fontaine   C   6813   3 Days per week		V		Plant Class (per subsect	ion 62-699.310(4), F.A	A.C.): D
Other Operators:    John Worrell   C   6597   3 Days per week		Agrica Carlos Company	License Class	License Number	P N Di	y(s)/Shift(s) Worked
	Lead/Chief Operator Will Fontaine		C	6813		3 Days per week
	Other Operators: John Worrell			6597		
	Marty Neal		С	10027	•	3 Days per week
	in the second se					
II. Certification by Lead/Chief Operator						
II. Certification by Lead/Chief Operator						
II. Certification by Lead/Chief Operator						
II. Certification by Lead/Chief Operator	<b>经验</b> 证证证证证据		<u> </u>			
Th. Certification by Dead/Chief Operator	1) Cartification by Lood (Chief America)					
·— ·· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
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	I, the undersigned water treatment plant operator licensed in I	lorida, am the lead/cl	nief operator of the	water treatment plant	identified in Part I o	of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF	information provided in this report is true and accurate to the	best of my knowledge	. I certify that all	drinking water treatme	nt chemicals used at	thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant	International Standard 60 or other applicable standards refere	nced in subsection 62	-555.320(3), F.A.C	. I also certify that th	e following additions	al 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;	were prepared each day that a licensed operator staffed or vis	ited this plant during t	he month indicated	l shove: (1) records of	amounts of chemics	als used and chemical feed mise:
and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner	and (2) if applicable, appropriate treatment process performa	ce records Futherm	ore I soree to prov	idà thaca additional o	varations records to t	the DWC currence the DWC curren
can retain them, together with copies of this report, at a convenient location for at least ten years.	con rotain them together with conies of this report of a conve	niont location for at l	ore, ragree to prov	ide mese additional of	cranons records to t	the r w 5 owner so the r w 5 owner
can retain them, together with copies of this report, at a convenient location for at least ten years.	can retain them, together with copies of this report, at a conve	anient location for at i	east ten years.			
$LCL - \mu$	1.64					
May 4-9-07 Will Fontaine C6813	Mr. 7-4-9-07	Will Fontaine			C6813	
Signature and Date Printed or Typed Name License Number		·· · · · · · · · · · · · · · · · · · ·				

PWS Id	entificat	ion Number		3351062		Plant Name:	Ravenswo	od								
III Dail	If Daily Data for the Month/Year of:  March-07															
				·		<del> </del>	X Free C	Th looin		Ohlasia - F	Ninada.			Combined Chl	lorine (Chl	oramines)
			og Virus Inactiv				V rice (	`UIOLIU	<b>"</b> Ш	Chlorine I	Dioxide	<u></u> Ц '	Ozone	Combined Cin	ioinic (Cim	J. W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		t Radiation				<del>)</del> :	<del> </del>	<del></del>								nlorine Dioxide
Type of	Disinfe	ctant Residu	ıal Maintained iı				·	X					hlorine (Chlor	amines)	CI	попие рюхіде
	10.7					, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl					Second 2	ionie State
	Days				eganî ke jaxjî <u>ye</u>					4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	υV	Dose		3.00		and the second
	Plant						Lowest CT	1 18 18	F43.3	S. 7. (2)			Lowest	To the same		
	Staffed				Lowest Residual	Disinfectant	Provided ,		1. Tak 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	indule War			Residual		36137	
	oi	14 (14 )			Disinfectant	Contact Time	Before or ,		1.40	18.00	1	2/3/2011	Disinfectant	100	300	
2.,	Visited				Concentration	(T) at C	at First	3.3	整接地方	1977 10 100	Lowest	Minimum	Concentration		E-3 2.2	
1	by		Net Quanity	, ·	(C) Before or at First Customer	Measurement.	Customer	Temp.		Minimum	Operating	UV Dose	at Remote Point in	The reference	10 A	nerating Conditions;
Day of	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	During Peak	Point During Peak Flow	During Peak Flow.	OI.	pH of Water	CT Required	mW	Required, mW	Distribution	Einer gency of	Astra Wat	that Involves Taking
Month	(Flace	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	· ·	if Applicable		sec/cm2	sec/cm2	System, mg/L	Water System	Component	Out of Operation
20 1 Sai	X	24 hrs	10,400	Kanc, gpu	0.8	ittiides .	ing-inner-	1	Applicable	.mg-mmor	BOO/CELL	BOUCHL.	0.7			
.5 <b>∦2</b> / €	X	24 hrs	11,200	<del> </del>	1.4	<del> </del>	<del>                                     </del>	<del>                                     </del>			<b></b>	<del> </del>	1.2	<u> </u>	***************************************	
. 37		24 hrs	11,100	_				<del> </del>	<del> </del>							
44		24 hrs	11,100	·				$\vdash$	1		1					
1.5	X	24 hrs	11,200		1.5								1.4			
65	X	24 hrs	9,400		1.4								1.3			
416	X	24 hrs	4,700		1.4								1.2			
. ∖8 ∿	X	24 hrs	9,000		1.4								1.3			
9	X	24 hrs	13,100		1.4								1.3			
. 10∞		24 hrs	11,400													
-311		24 hrs	11,400	ļ				↓				<u> </u>		<del></del>		
12	<u>X</u>	24 hrs	l 1,400	<u> </u>	1.4		<u> </u>	—		ļ		ļ	1.2	ļ		
43	X	24 hrs	13,700		1.4	ļ	ļ	<del> </del>		<u> </u>	ļ	ļ	1.3	ļ		<u>,</u>
14	X	24 hrs	8,800		1.4		<del> </del>	<del> </del>				<b>!</b>	1.2	<del>                                     </del>		
15	X	24 hrs	13,300		1.4	<b> </b>	ļ	<del> </del>	<del></del>	<del></del>			1.3	<del> </del>	<del></del>	
174	Х	24 hrs 24 hrs	10,300 10,400	<del> </del>	1.4	<del> </del>	<del>[</del>	<del> </del>	·	<u> </u>	<u> </u>	<del> </del>	1,3	<del> </del>	<del></del>	
18		24 hrs	10,400			<u> </u>	<del> </del>	┼──	<del></del>	<del> </del>		<del></del>		<del> </del>	<del></del>	
19	X	24 hrs	10,500		1.4		<del> </del>	<del> </del>		<del> </del>	<del></del>	<del> </del>	1.2	<del> </del>		<del></del>
20	- <u>X</u> -	24 hrs	11,200	<del> </del>	1.4	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<b></b>	<u> </u>	1.3	<del>                                     </del>		
21	<del>- 2</del> -	24 hrs	9,100	<u> </u>	1.5	<del>                                     </del>	<del> </del>	<del></del>	<del> </del>	<del>                                     </del>		<del> </del>	1.3	<del> </del>		
22	- <u>^</u> _	24 hrs	8,600	<del>                                     </del>	1.5	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.3	<del> </del>	<del></del>	
23%	X	24 hrs	15,400	<del>                                     </del>	1.4	<del> </del>	<del> </del>	1	<del> </del>	<del>                                     </del>	<del> </del>	<b>†</b>	1.3	<del> </del>		
24		24 hrs	13,200	<u> </u>	1		1	<b>T</b>	t	$\vdash$	1			<u> </u>		
25		24 hrs	13,200	T												
26	Х	24 hrs	13,300		1.4			T					1.2			
27	X	24 hrs	13,600		1.4								1.3			
· 28 m	X	24 hrs	12,400		1.4				I				1.3			
29	Х	24 hrs	15,400		1.3								1.2		-	
30≉	Х	24 hrs	15,100		1.3								1.2			
318		24 hrs	16,000											<u> </u>		
Total	(12.13)	in a true of the	359,300									,,		<del></del>		
Average	2.15.15	总统统统	11,590	]												
Maximu	im.	S. Marie	16,000													

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



See page 4 for instructions					
I. General Information for the Month/Year of:	April-07			<del> </del>	
A. Public Water System (PWS) Information			<del></del>		
PWS Name: Ravenswood			PWS Identi	fication Number:	3351062
PWS Type: X Community	Non-Transient Non-Comm	nunity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month:	43		Total Population Served		151
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 49031			City: Leesburg	State: FL	Zip Code: 34749
	/787-0980		Contact Person Person's	Fax Number:	352/787-6333
<del></del>	eath@aguaamerica.com	·			
B. Water Treatment Plant Information					
Plant Name: Ravenswood				hone Number:	(352) 787-0980
Plant Address: US Hwy 27			City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated by Plant: X Raw Gr		chased Finished Wate	er		
Permitted Maximum Day Operating Capacity of Plan		56,160			
Plant Category (per subsection 62-699.310(4), F.A.C.	): V		Plant Class (per subsect	ion 62-699.310(4), F.	A.C.): D
Licensed Operators N	ame	License Class	License Number	Gundar Man	ay(s)/Shiff(s):Worked
	ontaine	· C	6813		3 Days per week
	Worrell	С	6597		3 Days per week
Mar Mar	y Neal	С	10027		3 Days per week
					· · · · · · · · · · · · · · · · · · ·
Manager Control of the Control of th			<u> </u>	_}	
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator lice	ensed in Florida, am the lead/c	chief operator of the	e water treatment plant	identified in Part I o	of this report. I certify that the
information provided in this report is true and accura	ite to the best of my knowledg	e. I certify that all	drinking water treatme	nt chemicals used at	t thisplant conform to NSF
International Standard 60 or other applicable standard	ds referenced in subsection 67	2-555.320(3), F.A.C	C. I also certify that the	e following addition	al operations records for this plant
were prepared each day that a licensed operator staff	led or visited this plant during	the month indicated	d above: (1) records of	amounts of chemica	als used and chemical feed rates;
and (2) if applicable, appropriate treatment process	performance records. Futherm	nore, I agree to prov	vide these additional or	erations records to	the PWS owner so the PWS owner
can retain them, together with copies of this report,			•		
1/7-		<b>,</b> -			
14 - 5	<b>-</b>				
Mi 15-40)	Will Fontaine			C6813	
Signature and Date	Printed or Typed Name	;		License Number	<del></del>

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3351062 Plant Name: Ravenswood April-07 III. Daily Data for the Month/Year of: Combined Chlorine (Chloramines) X Free Chlorine Chlorine Dioxide Means of Achieving Four-Log Virus Inactiviation/Removal: \* Other (Describe): Ultraviolet Radiation Chlorine Dioxide Combined Chlorine (Chloramines) X Free Chlorine Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable OT Calculations UV Dose Days Lowest CT 外的主体的态度 Plant Residual / 1. Disinfectant Disinfectant Provided ? Staffed Lowest Residual Before or Disinfectant Contact Time Concentration Minimum Lowest Visited Concentration (T) at C at First Concernation.

at Remore
Point in see A Einergency of Abbornat Operating Conditions,
Distribution Repair of Maintehance Workshaft Involves Paking
System, mg/L: Water System Components Out of Operation UV Dose (C) Before or at Measurement Customer Minimum Operating Temp: by Net Quanity o Cr UV Dose, Point During of pH of Water Required, First Customer Daring ... of Finished Operator Hours mW mW. (Place Water During Peak Peak Flow. Peak Flow Required, the. Plant in Peak Flow Water Flow, mg/L minutes' mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 Month Operation Produced gal Rate, god 16,100 4913 24 hrs 1.1 16,100 1.3 24 hrs 1.2 1.3 24 hrs 16,200 1.3 1.4 21,100 24 hrs 1.2 8,300 1.4 24 hrs 1.1 1.3 17,900 24 hrs 14,400 24 hrs 14,500 24 hrs 1.2 **海9**8 24 hrs 14,500 1.4 1.2 1.1 8,900 24 hrs 1.1 1.3 X 24 hrs 8,600 1.1 7.600 1.3 X 24 hrs 1.1 1.2 11,000 24 hrs 10,300 24 hrs 24 hrs 10.300 1.1 1.2 10,400 24 hrs 1.2 10,900 1.3 表口流 X 24 hrs 1.2 13,300 1.3 24 hrs 1.2 12,500 1.3 X 24 hrs 1.2 24 hrs 9,900 14,200 24 hrs 14,300 24 hrs 1.1 1.2 14,300 323F 24 hrs 1.1 12,900 1.2 Х 24 hrs 24 1.1 1.2 13,800 24 hrs 1.0 1.2 16,900 **26** X 24 hrs 1.1 15,600 1.3 24 hrs 14,600 24 hrs 14,600 24 hrs 14,700 1.2 24 hrs

398,700

13,290

Avelages and Service

24 hrs

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



See page 4 for instructions

1 0 11011						
<ol> <li>General Information for t</li> </ol>	he Month/Year of: May-07					
A. Public Water System (P)	WS) Information		<del></del>			
PWS Name: Rav	enswood		PWS Ident	fication Number:	3351062	
	Community Non-Transient Non-Comm	nunity	Transient Non-Commu	nity	Consecutive	
Number of Service Connect	ions at End of Month: 43		Total Population Served	at End of Month:	151	
PWS Owner: Aqu	ua Utilities Florida					
	an Heath		Contact Person's Title:	Area Manager		
Contact Person's Mailing A	ddress: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone	Number: 352/787-0980		Contact Person Person's	Fax Number:	352/787-6333	
Contact Person's E-Mail Ad						
B. Water Treatment Plant Is	nformation					
Plant Name: Ray	venswood		Plant Telep	hone Number:	(352) 787-0980	
Plant Address: US	Hwy 27		City: Leesburg	State: FL	Zip Code: 34748	
Type of Water Treated by I		chased Finished Wa				
Permitted Maximum Day C	perating Capacity of Plant, gallons per day:	56,160				
Plant Category (per subsect	tion 62-699.310(4), F.A.C.): V	···········	Plant Class (per subsect	ion 62-699.310(4), F.A	A.C.): D	
Licensed Operators	Name	License Class	License Number	· · · · · · · · · · · · · · · · · · ·	ny(s)/Shift(s) Worked	
Lead/Chief Operator.	Will Fontaine	С	6813		3 Days per week	
Other Operators:	John Worrell	C	6597		3 Days per week	
	Marty Neal	С	10027	3 Days per week		
では、100mmでは、1						
AND VIEW AND VIEW			I			
II. Certification by Lead/Ch	nicf Operator	11. 17. 18 July 1		nama ki Najiriyaan il		
i, the undersigned water trea	timent plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant	identified in Part I o	of this report. I certify that the	
information provided in this	report is true and accurate to the best of my knowledge	ze. I certify that all	drinking water treatme	nt chemicals used at	thisplant conform to NSF	
International Standard 60 or	other applicable standards referenced in subsection 6	2-555 320(3) E A	C. Lales certify that the	a following addition	al approximate passeds for this plant	
ware responded and day that	a licensed appropriate staffed as visited this should desire		data and certify unat un	c tottowing addition	at operations records for this plant	
were prepared each day mai	a licensed operator staffed or visited this plant during	the month indicate	a above: (1) records of	amounts of chemica	ils used and chemical feed rates;	
and (2) if applicable, approp	oriate treatment process performance records. Futhern	nore, I agree to pro	vide these additional or	perations records to t	he PWS owner so the PWS owner	
can retain them, together wit	th copies of this report, at a convenient location for at	least ten years.				
14		10				
1111	1-2-17	f "				
1114				C6813		
Signature and Date	Printed or Typed Name	e		License Number		

PWS I	lentificat	ion Number	:	3351062		Plant Name:	Ravenswo	od						
III Dai	ly Đạta t	or the Mont	Wyse of		May-07	<del></del>								
			og Virus Inactiv	viction/Dom			TO 1 12-00 /	ما المات		Chi.	Niggi di		S	Combined Chlorine (Chloramines)
1,1,1	Ur Acine Utwaviale	t Radiation	og virus inactiv	viation/kemo			X Free (	-uiouu	ie	Chlorine I	Dioxide	` ∟	Ozone	Combined Chiorine (Chioramnes)
					Other (Describe	e):		1						
1 ype o	District	ctant Residu	al Maintained i					<u> X</u>	Free Chi	orine	Co		hlorine (Chlori	amines) Chlorine Dioxide
[		!		<u> </u>					g Virus Inactiv		icable*	4.3		
	Days	í				CT Calcu			<del></del>	7.5	· JUV	Dose i		
	Plant						Lowest CT	1			""(ASA	*.0	Lowest	
ĺ	Staffed				Lowest Residual	Disinfectant	Provided	٠	1				Residual	
	or Visited				Disinfectant Concentration	Contact Time	Before or	1			14.数是长	Minimum	Disinfectant	
	by		Net Quanity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Operating		Concentration at Remote	5
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,	CT	UV Dose,	Required	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water.		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
( <b>1</b> ). s	X	24 hrs	18,100		1.3				<u> </u>				1.1	
<b>2</b>	Х	24 hrs	19,100		1.3								1.2	
· 3, 4	X	24 hrs	12,900		1.3								1.2	
0 <b>4</b>	X	24 hrs	17,800		1.3								1.2	
. 5		24 hrs	15,800											
		24 hrs	15,800									Ι		
$-J_{-1}$	X	24 hrs	15,800		1.3							<u> </u>	1.2	
- 8		24 hrs	17,400		1.3								1.2	
. 9.	X	24 hrs	27,700		1.4	<u> </u>		<u> </u>					1.3	
10	X	24 hrs	16,700		1.3		<u> </u>						1.1	
11-	X	24 hrs	13,400	ļ	1.3	<u> </u>		ļ	<del> </del>	ļ	ļ		1.2	
12 :		24 hrs	17,700	ļ	<u> </u>		<b></b>	<b></b>	<del> </del>					
13c ·		24 hrs	17,800		<del> </del>	·	<del> </del>	<del> </del>	<del>}</del>		ļ	<u> </u>		
14.7	X	24 hrs	17,800	<del> </del>	1.3		<del> </del>	<del> </del>	<del> </del>		ļ		1.1	
15 ×	- ŵ	24 hrs 24 hrs	11,500		1.3	<del> </del>	<del> </del>	<del> </del>	<del></del>	<del></del>	<del> </del>	<del> </del>	1.1	
17	<del>x</del>	24 hrs	13,500		1.2	<del> </del>	<del> </del>	<del> </del>	<del></del>			<del></del> -	1.0	
18.	Ŷ	24 hrs	12,700	<b>——</b>	1.2		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>		1.1	
19		24 hrs	17,300	<del>                                     </del>	1.2	<del> </del>	+	<del> </del>	<del> </del>			<del> </del>	1.1	
20.		24 hrs	17,300	<del>                                     </del>	<del> </del>			<del> </del>	<del></del>				<del>-</del>	
21.	X	24 hrs	17,400	<del> </del>	1.2	<del> </del>	<del> </del>	<del> </del>	· <del> </del>			<del> </del>	1.0	
22	X	24 hrs	15,000	<del> </del>	1.2	<del>                                     </del>	+	┼	+	<del> </del>	<del> </del>	<del> </del>	1.1	
23-	x	24 hrs	27,900	<del> </del>	1.2	<del> </del>	+	+	<del> </del>	<del> </del>	1	<del> </del>	1.1	
24 /	X	24 hrs	13,900		1.1	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>	<del></del>	-	-	1.0	
25_	X	24 hrs	18,700		1.1		<del> </del>	<del>                                     </del>	<del></del>		<del> </del>		0.9	
≥ 26		24 hrs	18,000			1	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		<u> </u>	T		
2.27 e		24 hrs	18,100				T		T		T	T		
-28 €	X	24 hrs	18,100		1.1								1	
. 29 "	X	24 hrs	18,300		1.1				L		T		1	
-30.4	X	24 hrs	28,300		1.2								1.1	
→ 34v S.	X	24 hrs	18,500		1,3								1.2	
Total .		ng si sari.	544,200						t.					
Averag	e 在事力	197 16 2 15	17,555	]					1 .					
A PER SE	4 - A 19		20 200	7										

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



See page 4 for instructions 1. General Information for the Month/Year of: June-07 A. Public Water System (PWS) Information PWS Name: Ravenswood PWS Identification Number: 3351062 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 151 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Zip Code: 34749 Leesburg State: Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Ravenswood Plant Name: (352) 787-0980 Plant Telephone Number: Plant Address: US Hwy 27 City: Zip Code: 34748 Leesburg State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s)/Worked Lead/Chiet Operators Will Fontaine 3 Days per week С 6813 Other Operators 24 John Worrell С 6597 3 Days per week Marty Neal С 10027 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner

Page 1

C6813

License Number

Will Fontaine

Printed or Typed Name

can retain them, together with copies of this report, at a convenient location for at least ten years.

7-6-07

Signature and Date

PWS Identif	ication Num	ber:	3351062		Plant Name:	Ravenswo	od							
III. Daily Da	ita for the Mi	onth/Year of:		June-07										
Means of A	chieving Fou	r-Log Virus Inacti	viation/Remo			X Free C	hlorin	e	Chlorine !	Diovide	T 1	Ozone	Combined Chi	lorine (Chloramines)
Ultrav	iolet Radiati	on		Other (Describe	e)·	<u> </u>	211101111	~ ⊔	Citioi tile i	PIONICO	السيا	02010	COMORIO OM	()
Time of Dia	n factors D	idual Maintained i	n Distributio	n System:	<del></del>		<u></u>	Free Chl	orine	Co	mhined C	hiorine (Chior	aminec)	Chlorine Dioxid
TAXABLE SE		Net Quanty  Of Emished  Water	Section C	CT Calculations	or IIV Dose to	Demonstrate F	oural oc	Vinte Inactiv	etion of Ann	icelia (1.25)		Pagasa and a	la in a Aras	
			200 4 11	F. F. WASTER	CT Calc	ulations 200	-0. S			Legislivi	Dose Tea		13.1 Tark	
A Pie	nia		54554B	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(34) (420.24)	Lowest CT	Y- 6	A to an	A BOOK	Later Man	16.74			
Staf	fed "		1 2 2 2 2	Lowest Residual	Disinfectant	Provided		3-10-1-1				Residual	3	
74.00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		10000000000000000000000000000000000000	Disinfectant v	Contact Time	Before or		74272		13.44.5	11/2/2	Disinfectant	0.0	A COLUMN TO SERVICE
Wis.	ted a	可以,这种企业	5998.V	- Concentration	ं त(T) at C₂; ९	at First	,	145344	SAME OF STREET	Lowest	Minimum	AConcentration :	BR KARA	The state of the s
na a la a	44 74 至	Net Quanity	146 图 约 3	(C) Before or at	Measurement	Customer	Temp.	<b>对外</b> 部	Minimum	Operating	UV Doše	at Remote	<b>电影心心</b> 公司	THE RESERVE
the (Pla	ice Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow	Water	pri or water,	Reduined	U V Dose	Kedmied:	Par Point in	Renamer Mainte	nance Workshat involves La
Month: X	) Operatio	n Produced, gal	Rate, gpd	Flow mg/L	minutes	mg min/L	C 7	Applicable	mg-min/L	sec/cm2	sec/cm2	System Mg/L	Water System	Components Out of Operation
WALK X	24 hrs	15,700		0.6						L		0.5		Abnormal Operating Condition mance Workthald Involves 1 a Components Out of Operation
140 P	24 hrs	10,800												
420.5	24 hrs	10,800	<u> </u>											
X.47% X		10,800	1	0.8		<u></u>						0.7		
5 X X X X X X X X X X X X X X X X X X X		13,400	ļ	1.3					ļ .		ļ	1.1		
XXXXX X		13,700	ļ	1.5						<u> </u>		1.4		· · · · · · · · · · · · · · · · · · ·
282 X		7,900	<del> </del>	1.5				-	<del> </del>	ļ	ļ	1.4	<u> </u>	· · · · · · · · · · · · · · · · · · ·
220	24 hrs	11,500	<del>                                     </del>	1.4		+		<del> </del>	<del></del>		<del> </del>	1.3		
F 40 K	24 hrs	11,600	<del>                                     </del>			<del> </del>		<u> </u>	<del> </del>		<del> </del>			
zliša X	24 hrs	11,600	1	1.4	<u> </u>			<del> </del>				1.3		
292 202 203 X 202 203 X		8,700		1.6					<u> </u>			1.4		· · · · · · · · · · · · · · · · · · ·
1334 X		7,800		1.7								1.5		
[[金][46] X		7,900		1.8								1.6		
<b>聚5条 X</b>		10,500		1.7								1.7		
MAL64Z	24 hrs	10,600	ļ											
201/80	24 hrs	10,600					· ·	ļ			<u> </u>			
241830 X		10,700	<del>                                     </del>	1.7		<del> </del>	<u> </u>		-		<u> </u>	1.7	<u> </u>	
1420 X		9,900	<del> </del>	1.3		+	<del> </del> -	<del> </del>	<del> </del>	<del> </del>		1.4		
5.21×8 X		8,700		1.4		+		<del>                                     </del>	<del>                                     </del>		<del> </del>	1.2		
, 22±y X		10,800	1	1.3		<del>                                     </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>		1.2	<del> </del>	<del></del>
A#23:4	24 hrs	16,030								<del> </del>				
* 245	24 hrs	16,030												
学25英 X		16,030		1.2								1.1		
**26** X		13,100	<b>_</b>	1.4								1.1		
127 X		23,800	<b></b>	1.4	<del> </del>			ļ	ļ	ļ	ļ <u>.</u>	1.4		
≥ 28% X		18,700	<del> </del>	1.5		ļ		<b> </b>	ļ	<b> </b>	ļ	1.5		
14:29% X 2:3091	24 hrs	8,900 12,300	<del> </del>	1.4	<del> </del>	<del>                                     </del>		<u> </u>		ļ		1.1		
£431.43	24 hrs	12,300	<del> </del>		<del> </del>	<del> </del>		<del> </del>		<del> </del>	<del></del>	<del> </del>	<del> </del>	
Total A		361,190	<del>                                     </del>	<u> </u>	l	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<del></del> _	
Average	2134 C 451	12,040	1											
Maximum	展的完全生	23,800	]											

Maximism 23,800
\* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions				
1. General Information for the Month/Year of: July-07				
A. Public Water System (PWS) Information				
PWS Name: Ravenswood	<del></del>	PWS Identifi	cation Number:	3351062
PWS Type: X Community Non-Transient Non-Comm	nunity	Transient Non-Communi	ty	Consecutive
Number of Service Connections at End of Month: 43		Total Population Served a		151
PWS Owner: Aqua Utilities Florida	<u> </u>			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: 352/787-0980		Contact Person Person's F	ax Number:	352/787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Ravenswood		Plant Telepho	one Number:	(352) 787-0980
Plant Address: US Hwy 27		City: Leesburg	State: FL	Zip Code: 34748
	chased Finished Wat	er		
	56,160			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	n 62-699.310(4), F.A	C.): D
Licensed Operators Name	License Class	License Number	Day	v(s)/Shuff(s)-Worked
SILead/Chick Operators Will Fontaine	С	6813		3 Days per week
Other Operators John Worrell	С	6597		3 Days per week
Marty Neal	С	10027		3 Days per week
The order of white MCC CO				
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/o				
information provided in this report is true and accurate to the best of my knowledge	ge. I certify that all	drinking water treatmen	t chemicals used at	thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following additiona	al operations records for this plant
were prepared each day that a licensed operator staffed or visited this plant during	the month indicate	ed above: (1) records of a	mounts of chemica	ls used and chemical feed rates;
and (2) if applicable, appropriate treatment process performance records. Futhern				
can retain them, together with copies of this report, at a convenient location for at				
	rouse ton years,			
4:4-0 -				
Might 8-8-07 Will Fontaine			C6813	
Signature and Date Printed or Typed Name	2		License Number	

PWSI	dentifica	tion Number		3351062		Plant Name:	Ravenswo	<u>ood</u>								
шъъ	ils Data	for the Mont	1./V o.£		July-07							<u></u>			<del></del>	
						<del></del>	VI C	OLI		01.1	St 11-	<del> / _ / _ /</del>		Combined C	11 //	Chiammines)
			og Virus Inacti	VIBIION/Remo			X Free	Chiorin	e [	Chlorine I	Jioxide	<u></u> Ш '	Ozone	Combined C	niorine (C	Tinoismures)
		et Radiation		<u> </u>	Other (Describe	<u>;):</u>		1	7							Ohler Director
l ype c	of District	ctant Residu	ial Maintained i	n Distributio	n System:		V. W	<u> X</u>	Free Chi	orine		ombined C	hlorine (Chlor	amines)	<u> </u>	Chlorine Dioxide
42.0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CT Calculations	or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	ation; if Appl	icable v		17.5	10 PM		
	TDays a					CT Calcu	ilations	क्षेत्रेहुँ विश्वति । संदर्भ सम्बद्ध		A PLANT	UV.	Dose				2
	Plant						Lowest CT	S. 5.	18002	(2) (4) (4)	1	1236	Lowest	4.00		44.4
	Sinted	44.4	Terrent Sant	AT MAN A	Lowest Residual   Disinfectant	Disinfectant Contact Time	Provided	名 豫。	30 14 20			44.44	Residual			A CONTRACTOR
11/2	Visited		Net Quanty	14. 为(出)()	Concentration	(T) at C	Deloie ul	1993	13361		Lowest	Minimini UV Dose	Concentration		200 h	Chromic Dioxide
A WAY	A Soly	West 1	Net Quanity		(C) Before or at	Measurement	Customer	Temp	· 沙 秦 德	Minimilm	Operating	UVDose	at Remote	2 3 3 d		7.7
uj vi			Or Limping	TAX PE	First Customer	Point During	TO DO INGS	is av OI	I DLT OT MARKET	1 "	1" U V LUUSE.	:: Kedanea:	Point in	Emergency o	Abnormal	Operating Conditions:
the	(Place	Plantin	Water	1 Peak Flow	During Peak	Peak Flow.	Peak Flow	Water	io"	Required	mW.	_ mW ⇒				
Month	7:XI)			Rate, gpd	Flow, mg/L	minutes -	mg-min/L	#C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	WateriSyste	m Compon	ents Out of Operation
Part leading	X	24 hrs	12,400			ļ		<del>                                     </del>	ļ	<u> </u>	ļ			<del> </del>		
	- <del>x</del>	24 hrs 24 hrs	12,400 7,100	<del> </del>	1.4		<del> </del>	<del></del>		<del>                                     </del>	ļ		1.3	<del> </del>		
	x	24 hrs	8,800	<del> </del>	1.2	<del></del>	<del> </del>	<del></del>	<del> </del>	<del>}</del>	}	<del> </del>	1.1	<del> </del>		
3 (c)	X	24 hrs	10,300		1.4		<del> </del>	+		<del> </del>	<del></del>	<del></del>	1,2	<del> </del>		
6	X	24 hrs	6,600		1.5	<del></del>	<del></del>	<del> </del>		<del> </del>			1.3	<del></del>		
74.TA		24 hrs	12,670					1			1					
3.8	4	24 hrs	12,670													
77 177	i X	24 hrs	12,670		1.3								1.2			
2010	X	24 hrs	14,700		1.3								1.2			
end	X	24 hrs	11,700		1.4								1.2			
CV12**	X	24 hrs	5,100	<u> </u>	1.3	<u> </u>				<u> </u>	<u> </u>		1.3			
430	X	24 hrs	8,200	<u> </u>	1.2			↓				_	1.2			
14 15	<u></u>	24 hrs	10,000	<del> </del>		ļ	<del></del>			ļ			ļ			
416	X	24 hrs 24 hrs	10,000	<del> </del>	1.1	<del> </del>	<del> </del>	╁	<del> </del>		<del> </del>	<del> </del>	0.9	<del> </del>		
*14.7	x	24 hrs	9,500	<del>                                     </del>	1.4	<del></del>	<del>}                                    </del>	+	<del> </del>	1	}	<del></del>	1.3	<del> </del>	<del></del>	<u></u>
18.		24 hrs	8,100		1.4		<del>                                     </del>	<del> </del>		<del>                                     </del>	<del></del>	<del> </del>	1.2	<del> </del>	***************************************	
4 19V		24 hrs	11,000	<del> </del>	1,4			1	<del>                                     </del>	<del> </del>	<del>                                     </del>	+	1.3	<del></del>		
20=	X	24 hrs	9,200	1	1.5			<u> </u>					1.3			
3 210	g e	24 hrs	9,800					1		Ī						
-, 22	(	24 hrs	9,800													
23.7	X	24 hrs	9,800		1.3								l.l			
24 8	X	24 hrs	8,300		1,4								1.3			
: 25		24 hrs	8,200	<u> </u>	1.3		<u> </u>	1		<u> </u>	<u> </u>		1.1			
.26		24 hrs	8,000	<del> </del>	1.3	<del></del>	<u> </u>	<del> </del>	ļ	ļ.,	<b></b>	<u> </u>	1.2	<del> </del>		
27-2	X	24 hrs	12,600 10,100	<del> </del>	1.4	<del> </del>	<del> </del>	<del> </del>			<del> </del>	<del> </del>	1.3	<del></del>		
28 - 29 s	-	24 hrs 24 hrs	10,100	<del> </del>	<del>                                     </del>		<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	<del></del>		<del> </del>		<del></del>
-30		24 hrs	10,200	<del> </del>	1.2	<del>                                     </del>	<del>}</del>	┼─		<del>                                     </del>		<del> </del>	1	<del> </del>		
312	$\frac{1}{x}$	24 hrs	8,500	<del>                                     </del>	i	t	1	1	<del> </del>	<del> </del>		<del></del>	0.7	<del> </del>		
		STAN STAN	308,710	1	<del></del>			<del></del>	<del></del>	<u> </u>		<del></del>		<del></del>		
Averag	College State	and Awards 19		1												

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



See page 4 for instructions General Information for the Month/Year of: August-07 A. Public Water System (PWS) Information PWS Name: Ravenswood PWS Identification Number: 3351062 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 151 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com Water Treatment Plant Information Plant Name: Ravenswood Plant Telephone Number: (352) 787-0980 Plant Address: US Hwy 27 City: State: FL Zip Code: 34748 Leesburg Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class Licensed Operators Name Day(s)/Shift(s) Worked Ecan/Chier Operator ... Will Fontaine 3 Days per week С 6813 John Worrell  $\overline{\mathsf{c}}$ 6597 3 Days per week Marty Neal C 10027 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. - 9-7-07 Will Fontaine C6813

License Number

Printed or Typed Name

Signature and Date

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3351062 Plant Name: Ravenswood III. Daily Data for the Month/Year of: August-07 Means of Achieving Four-Log Virus Inactiviation/Removal: \* X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) CT Calculations; or UV Dose, to Demonstrate Four Log Virus Inactivation; if Applicable CT Calculations UV Dose Plant Lowest CT Lowest' Staffed -Provided Residual. Lowest Residual Disinfectant Disinfectant -Contact Time Before or Disinfectant Visited Concentration (T) at C at First Concentration pit of Water CT Applicable in grant CT Applic Mizimum UV Dose Required (C) Before or at Measurement Customet at Remote
Point in Emergency of Spilormal Operating Conditions
Distribution Repair of Maintenance Work that Involves Taking
ystem, mg/L
Water System Composens Out of Operation at Remote Hours Plant in of Finished Point During | During | Peak Flow | Peak Flow Day o Operator First Customer. mW. (Place the Water vs. Peak Flow During Peak Distribution Month \* X Operation Produced, gal Rate, gpd Flow, mg/L minutes . sec/cm2 24 hrs 0.9 X 7,800 0.9 24 hrs 24 hrs 0.9 X 7,900 11,600 24 hrs 24 hrs 11,600 Х 24 hrs 11,600 1.1 0.9 24 hrs 8,000 1.3 1.1 X 24 hrs 11,300 1.2 1.2 12,100 X 24 hrs 1.3 1.5 24 hrs 10,700 1.4 1.3 24 hrs 9,670 24 hrs 9,670 24 hrs 9,670 1.4 1.3 30146 Х 24 hrs 9,000 1.3 1.3 24 hrs 10.000 1.2 1.1 Х 24 hrs 10,100 1,2 0.6 --- si7.3 24 hrs 12,200 1.6 1.5 18 24 hrs 12,400 --19 24 hrs 12,400 20≥ X 24 hrs 12,400 1.4 1.2 12,000 1.4 1.3 21 24 hrs 16,200 1.3 1.3 · 22  $\bar{\mathbf{x}}$ 24 hrs 13,700 231 X 24 hrs 1.4 1.4 17,700 1.3 24 х 24 hrs 1.4 9,300 24 hrs 25 9,300 26 24 hrs 9.300 1.2 1.1 27 24 hrs 11.000 1.5 1.3 28 X 24 hrs 13,900 29 24 hrs 1.5 1.4 X 8,400 1.2 30 24 hrs 1.4 10,300 1.3 31. X 24 hrs 1.4 340,210 Cotal ... Average 10.975

17,700

Maximum

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



See page 4 for instructions I. General Information for the Month/Year of: September-07 A. Public Water System (PWS) Information PWS Name: Ravenswood PWS Identification Number: 3351062 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 151 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 State: Zip Code: 34749 City: Leesburg Contact Person's Telephone Number: 352/787-0980 352/787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Ravenswood (352) 787-0980 Plant Telephone Number: Plant Address: US Hwy 27 City: Zip Code: 34748 Leesburg State: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name Day(s)/Shift(s) Worked License Class License Number Lead/Chief Operator Will Fontaine C 6813 3 Days per week her Operators: John Worrell 6597 3 Days per week С Marty Neal С 10027 3 Days per week Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. = 10.5-07 Will Fontaine C6813 Printed or Typed Name License Number Signature and Date

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3351062 Plant Name: Ravenswood III. Daily Data for the Month/Year of: September-07 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactiviation/Removal: \* X Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide X Free Chlorine Combined Chlorine (Chloramines) -CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\* CT Calculations UV Dose Plant Lowest CT Lowest Staffed Disinfectant 4 :Provided Lowest Residual Residual or Visited Contact Time Disinfectant " Before or Disinfectant" (T) at C Concentration Concentration at Pirst Minimum Lowest. Minimum by . UV Dose (C) Before or at Operating at Remote Net Quanity Measurement Customer Temp. Hours Emergency or Abhormal Operating Conditions, Repair or Mainterlance-Work that Involves Taking Water System Components Out of Operation of pH of Water CT Water if Required of Pinished First Customer Point During During UV Dose, Requiréd Point in L. Plant in Water Required, (Place, Peak Flow During Peak Peak Flow Peak Flow mWmW Distribution Operation C Applicable mg-min/L Month "X") Produced gal Rate, god Flow, mg/L minutes mg-min/L sec/cm2 sec/cm2 System; mg/L 1-11 8.800 24 hrs . 52 24 hrs 8,900 41 34. X 24 hrs 8,900 1.4 1.2 24 hrs 8,600 1.4 1.2 12,600 Х 24 hrs 1.3 1.2 10.900 326.6n% 24 hrs 1.5 1.4 AL 731 14,400 24 hrs 1.5 1.4 24 hrs 12,500 24 hrs 12,600 -6.10a≥ 24 hrs 12,600 1.5 1.4 St. bl X 24 hrs 8.000 1.4 1.1 **312** X 16,900 1.5 24 hrs 1.4 %.13'€, X 24 hrs 7,400 1.4 1.2 12,300 24 hrs 1.5 1.3 \* 15. 24 hrs 13,400 . 16 -24 hrs 13,400 .17. 24 hrs 13,500 1.4 1.3 9,600 1.3 "L8. 24 hrs 1.2 19 24 hrs 11,100 1.4 1.3 201 6,200 24 hrs 1.3 1.3 -21 24 hrs 8,100 1.4 1,2 122 24 hrs 7,400 23 24 hrs 7.500 ~ 24 24 hrs 7,500 1.2 1.0 25 24 hrs 7,700 1.4 1.2 24 hrs 10.800 1.4 1.3 -26 6,300 1.3 1.1 27 24 hrs 24 hrs 7,500 1.2 1.1 28

10,100

10,100

305,600

10,187

16,900

24 hrs

24 hrs

24 hrs

Total

Average

29

30

31

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



Content Person   Faves   Content Person   Faves   Content Person   Faves   Content Person   Faves   Content Person   Faves	See page 4 for instructions								
A Public Water System (PWS) Information PWS Name: Ravenwood PWS Type    Community   Non-Transient Non-Community   Transient Non-Community   Consecutive	L General Information for the Mon	th/Year of: October, 2007				<del> </del>	<del></del>		
PWS Name: Ravenswood PWS Type: X  Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 46 Total Population Served at End of Month: 161  PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath Contact Person: Mailing Address: PO Box 490310 Contact Person: Mailing Address: PO Box 490310 Contact Person: Service Number: 352/787-6333 Contact Person: Telephone Number: 352/787-6333 Contact Person: Service Number: 352/787-6333 Contact Person: Se	A. Public Water System (PWS) Info	ormation	· · · · · · · · · · · · · · · · · · ·						
PWS Type: X Community Number of Service Connections at End of Month: 46 Total Population Served at End of Month: 161  PWS Owner: Aqua Utilities Florida  Contact Person's Title Promise Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749  Contact Person's Telephone Number: 352/787-0980 Contact Person's Title Person's Telephone Number: 352/787-0980 Contact Person's Telephone Number: 352/787-0980 Contact Person's Telephone Number: 352/787-0980  B. Water Treatment Plant Information  Plant Name: Reverseord  Plant Address: US Hwy 27  Type of Water Treatment Plant Information  Plant Address: US Hwy 27  Type of Water Treatment by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D  **Contact Person's Telephone Number: (352) 787-0980  Plant Address: US Hwy 27  Type of Water Treatment Plant Information  Plant Name: Reverseord  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D  **Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D  **LeastChieforenees					PWS Identi	fication Numb	ver:	3351062	<del> </del>
Number of Service Connections at End of Month:  PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath  Contact Person: Brian Heath  Contact Person: Stating Address:  PO Box 490310  Contact Person: Title: Area Manager  Contact Person: Telephone Number:  352787-0980  Contact Person: Telephone Number:  352787-6333  Contact Person: E-Mail Address:  beheath (Sacusamerica.com)  Plant Mame:  Ravenswood  Plant Name:  Ravenswood  Plant Name:  Ravenswood  Plant Name:  Ravenswood  Plant Name:  Ravenswood  Plant Address:  US Hwy 27  Type of Water Treated by Plant:  W Raw Ground Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Solida State PL  Plant Category (see subsection 62-699 310(4), F.A.C.)  Plant Category (see subsection 62-699 310(4), F.A.C			mmunity	Transient					
PWS Owner: Aqua Utilities Florida  Contact Person: Brian Heath  Contact Person: Mailing Address: PO Box 490310  Contact Person's Mailing Address: PO Box 490310  Contact Person's Mailing Address: PO Box 490310  Contact Person's E-Mail Address: Dehesth@acusamerica.com  B. Water Treatment Plant Information  Plant Address: US Hwy 27  Type of Water Treatment Plant Plants  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699-310(4), F.A.C.): V  Plant Category (per subsection 62-699-310(4), F.A.C.): Accepted Briants  For Contact Person's Faction of Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699-310(4), F.A.C.): Name Capacity of Plant Category (per subsection 62-699-310(4), F.A.C.): D  **Contact Person's Faction of Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699-310(4), F.A.C.): V  **Contact Person's E-Mail Address: Day 10(4), F.A.C.): V  **Contact Person's E-Mail Address: Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Plant Category (per subsection 62-699-310(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's E-Mail Address): Day 10(4), F.A.C.): D  **Contact Person's Faction of Capacity (person's Faction of Ca									
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL [Zip Code: 34749] Contact Person's Telephone Number: 352787-6333 Contact Person's E-Mail Address: Beinsth@acquaimerica.com  B. Water Treatment Plant Information Plant Name: Ravenswood Plant Address: US Hwy 27 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6613 3 3 Days per week  City: Leesburg State: FL Zip Code: 34748  Plant Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 3 Days per week  City: Contact Person's E-Mail Address: PL Contact Plant Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 3 Days per week  City: Contact Person's Plant Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 3 Days per week  City: Leesburg State: FL Zip Code: 34748  Third Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 Days per week  City: Leesburg State: FL Zip Code: 34748  Third Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 Days per week  City: Leesburg State: FL Zip Code: 34748  Third Category (per subsection 62-699.310(4), F.A.C.): D  Turnend Operators  Will Fontaine C 6813 3 Days per week  C 6813 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Marry Neal C 10027 3 Days per week  Third Category (per subsection 62-699.310(4), F.A.C.): D  Third Category (per subsection 62-699.310(4), F.A.C.): D  Third Category (per subsection 62-699.310(4), F.A.C.): D  Third Category (per subsection 62-699.310(4), F.A.C.)									
Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: 352787-0980 Contact Person's Fax Number: 352787-0980 Contact Person's E-Mail Address: Debesth@agusamerica.com  B. Water Treatment Plant Information  Plant Name: Raverswood Plant Address: US Havy 27 City: Leesburg State: FL Zip Code: 34748  Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D  **Lead/Chief/Operators** Will Fontaine C 6813 3 Days per week  **Qibe Operators** Use November: Operators State: FL Zip Code: 34748  **Lead/Chief/Operators** Will Fontaine C 6813 3 Days per week  **Qibe Operators** Will Fontaine C 6597 3 Days per week  **Qibe Operators** Will Fontaine C 6597 3 Days per week  **Marry Neal C 10027 3 Days per week  **Ma				Contact P	erson's Title:	Area Mana	ger		
Contact Person's Telephone Number: 352/787-0980 Contact Person's Fax Number: 352/787-6333 Contact Person's Edward Address: Deheath@acquasamerica.com  B. Water Treatment Plant Information Plant Name: Ravenswood Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748 Plant Address: US Hwy 27 Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D **LeadChiefOperation** Will Fontaine C 6833 3 Days per week Other Operator John Worrell C 6597 3 Days per week Marry Neal C 10027 3	Contact Person's Mailing Address:	PO Box 490310						Zip Code:	34749
B. Water Treatment Plant Information  Plant Name: Ravenswood  Plant Address: U.S. Hwy 27  Type of Water Treated by Plant: X. Raw Ground Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699-310(4), F.A.C.): V. Plant Class (per subsection 62-699-310(4), F.A.C.): D.  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Plant Classory (per subsection 62-699-310(4), F.A.C.): V. Plant Class (per subsection 62-699-310(4), F.A.C.): D.  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Licensed Operation: S. Name Capacity of Plant, gallons per day:  Name Capacity of Plant Telephone Number: Gallon Water  Permitted Maximum Day Operation Scale Subscription of Plant, gallons per day:  Plant Class (per subsection 62-699-310(4), F.A.C.): D.  Licensed Operation: S. Name Capacity of Plant, gallons per week  Other Operator S. Name Capacity of Plant, gallons per week  Name Capacity of Plant Telephone Number: Gallon Water  Plant Class (per subsection 62-699-310(4), F.A.C. In 10027  3 Days per week  Name Capacity of Plant Telephone Number: Gallon Water  Licensed Operations (P. Name Capacity) of Plant Class (per subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Class (per day operation Scale Subscription of Plant Cl		352/787-0980		Contact P	erson Person's	Fax Number:			
Plant Name: Ravenswood Plant Address: US Hwy 27									
Plant Address: US Hwy 27 Type of Water Treated by Plant: \( \text{ Zip Code: } \) 34748  Type of Water Treated by Plant: \( \text{ Zip Code: } \) 34748  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160  Plant Category (per subsection 62-699.310(4), F.A.C.): \( \text{ V } \)  Licensed Operators \( \text{ Name: } \)  Lead/Chief Operators \( \text{ Will Floatine } \)  Lead/Chief Operators \( \text{ Will Floatine } \)  Lead/Chief Operators \( \text{ Will Floatine } \)  Marry Neal \( \text{ C } \)  C \( \text{ 6597} \)  Marry Neal \( \text{ C } \)  Licensed Operators \( \text{ Will Floatine } \)  Marry Neal \( \text{ C } \)  Lead/Chief Operator \( \text{ Will Floatine } \)  Marry Neal \( \text{ C } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Lead/Chief Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed Operator \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \text{ Marry Neal } \)  Licensed \( \te		ion							
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallous per day: 56,160  Plant Class (per subsection 62-699,310(4), F.A.C.): D  Licensed Operators  Name: 1 License Class 2 License Number: 1 License Class 3 License Number: 1 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 License Class 3 License Number: 1 Licens					Plant Telep	hone Number:		(352) 787-0	)980
Pennt Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C. in 100.010(4),			City:	Leesburg	State:	FL	Zip Code:	34748	
Plant Category (per subsection 62-699-310(4), F.A.C.):  Licensed Operators  Name:    Control Class   California   Californ			urchased Finished W	ater					
Lead/Chief Operators  Will Fontaine C 6813 3 Days per week Other Operators Will Fontaine C 6813 3 Days per week Other Operators Marry Neal C 10027 3 Days per week  Marry Neal C 10027 1 To this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-553.20(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.			56,160						
LeadChiefOperators  Will Fontaine  C 6813 3 Days per week  Other Operators  Marry Neal  C 10027 3 Days per week  Marry Neal  C 10027 3 Days per week  Marry Neal  C 10027 1 Days per week  LeadChiefOperators  It Contribution by Lead/Chief Operator  It the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.				Plant Clas	ss (per subsecti	on 62-699.310	0(4), F.A.C.):	D	
II. Certification by I cad/Chet Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Licensed Operators	Name Land	License Class	s Lice	ise Numbersk	<b>国民共和国的</b>	Day(s)/	Shift(s):Wor	ked Assault
II. Certification by I cad/Ghet Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	- Lead/Chief Operator 4	Will Fontaine	С		6813		3 Da	vs per week	
Marty Neal  C 10027 3 Days per week  IL : Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Other Operators of the sea	John Worrell							
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can retain them, together with copies of this report, at a convenient location for at least ten years.	and (2) if annlicable appropriate tre	estment process performance records. Futher		orida thasa	ndditional on		eds to the DI	We ame chen	mear reed rates,
11-007	and (2) if application, appropriate the	a of this senset at a consuminate least of the	amore, ragree to pro	Sylde mese	auditional ope	STATIONS TECO	ins to me L	49 Owner 8	o me rws owner
M. F. 11-0-07	can retain them, together with copies	s of this report, at a convenient location for	at least ten years.						
1114 117-11-11-11-11-11-11-11-11-11-11-11-11-	1/4 -								
Will Fontaine C6813	West	- //-%-O/ Will Fontains				C6813			
Signature and Date Printed or Typed Name License Number	Signature and Date		me		<del>-</del> .		mber		

DEP Form 62-555.900(3)Alternate

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3351062 Plant Name: Ravenswood III. Daily Data for the Month/Year of: October, 2007 Combined Chlorine (Chloramines) X Free Chlorine Chlorine Dioxide Ozone Means of Achieving Four-Log Virus Inactiviation/Removal: \* Ultraviolet Radiation Other (Describe): Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) CT-Calculations, on UV-Dose, to Demonstrate Four Log-Virus Inactivation, if Applicable

apror Calculations

April Calculations

April Calculations Loves Acaques Discrete Dypology Concerns Concentrate Dypology Concentrate Discrete Concentrate Discrete Concentrate Days: Plant Staffed Or. Visited . . by ... Net Quanty of Finished Day of Operator Hours Water (Place Plant in . "X" Operation Produced, gal 10,200 24 hrs 1.3 1.1 20  $\overline{\mathbf{x}}$ 24 hrs 5.900 1.3 X 9,700 1.2 3 24 hrs 1.3 Х 24 hrs 5,300 1.2 . . 5 . ? 1.5 24 hrs 6,800 6. 24 hrs 8,300 さいんか 24 hrs 8,300 1.1 -8- $\overline{\mathbf{x}}$ 24 hrs 8.300 1.3 900 X 24 hrs 7,500 1.3 1.2 ÷10# χ 24 hrs 9,900 1.4 1.2 : lite Х 24 hrs 8,500 1.4 0.8 12 7,400 1.1 24 hrs 13 24 hrs 9,470 9,470 24 hrs ...14 1.0 24 hrs 9,470 1.1 0.9 6,400 1.1 16 24 hrs 0.9 17 X 24 hrs 10,500 - 1 0.8 X 5,900 1.1 18 24 hrs 1.8 19 24 hrs 6,700 24 hrs 8,000 8,000 24 hrs -21: 8.1 8,000 2.1 .. 22 24 hrs 1.7 24 hrs 7,400 1.8 1.2 7,800 1.3 X 24 hrs 24 0.9 1.1 25 X 24 hrs 5,600 1.1 6,900 1.3 24 hrs ~26°γ7 24 hrs 7,800 7,800 28 24 hrs 0.9 7,800 1.1 24 hrs -729 Tt X 0.7 24 hrs 7,800 1.1 Х -30 0.7 10,800 X 24 hrs Total Control of the 247,710

7,991

Maximum

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



See page 4 for instructions I. General Information for the Month/Year of: November-07 A. Public Water System (PWS) Information PWS Name: Ravenswood PWS Identification Number: 3351062 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 46 Total Population Served at End of Month: 161 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: State: Zip Code: 34749 Leesburg Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: 352/787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ravenswood Plant Telephone Number: (352) 787-0980 Plant Address: US Hwy 27 City: Leesburg State: FL Zip Code: 34748 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class 11 Dicense Number 2 Name 2 Name 2 Dicense Class 11 Dicense Number 2 Name 2 Name 2 Name 2 Dicense Number 2 Name 2 N Will Fontaine 6813 3 Days per week John Worrell  $\overline{\mathsf{c}}$ 6597 3 Days per week Marty Neal 10027 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them\_together with copies of this report, at a convenient location for at least ten years. = 12-6-07 Will Fontaine Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: Ravenswood PWS Identification Number: 3351062 November-07 III Daily Data for the Month/Year of: Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactiviation/Removal: \* X Free Chlorine Chlorine Dioxide Ozone Other (Describe): Ultraviolet Radiation Chlorine Dioxide Combined Chlorine (Chloramines) X Free Chlorine Of Disinfectant Residual Maintained in Distribution System:

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable\*

CT Calculations of UV Dose to Demonstrate Four-log Virus macuvation, if Applicable Four-log Virus macuvation, if Applic Type of Disinfectant Residual Maintained in Distribution System: х 5,300 0.9 24 hrs 24 hrs 10,600 14,900 24 hrs 14,900 24 hrs 0.6 14,900 X 24 hrs 0.8 11,900 X 24 hrs 0.8 0.9 14.000 24 hrs 0.7 6,600 0.9 24 hrs 0.8 8,500 24 hrs 11,000 24 hrs 11,000 24 hrs 1.1 1.2 11,000 24 hrs 0.7 10,800 1.1 24 nrs 0.9 11,200 Х 24 hrs 0.8 7,800 1.2 X 24 hrs 0.7 1.1 6.200 24 hrs 9,370 24 hrs 9,370 24 hrs 0.8 1.2 9,370 х 24 hrs 0.8 24 hrs 7,400 1.2 0.9 11,100 1.2 24 hrs 24 hrs 8,800 0.8 8,800 24 hrs 10,530 24 hrs 24 hrs 10,530 0.8 1.1 10,530 24 hrs 0.8 8,800 Х 24 hrs 0.7 1.2 24 hrs 10,700

1.2

1.3

7,600

8,000

301,500 10,050 14,900 0.8

0.9

X

24 hrs

24 hrs

24 hrs

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions								
L. General Information f	or the Month/Year of:	December-07				· · · · · · · · · · · · · · · · · · ·		
A. Public Water System	(PWS) Information							
	Ravenswood	<u> </u>			PWS Identific	ation Numbe	r; 33	351062
PWS Type:	X Community	Non-Transient Non-Comm	unity	Transient	Non-Communit	y	Consec	utive
Number of Service Con	nections at End of Month:	46		Total Popu	lation Served at	End of Mont	th: 16	61
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Contact Pe	rson's Title:	Area Manage		<u> </u>
Contact Person's Mailin	g Address: PO Box 490310			City:				ip Code: 34749
Contact Person's Teleph				Contact Pe	rson Person's F	ax Number:	35	52/787-6333
Contact Person's E-Mai	Address: beheath	@aguaamerica.com						
B. Water Treatment Pla	nt Information			·				
	Ravenswood				Plant Telepho			352) 787-0980
	US Hwy 27			City:	Leesburg	State: 1	FL Z	ip Code: 34748
Type of Water Treated			hased Finished Wat	er				
Permitted Maximum D	ay Operating Capacity of Plant, gal	lons per day:	56,160					
Plant Category (per sub	osection 62-699.310(4), F.A.C.):	V		Plant Class	(per subsection	n <mark>62-699.310</mark> (	4), F.A.C.):	D
Licensed Operators is	Name		License Class	Licen	se Number 2	を記述を	#Day(s)/Sh	lite) Worked a second of
Lead/Chief Operators	Will Fonta	ine	С		6813		3 Days	per week
Ounce Operators & March Li	John Worr	ell	С		6597		3 Days	per week
	Marty Ne	al	С	1	0027		3 Days	per week
	L			-				
	<u> </u>							
	I							
Print Shows Inc.								
II. Certification by Lead	/Chief Operator							<u> </u>
I the undersigned water	treatment plant operator licensec	l in Florida, am the lead/c	hief operator of th	e water trea	tment plant id	entified in P	art I of this re	eport. I certify that the
	this report is true and accurate to							
	0 or other applicable standards re							
	that a licensed operator staffed of							
	propriate treatment process perfo			vide these a	idditional oper	ations record	us to the PW	5 owner so the PWS owner
can retain them, together	with copies of this report, at a c	onvenient location for at l	east ten years.					
10								
11.42	1.9.08							
/ Mur Je-	- 1-1108	Will Fontaine			<u> </u>	C6813		
Signature and Date		Printed or Typed Name				License Num	iber	

Page 1

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3351062 Plant Name: Ravenswood IB. Daily Data for the Month/Year of: December-07 Means of Achieving Four-Log Virus Inactiviation/Removal: \* Combined Chlorine (Chloramines) X Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide X Free Chlorine Combined Chlorine (Chloramines) AND AND THE PROPERTY OF CALCULATIONS OF UVIDOSE STOLE MODERN OF THE LOST VITES INACTIVATION OF ADDICABLE 24 hrs 9,400 24 hrs 9,400 9,400 24 hrs 1.2 0.9 X 24 hrs 8,100 1.3 0.9 24 hrs 9,200 1.2 0.8 6,300 24 hrs 1.1 0.9 24 hrs 7,800 1.2 24 hrs 11,200 11,200 24 hrs 24 hrs 11,200 1.2 0.9 X 24 hrs 8,300 1.2 Х 24 hrs 10,100 1.2 0.7 8,700 24 hrs 24 hrs 8,700 1.2 0.7 9,400 24 hrs 24 hrs 9,400 9,400 24 hrs 1.1 0.7 Х 24 hrs 7,400 1.2 7,200 24 hrs 1,5 1.3 Х 24 hrs 7,400 1,2 1.1 24 hrs 8.100 1.2 1.0 9,800 24 hrs 9,800 24 hrs 9,800 1.1 0.8 24 hrs 10,450 24 hrs 10,450 0.8 24 hrs 8,400 1.1 Х 24 hrs

1.2

1.1

7,700

10,200

10,200

284,300 9,171 11,200

24 hrs

24 hrs 24 hrs

24 hrs

0.8

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

PWS	ID:	3351062	Plant Name:	Ravenswood				E JACK
IV.	Summary of Use of Polyi	mer Containing Acrylan	iide, Polymer	Containing E	pichlorohydrin, and	Iron or Manganes	e Sequestrant for the Year: *	2007
	Is any polymer containing the me follows:	onomer acrylamide used at the	water treatment pla	nt?	☑ No			
	Polymer Dose ppm =				Acrylamide Level, % <sup>1</sup> =			
В.	Is any polymer containing the mopolymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatmen	t plant?	☑ No			
	Polymer Dose ppm =				Epichlorohydrin Level, %	<b>=</b>		
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No				
	Type of Sequestrant (polyphosph	nate or sodium silicate):						
	Sequestrant Dose, mg/L of phosp	phate as PO4 or mg/L of silicate	as SiO <sub>2</sub> =					
	If sodium silicate is used, the am	ount of added plus naturally oc	curring silicate, in	mg/L as SiO <sub>2</sub> =				

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

<sup>&</sup>lt;sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: January-06 A. Public Water System (PWS) Information 3351062 PWS Identification Number: PWS Name: Ravenswood Consecutive PWS Type: X Community Transient Non-Community Non-Transient Non-Community 151 Number of Service Connections at End of Month: Total Population Served at End of Month: Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Ravenswood Zip Code: 34748 US Hwy 27 Leesburg State: FL Plant Address: City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.); Name Day(s)/Shift(s) Worked 生。沙沙 Licensed Operators License Class License Number Lead/Chief Operator:// 6813 3 Days per week Will Fontaine С 3 Days per week John Worrell  $\overline{\mathbf{c}}$ 6597 3 Days per week  $\overline{\mathsf{c}}$ 10027 Marty Neal II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. 2-6-06 C6813 License Number Signature and Date Printed or Typed Name DOCUMENT NUMBER - DATE

DEP Form 62-555.900(3)Alternate

Page 1

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PWS I	lentificat	ion Number	r:	3351062		Plant Name:	Ravenswo	od							<del> </del>	
III. Dai	III. Daily Data for the Month/Year of:  January-06															
			og Virus Inactiv	/iation/Remo			X Free (	hlorin		Chlorine I	)iovide	1 (	)zone	Combined Chlorine (Chl	oramines)	
		t Radiation			Other (Describe		<u>M</u> 11∞ (	)111 <b>0</b> 11()	لـا "	CHIOTHIO	·	<u></u> `	,20,113	,		
			ıal Maintained i	n Distributio		<u> </u>	1	X	Free Chl	orine	Co	mbined Cl	nlorine (Chlor	amines) C	hlorine Dioxide	
17000	7.51110	ottaine records	7.54	l Distributio		e or IIV Dose, to I	Demonstrate F						11 30 E 1 - 1 - 1	1		
	Days	n 3		Say Bage 1	The South	CT Calcu	UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dose									
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v	Staffed				Lowest Residual	Disinfectant	Provided			VC		135	Residual	. 47		
	ōr				Disinfectant	Contact Time	Before or			r.		7 (A Y	Disinfectant			
	Visited		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	¥\s.j*		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote			
Day of	by Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal O	perating Conditions;	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water		Required,	mW-	mW	Distribution	Repair or Maintenance Work	that Involves Taking	
Month	· "X")_,	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Ċ	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Component	s Out of Operation	
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25	X	24 hrs	9,600	<u>                                       </u>	1.4				<u>:</u>	<u> </u>			1.2	<b> </b>		
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÷.19 i	X	24 hrs	10,700		1.3								1.1		<u> </u>	
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₃¥29		24 hrs	9,900											<u> </u>		
₹-30 ₹	Х	24 hrs	9,900		1.3							<u></u>	1.1	<u> </u>		
31 %	Х	24 hrs	10,400		1.3	<u> </u>		L			<u> </u>	L	1.2			
			315,700			ě							•	•		

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



See page 4 for instructions I. General Information for the Month/Year of: February-06 A. Public Water System (PWS) Information 3351062 PWS Name: Ravenswood PWS Identification Number: PWS Type: Consecutive X Community Non-Transient Non-Community Transient Non-Community 151 Number of Service Connections at End of Month: 43 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 State: City: Leesburg 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: **(352) 787-0980** Ravenswood Plant Telephone Number: Plant Address: US Hwy 27 FL Zip Code: 34748 City: Leesburg State: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): D Daysy/Shirital Voltage in the Control of the Contro Likonsea Quetarosa ស្រួល(ទីរត្រែ (ទី)ស្រួកសេរី 🕏 3 Days per week Will Fontaine C 6813 3 Days per week John Worrell C 6597 3 Days per week Marty Neal 10027

#### II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine
Printed or Typed Name

C6813 License Number

MONTHLY O	PERATION REPOR	RT FOR PWSs TREATING	<b>RAW GROUND WATER</b>	OR PURCHASED	FINISHED WATER
tion Number	2251062	Diant Names Desengation	· · · · · · · · · · · · · · · · · · ·		The second secon

PWS Id	entifica	tion Numbe	<u>r:</u>	3351062		Plant Name:	Ravenswo	od						_,		· · ·
lji Dai	y Data	for the Mon	th Year of		February-06					···	<del> </del>					
			og Virus Inactiv				X Free (	Chlorin	e II	Chlorine I	Dioxide		Ozone	Combined Cl	hlorine (Ch	oramines)
		let Radiation			Other (Describe		٠٠٠٠٠ ت	~141-Q1 III	لبا -	·		ш`			• •	
			ual Maintained i	n Distribution				X	Free Chl	orine	Co	mbined C	hlorine (Chlora	mines)	C	hlorine Dioxide
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Veralla.		- Table   Tabl	9,454							•						

Maximum 15,800

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



See page 4 for instructions							
I. General Information for the Month/Year of:	March-06						
A. Public Water System (PWS) Information		· · · .					
PWS Name: Ravenswood				PWS Identific	cation Numbe	r: 3351062	
PWS Type: X Community N	Ion-Transient Non-Comr	nunity	Transier	t Non-Communi	ty	Consecutive	
Number of Service Connections at End of Month:	43		Total Por	oulation Served a	t End of Mont	th: 151	
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath			Contact I	Person's Title:	Area Manage		
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg		FL Zip Code: 34749	
Contact Person's Telephone Number: 352/787-09	80		Contact I	Person Person's F	ax Number:	352/787-6333	
	aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: Ravenswood				Plant Telepho	one Number:	(352) 787-0980	<u> </u>
Plant Address: US Hwy 27			City:	Leesburg	State:	FL Zip Code: 34748	
Type of Water Treated by Plant: X Raw Ground Wa		chased Finished V	Vater				
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day:	56,160					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Cla	ss (per subsectio	n 62-699.310(	(4), F.A.C.): D	
Ligence of the Dation Lea		e digeonie Class		ike limits		epyloy(Shift(S))#Y0fscet	Service de
Will Fontaine		· C		6813		3 Days per week	
John Worrell		С		6597		3 Days per week	
Marty Neal		С		10027		3 Days per week	
		<del></del>					
			1				
				·			
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed in	Florida, am the lead/o	chief operator of	the water tre	eatment plant id	lentified in P	art I of this report. I certify that	the
information provided in this report is true and accurate to th							
International Standard 60 or other applicable standards refer							
were prepared each day that a licensed operator staffed or vi							
and (2) if applicable, appropriate treatment process perform			rovide these	additional oper	rations recor	ds to the PWS owner so the PW	2 Owner
can retain them, together with copies of this report, at a con-	venient location for at	least ten years.					
(h C)						e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	•
Mbn 12 4.6.06				• •			
	Will Fontaine			<u> </u>	C6813		
Signature and Date	Printed or Typed Name			_	License Num	nher	

PWS	dentifica	ation Number	er:	3351062		Plant Name:							TOTIAGES			
III. Da	ily Data	for the Mor	nth/Year of:		March-06				<u></u>	· ·						
Means	of Achi	eving Four-	Log Virus Inact	iviation/Rem	oval: *		X Free	Chlori	ne .	Chlorine l	Dioxide	77	Ozone	Combined Ch	lorine (Chloramir	nes)
		let Radiation			Other (Descrit	e):	<u> </u>		بت.		,	ш.		,	<b>,</b>	,
Type o	f Disinf	ectant Resid	ual Maintained	in Distributio	on System:			<u> </u>	Free Ch	lorine	C	ombined C	hlorine (Chlor	amines)	Chlorine	Dioxide
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	Trees.			1			ni nibils				1.2.					
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	X	24 hrs	11,700	<u> </u>	1.4							<del>                                     </del>	1.3	<del></del>		
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111	_^-	24 hrs	14,600	<del> </del>	1.4					<u>-</u>			1.2			
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	X	24 hrs	8,600		1					<u> </u>		<b>-</b>	0.8	<del></del>	<del></del>	~
	Х	24 hrs	9,900		1.4							<del> </del>	1.2		<del> </del>	
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Will.		(10 kg - 10 kg Language (10 kg - 10 kg	12,420											•		

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



see page 4 for man actions	<u></u>			·	
I. General Information for the Mo	onth/Year of: April-06			·	
A. Public Water System (PWS) I	nformation			· · · · · · · · · · · · · · · · · · ·	
PWS Name: Ravenswo		,		tification Number:	3351062
PWS Type: X Comn		Community	Transient Non-Commi		Consecutive
Number of Service Connections a			Total Population Serve	d at End of Month:	151
	ities Florida			<u></u>	
Contact Person: Brian Hea		<u> </u>	Contact Person's Title:	Area Manager	
Contact Person's Mailing Address			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Numl			Contact Person Person'	s Fax Number:	352/787-6333
Contact Person's E-Mail Address:				· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment Plant Inform	ation	·	·	·	
Plant Name: Ravenswo	od ,	-	Plant Tele	phone Number:	(352) 787-0980
Plant Address: US Hwy 2		·	City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated by Plant:	X Raw Ground Water	Purchased Finished Wa	iter .		<u> </u>
Permitted Maximum Day Operati	ng Capacity of Plant, gallons per day:	56,160			
Plant Category (per subsection 62		,	Plant Class (per subsec	tion 62-699.310(4), F	F.A.C.): D
Lighter of Opening Company	1 ame	Historis e Class	Life fixte Virinibal		opyle)(Shifto); Wolked
acyclina organica	Will Fontaine	· c ·	6813		3 Days per week
ona-roasinos - 195	John Worrell	C	6597		3 Days per week
	Marty Neal	C	10027		3 Days per week
	· · · · · · · · · · · · · · · · · · ·				
				•	
				'	
H. Certification by Lead/Chief O	perator				
I the undersioned water treatment	plant operator licensed in Florida, am the	end/chief operator of th	se water treatment plant	t identified in Part I	of this report. I certify that the
information provided in this repor	t is true and accurate to the best of my know	viedge. į certity that at	i drinking water treating	ent chemicals used	at this plant contoin to 1951
International Standard 60 or other	applicable standards referenced in subsect	ion 62-555.320(3), F.A	.C. I also certify that the	ne following addition	onal operations records for this plan
	nsed operator staffed or visited this plant d				
and (2) if applicable, appropriate t	reatment process performance records Fu	thermore, I agree to pro	ovide these additional o	perations records to	the PWS owner so the PWS owner
	ies of this report, at a convenient location f				
	* *	•	•		•
11.					•
Whit I	5.5.06 Will Fontaine			C6813	
Signature and Date	Printed or Typed	Name .	· · · · ·	License Number	

Page 1

PWS I		ion Number		3351062	2. 0.(1.10.	Plant Name:									
		or the Mont			April-06				· · · · · · · · · · · · · · · · · · ·						
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo			X Free (	Chlorin	e 🗌	Chlorine I	Dioxide		Ozone	Combined Chl	orine (Chloramines)
		t Radiation	ual Maintained i	n Distributio	Other (Describe	3):		Ιχ	Free Ch	orine	T   Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555.900(3) Alternate

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

See page 4 for instructions					. <u></u>
I. General Information for the Month/Year of:	<b>May-06</b>				
A. Public Water System (PWS) Information					
PWS Name: Ravenswood			PWS Id	entification Number:	3351062
	Non-Transient Non-Com	munity	Transient Non-Con	ımunity	Consecutive
Number of Service Connections at End of Month:	43		Total Population Se	rved at End of Month:	151
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Tit	le: Area Manager	
Contact Person's Mailing Address: PO Box 490310			City: Leesbu		
Contact Person's Telephone Number: 352/787-0	980		Contact Person Pers	on's Fax Number:	352/787-6333
	)aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Ravenswood			Plant T	elephone Number:	(352) 787-0980
Plant Address: US Hwy 27			City: Leesbu	rg State: FL	Zip Code: 34748
Type of Water Treated by Plant: X Raw Ground W	/ater Pu	rchased Finished Wa	iter		
Permitted Maximum Day Operating Capacity of Plant, gallo	ns per day:	56,160			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per sub	section 62-699.310(4),	, F.A.C.): D
Non-Garage	Harry Control of the	The surface of the second	dissidentia production	ar A	December 1995
Will Fontain		С	6813		3 Days per week
John Wortel		C	6597		3 Days per week
Marty Neal		С	10027		3 Days per week
	<del> </del>				
	<del></del>				
		<u> </u>			
			-		
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in	n Florida, am the lead	chief operator of the	ne water treatment pl	ant identified in Part	I of this report. I certify that the
information provided in this report is true and accurate to t	he heet of my knowled	lee I certify that a	l drinking water trea	tment chemicals use	d at thisplant conform to NSF
International Standard 60 or other applicable standards reference		eo ese annon time	C I also certify the	t the following addit	ional operations records for this plant
international Standard ou or other applicable standards reli	erenced in subsection	12-333.320(3), F.A	.C. I diso certify tha	s of omounts of chen	aicals used and chemical feed rates:
were prepared each day that a licensed operator staffed or	visited this plant durin	g the month indicat	ed above: (1) record		to the DWC owner so the DWC owner
and (2) if applicable, appropriate treatment process perform	nance records. Futher	more, I agree to pro	ovide these additiona	operations records	to the LM2 owner so the LM2 owner
can retain them, together with copies of this report, at a cor	rvenient location for a	t least ten years.	•		
1 1	•	•			
11.4				C(012	·
Mr 6-5-06	Will Fontaine	_,		C6813 License Numbe	*
Signature and Date	Printed or Typed Nam	ie		Piccuse (Anume	

Page 1

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	MU	NIHLY	OPERA	TION RE	PORT	FOR PW	/Ss TRE	ATING I	RAW GE	N DAUOS	/ATER	AR PHR	CHACE	D EINIG	UCD W	ATED

PWS	Identific	ation Numb	er:	3351062		Plant Name:	Ravensw	ood									
III. D	aily Data	a for the Mo	nth Year of:		May-06				·								
			Log Virus Inac	tiviation/Rem	oval: *		X Free	Chlorine		Chlorine	Diovide		Ozone	Combined (	Thloring (C	hlanaminan	
	Ultravio	let Radiatio	n	. [	Other (Describ	pe):	<u> </u>			Omornic	DIOXIGO	ш	Ozone	Combined	morme (C	moramnes)	
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DEP Form Form 62-555,900(3)Alternate

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



See page 4 for instructions I. General Information for the Month/Year of: June-06 A. Public Water System (PWS) Information 3351062 PWS Name: Ravenswood PWS Identification Number: X Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Number of Service Connections at End of Month: Total Population Served at End of Month: 151 43 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: Ravenswood Zip Code: 34748 State: FLPlant Address: US Hwy 27 City: Leesburg X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,160 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name Day(s)/Shift(s) Worked License Class . License Number 🦿 🕾 read/Chief Operator 25 3 Days per week Will Fontaine 6813 C C 6597 3 Days per week er Operators (47) John Worrell 10027 3 Days per week Marty Neal  $\overline{\mathbf{C}}$ II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. - 7-7-06 C6813 Will Fontaine License Number Signature and Date Printed or Typed Name

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: Ravenswood PWS Identification Number: 3351062 III. Daily Data for the Month/Year of: June-06 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactiviation/Removal: \* X Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide Combined Chlorine (Chloramines) X Free Chlorine The state of the s CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation of Applicable Lowest CT Calculations UV Dose Davs Plant Lowest CT Provided Residual Staffed Lowest Residual Disinfectant Disinfectant or Z Disinfectant Contact Time Before or Minimum - Concentration Concentration as at First Visited (T) at C Lowest UV Dose \* at Remote (C) Before or at Customer Operating .bv 🌞 Net Quanity Measurement Temp. Minimum Emergency or Abnormal Operating Conditions; ₩ ст. Point in of Finished First Customer Point During During UV Dose. Required, of: pH of Water Day of Operator Hours Repair or Maintenance Work that Involves Taking mW-Place Plant in Water Peak Flow During Peaks Peak Flow. Peak Flow, Water, if a Required, mW. Distribution the Water System Components Out of Operation Produced, gal Rate, gpd - Flow, mg/L sec/cm2 System, mg/L Month mg-min/L Applicable sec/cm2 "X") Operation minutes ~ C ∴ mg-min/L 24 hrs 14,200 1.3 1.1 CONTRACT 1.2 **697248** Χ 24 hrs 14,400 1.3 なるのでは 24 hrs 14,000 W 24 8 4 24 hrs 14,000 2425 Miles 24 hrs 14,100 1.2 1.1 Х **6姓6**韓 Х 16,770 1.2 1 24 hrs ATT WA Х 21,060 1.8 1.6 24 hrs ##8#F X 24 hrs 15,210 1.2 160 PM X 24 hrs 20,280 1.4 1.2 2410岁 24 hrs 15,600 緒問制 24 hrs 15,600 #412 24 hrs 15,600 1.5 1.3 #13**\$** X 1.3 24 hrs 8,580 1.4 \*\*\*|4\*\*  $\overline{\mathbf{x}}$ 8.190 1.2 1.0 24 hrs 0.9 **第415章** X 24 hrs 8,190 2016% X 10,920 1.3 1.1 24 hrs MH 7.33 11,310 24 hrs #\$18i 24 hrs 11,310 **編[9**恋 Х 1.0 11,310 1.2 24 hrs 张20家 X 11,700 1.2 1.1 24 hrs W2134 Х 9.750 1.1 0.9 24 hrs 1.2 学22年 X 12,870 1.4 24 hrs 4\*23# 1.4 1.3 24 hrs 14,430 €424¥ 24 hrs 9,750 \*\*25\*\* 24 hrs 9.750

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



See page 4 for instructions	<u> </u>							
1. General Information for the	e Month/Year of;	July-06						
A. Public Water System (PW	S) Information							
PWS Name: Rave	nswood				PWS Identi	fication Number:	3351062	
PWS Type: X C	ommunity	Ion-Transient Non-Comn	nunity	Transie	nt Non-Commur	nity	Consecutive	
Number of Service Connection	ons at End of Month:	43		Total Po	pulation Served	at End of Month:	151	
PWS Owner: Aqua	Utilities Florida							
	Heath .				Person's Title:	Area Manager		
Contact Person's Mailing Add				City:	Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone N				Contact	Person Person's	Fax Number:	352/787-6333	
Contact Person's E-Mail Add		aquaamerica.com			<u> </u>			
B. Water Treatment Plant Inf	ormation							
Plant Name: Rave	nswood				Plant Telepl	none Number:	(352) 787-0980	
	lwy 27			City:	Leesburg	State: FL	Zip Code: 34748	
Type of Water Treated by Pl			chased Finished \	Vater				
	erating Capacity of Plant, gallor	ns per day:	56,160					
Plant Category (per subsection		V		Plant Cla	ass (per subsecti	on 62-699.310(4), F.	A.C.): D	
ិរ ខែតារ ទៅ ម៉ូរូវប៉ុន្មែល 🗀 💽	Name :		E Ligense Class	ar a selic	rise Niumbera		ay(c)/Shift(c)/Yanked	
DeadChid(Operator	Will Fontaine	<u> </u>	С		6813		3 Days per week	
Olimai Gregoritates	John Worrell		С		6597		3 Days per week	
	Marty Neal		С		10027		3 Days per week	
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H. Certification by Lead/Chie	of Operator							
I, the undersigned water treats	nent plant operator licensed is	n Florida, am the lead/o	chief operator of	the water tr	eatment plant i	dentified in Part I	of this report. I certify that	at the
information provided in this re			-		•		<del>-</del>	
International Standard 60 or o	-	•		-				
were prepared each day that a								
and (2) if applicable, appropri								
				rovide tiles	e additional op	crations records to	THE L MS OWNER SO THE LA	MO OWII
can retain them, together with	copies of this report, at a con	ivenient location for at	least ten years.					
		•					•	
M, I	<u>-8-3-06</u>	TT [714 PD				0.0010	•	
	- 6 116	Will Fontaine				C6813		
Signature and Date		Printed or Typed Name	•			License Number		

DEP Form 62-555.900(3)Alternate

MONTHLY O	PERATION REPO	RT FOR PWSs TREAT	TING RAW GROUND W/	ATER OR PURCHASED FINISHED	) WATER
PWS Identification Number:	3351062	Plant Name: Raven			
III. Daily Data for the Month/Year o	fi July-	06			
Means of Achieving Four-Log Virus Ultraviolet Radiation		X F	ree Chlorine Chlorine Di	Dioxide Ozone Combined Ch	hlorine (Chloramines)
Type of Disinfectant Residual Maint		<del></del>	X Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide
Tuni Santa	Value of the	Edentrious of M. Ross in Demoist of telligibility sales in Summer in Progr present contracting Rose more in contracting Rose more in input		SINE UN COS SOCIET SESTION	

		og Virus Inacti	viation/Remo	oval: *		X Free (	Uniorine		Chlorine l	Dioxide	ا اسا	Ozone	Combined Ci	hlorine (Chloramines)
Ultraviol	et Radiation			Other (Describe	e):			15' ~	·			11. 1 . (01.1		Chlorine Dioxie
pe of Disinfe	ctant Residu	ual Maintained i	n Distributio	n System:			X	Free Ch	orine		Combined C	hlorine (Chlor	ammes)	Chiorine Dioxid
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jiit iz iz iz	acremon.	Produced galler	Ratesphila	index medi-	intinger.	an entry	5.0°	Anolleble	of college	(ក)(ភាព	a cereme	System mg/s	Valedšvale	m Components Qui o Commu
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X	24 hrs	10,530		1.3								1.2		
X	24 hrs	17,550	<u> </u>	1.2		<u> </u>				<u> </u>	_	1		
X	24 hrs	13,260	ļ	1.2								1		
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A .	24 hrs	10,400			<u> </u>	·				<del>                                     </del>	<del>-</del>	<del>                                     </del>	<del></del>	
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X	24 hrs	12,090		1.3							1	1.2		
X	24 hrs	15,600		1.3						·····	<del>                                     </del>	1.2		,
X	24 hrs	15,600		1.3					ŀ			1.1		
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	24 hrs	11,440												
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11-12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		12,455	4											

Viextinum 1 5 17,550

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



See page 4 for instructions				·		
L. General Information for the Month?	Year of: August-06					
A. Public Water System (PWS) Inform	ation					
PWS Name: Ravenswood			PWS Iden	tification Number:	3351062	
PWS Type: X Community	Non-Transient Non-Comm	nunity	Transient Non-Commi		Consecutive	
Number of Service Connections at End	of Month: 43		Total Population Serve	d at End of Month:	151	
PWS Owner: Aqua Utilities I	lorida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	O Box 490310		City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone Number:	352/787-0980		Contact Person Person'	s Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				· · · · · · · · · · · · · · · · · · ·	_
B. Water Treatment Plant Information						
Plant Name: Ravenswood			Plant Tele	phone Number:	(352) 787-0980	
Plant Address: US Hwy 27			City: Leesburg	State: FL	Zip Code: 34748	
Type of Water Treated by Plant:		chased Finished W	ater	•		
Permitted Maximum Day Operating Ca		56,160				
Plant Category (per subsection 62-699.	310(4), F.A.C.): V		Plant Class (per subsec	tion 62-699.310(4), I	F.A.C.): D	er er bek
ปัจอร์เลอร์นักคอโอเลร เลอร์สนีเพลาในสุดเกรา		a Cale (consecular)	Electron ber		Phys)/Shittis)WhiteHillshia	
remychienopsampic	Will Fontaine	<b>C</b> .	6813		3 Days per week	
Consequence of the consequence o	John Worrell	<u>C</u> -	6597		3 Days per week	
	Marty Neal	С	10027		3 Days per week	
			<u> </u>			
H C d'S d L L WOLLEG		- <del></del>				
II. Certification by Lead/Chief Operato		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/c	hief operator of t	he water treatment plant	identified in Part I	of this report. I certify that the	
information provided in this report is tru	ie and accurate to the best of my knowledg	e. I certify that a	Il drinking water treatme	ent chemicals used	at thisplant conform to NSF	
	cable standards referenced in subsection 62					lan
	operator staffed or visited this plant during					
	ent process performance records. Futherm					
	this report, at a convenient location for at l		ovide diese additional of	porturions records to	· · · · · · · · · · · · · · · · · · ·	, 110
can retain them, together with cobies of	mis report, at a convenient rocation for at i	icasi teli yeals.	•			
1/1- 0						
111 32	7-06 Will Fontaine			C6813		
Signature and Date	Printed or Typed Name	<del></del>		License Number		
<del>-</del>	- interest and a support that it					

Page 1

PWS I	dentificat	tion Number	r:	3351062		Plant Name:	Ravenswood							<del></del>	·
			th Year of:		August-06					·			·		
			og Virus Inacti				X Free Chl	orine	Chlorine	Dioxide		Ozone	Combined	Chlorine (	Chloramines)
		ving rour-L et Radiation		VIALIOIDE KEILIO	Other (Describ	.e.\.	E 1100 CH	L	1 CHROTHIC	- IOAIGO	<u> </u>			(	•
				n Distribution	<del></del>			X Free C	hlorine		ombined C	hlorine (Chlor	amines)		Chlorine Dioxide
Type o	I Disinie	ciani Kesidi	nai Mantanieo i	ii Distributio	i System.				inornie						Chorne Dioxide
				SAL MARKET AND AND AND AND AND AND AND AND AND AND	and the white are duty	(*)		Andreas Company of the Company of th	Contraction of the Contraction o						
es/	i i saye. Physic		alms Vicinity				li resiverar in		The state of the s	Name of the last	The Control of	Programme Control	A (A) (A)		
	8116				Towards mist	selenni armir	Figure (Indicate)					es a despite			
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	A Supple				tern confirming	12.5 . V3V. U5	Sub-Strike (		Acres de la companya de la companya de la companya de la companya de la companya de la companya de la companya	L. Boyler		Control (\$1)			
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	X	24 hrs	14,820	<del> </del>	1.2		<del>                                     </del>		<del></del>	<del> </del>	<del></del>	1		·	····
77.7	X	24 hrs	15,210		1.4		<del>                                     </del>	<del></del>				1.2			
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	X	24 hrs	15,990		1.2		<del>  </del>		<del></del>	<del> </del>		1.1	<del></del>		
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2-5)	Х	24 hrs	15,210		1,3		<b> </b>		<u> </u>	<u> </u>		1.2			
	X	24 hrs	11,700	<b> </b>	1.6		<b>  -</b>		<del></del>	ļ		1.3	<del> </del>		
	X	24 hrs	10,920	<del>                                     </del>	1.4	<b></b>	<del> </del>		<del></del>			1.2	<del>  </del>	···	
7.7	<del> </del>	24 hrs 24 hrs	(1,570 11,570				<b></b>		<del> </del>	<del></del>			<del> </del>	·	<u>~</u>
	X	24 hrs	11,570	<u> </u>	1.6		<del>  </del>	<del></del>	<del></del>	<del> </del>		1.4	<del></del>		<u> </u>
	$\frac{\lambda}{X}$	24 hrs	11,310		1.5		<del>  </del>		<del></del>			1.4			
	X	24 hrs	12,480		1.5	1	<del> </del>					1.3			
	X	24 hrs	10,900		1.5		<u> </u>					1.3			
io, ii.	- 10		456,670				<u> </u>								
	TOTAL STREET		14 731	1											

Page 2

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



See page 4 for instructions								
I. General Information for the Mo	nth/Year of:	September-06						
A. Public Water System (PWS) Ir	formation	-			_			
PWS Name: Ravenswo	~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				PWS Identi	fication Number:	3351062	
PWS Type: X Comm	unity Nor	-Transient Non-Com	munity [		nt Non-Commu		Consecutive	
Number of Service Connections at	End of Month:	13		Total Po	pulation Served	at End of Month:	151	
PWS Owner: Aqua Utili	ties Florida						· · · · · · · · · · · · · · · · · · ·	
Contact Person: Brian Hea					Person's Title:	Area Manager		
Contact Person's Mailing Address:		···		City:	Leesburg	State: FL	Zip Code: 34	749
Contact Person's Telephone Numb			·	Contact	Person Person's	Fax Number:	352/787-6333	
Contact Person's E-Mail Address:		uaamerica.com						
B. Water Treatment Plant Informa	tion							
Plant Name: Ravenswo	od				Plant Telep	hone Number:	(352) 787-098	
Plant Address: US Hwy 2				City:	Leesburg	State: FL	Zip Code: 34	748
Type of Water Treated by Plant:	X Raw Ground Wate		rchased Finished	Water				
Permitted Maximum Day Operation		er day:	56,160					
Plant Category (per subsection 62		V				on 62-699.310(4),		
<u> </u>	Symile 15		And breense (Cin		enservimbere		ieby(sy/Somie)aworked	
Land College of Care Co.	Will Fontaine		C		6813	<u> </u>	3 Days per week	
Substractions of Section	John Worrell		C		6597		3 Days per week	
	Marty Neal		С	<u> </u>	10027	<u> </u>	3 Days per week	·
							·	
			<u> </u>					
3 m d d						<u> </u>		
							<u></u>	
								· · · · · · · · · · · · · · · · · · ·
II. Certification by Lead/Chief Op	erator							i
I, the undersigned water treatment	plant operator licensed in F	lorida, am the lead/	chief operator o	of the water to	reatment plant i	identified in Part l	I of this report. I cert	ify that the
information provided in this report	is true and accurate to the	best of my knowleds	ge. I certify tha	t all drinking	water treatmen	nt chemicals used	at thisplant conform	to NSF
International Standard 60 or other								
were prepared each day that a licer								
and (2) if applicable, appropriate to								
					e addicional op	ciations iecords t	o me i mo omnei so i	.ner ws owner
can retain them, together with copi	es of this report, at a conver	nient location for at	least ten years.				•	
A(C)							· ·	
Mrs	maken! .	SUI P4-1				C6012		•
C. C.		Vill Fontaine			<del></del>	C6813	·	
Signature and Date	μ μ	rinted or Typed Name	•			License Number		-

MONTHLY OF	PERATION REPOR	T FOR PWSs	TREATING RAW	GROUND WATER	OR PURCH	ASED FINISHED	WATER	<u> </u>
PWS Identification Number:	3351062	Plant Name	e: Ravenswood					
III. Daily Data for the Month Year of	f: Septe	nber-06						
Means of Achieving Four-Log Virus	Inactiviation/Removal: *		X Free Chlorine	Chlorine Dioxide	Ozone	: [ Combined Cl	alorine (Chloramin	es)

		for the Mon			September-06	5										
leans (	of Achie	ving Four-I	Log Virus Inacti	viation/Remo	val: *		X Free	Chlorine		Chlorine I	Dioxide		Ozone 🔃	Combined	Chlorine (	Chloramines)
		et Radiation			Other (Describe	e):	-									
			ual Maintained i	п Distributio	0			X	Free Ch	lorine	C	ombined C	hlorine (Chior	amines)		Chlorine Dioxic
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	ling sp				A STATE OF THE PARTY OF THE PAR		(Elejan):					i s				
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		24 lus	13,520	<del> </del>		<del>                                     </del>	<del>                                       </del>	<del> </del>		1	<del>                                     </del>	<del> </del>	<u>-</u>	<del> </del>		
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	X	24 hrs	24,570	<del>                                     </del>	1.4	· · · · · · · · · · · · · · · · · · ·	<u> </u>			1		†	1.2			
	Х	24 hrs	13,650	1	1.4						<u> </u>		1.1			
	X	24 hrs	12,480		1.4								1.1			
	Х	24 hrs	11,700		1.3								1			
975,779 24.		24 hrs	13,000													
	]	24 hrs	13,000							<u> </u>				<u> </u>		
	X	24 hrs	13,000		0.8					<u> </u>		ļ	0.6			
	X	24 hrs	17,160		1.3		<del> </del>	<del>                                     </del>				ļ	1.1	ļ		<u> </u>
	X	24 hrs	8,580	<del> </del>	1			<del>-</del>   -		<del> </del>		<del> </del>	0.9	<u></u>		
	X	24 hrs 24 hrs	13,650 14,820	<del>  </del>	1.5		<del>                                      </del>	╂┈╌┼		<b> </b>		<del> </del>	1.3 1.3	<u> </u>		
		24 hrs	17,160		1.4		<del> </del>	<del> </del>		<del> </del>		<del> </del>	1,3			
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	$\frac{x}{x}$	24 hrs	10,530	<del>                                     </del>	1,4								1.3			
	$\frac{x}{x}$	24 hrs	10,920		1.4		<del>                                     </del>	<del>                                     </del>		<del> </del>		<u> </u>	1.3	<del>                                     </del>		
	$\frac{x}{x}$	24 hrs	14,430	<del> </del>	1.5		<del> </del>	1				1	1.4			
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		24 hrs	14,690		<del></del>		<del>                                     </del>	† †				<u> </u>	· -			
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	Х	24 hrs	11,310		1.5								1.4			
	Х	24 hrs	13,650		1.5								1.3			
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	X	24 hrs	9,750		1.5			<u>                                     </u>			·		1.4			
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	100		412,930	1												

<sup>24,570
•</sup> Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions	•	•					,
1. General Information f	or the Month/Year of:	October-06					
A. Public Water System	(PWS) Information						······································
	Ravenswood				PWS Identificati	ion Number:	3351062
	X Community	Non-Transient Non-Comm	unity	Transient 1	Non-Community		Consecutive
	nections at End of Month:	43		Total Popu	lation Served at Er	nd of Month:	151
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Pe		rea Manager	
Contact Person's Mailin	g Address: PO Box 490310			City:		ate: FL	
Contact Person's Teleph	one Number: 352/787-	0980		Contact Per	rson Person's Fax	Number:	352/787-6333
Contact Person's E-Mai	Address: beheath	@aguaamerica.com				<del> </del>	
B. Water Treatment Pla	nt Information						
Plant Name:	Ravenswood				Plant Telephone	Number:	(352) 787-0980
Plant Address:	US Hwy 27			City:	Leesburg Sta	ate: FL	Zip Code: 34748
Type of Water Treated			hased Finished Wa	iter			
	ay Operating Capacity of Plant, gall	ons per day:	56,160				
Plant Category (per sub	section 62-699.310(4), F.A.C.):	V			(per subsection 62		
	No.		Jule 5140 (Que	i jiyen	California (		1.82(c)/Shirtes)/Viol.238
and the first of the second of the	Will Fontai	ne	С	$\epsilon$	6813		3 Days per week
de la company	John Worre		C	6	5597		3 Days per week
	Marty Nes		C	1	0027	·	3 Days per week
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II C (C ( 1 1 7 )	(01) 00						
II. Certification by Lead	Chief Operator						
I, the undersigned water	reatment plant operator licensed	in Florida, am the lead/cl	nief operator of th	ie water treat	tment plant ident	ified in Part	I of this report. I certify that the
information provided in t	his report is true and accurate to	the best of my knowledge	e. I certify that al	l drinking wa	ater treatment ch	emicals used	d at thisplant conform to NSF
							ional operations records for this plant
	<del></del>		• • •		•		nicals used and chemical feed rates;
							to the PWS owner so the PWS owner
				vide these a	dditional operation	ons records	to the PWS owner so the PWS owner
can retain them, together	with copies of this report, at a co	nvenient location for at le	east ten years.				
a a-							
11/2-15-	= 11-3-06	937213 Y2			0.0	012	
Cincolar and Data	11 1.00	Will Fontaine				813	<u></u>
Signature and Date		Printed or Typed Name			Lic	cense Number	r

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MONIULY '	UPEKAI	IUN KE	:PURI	FUR PVV	32 I LE	ATING M	HAA QU	COND W	WILL!	OIX F OIXOII	י עבע	11110111	- · · · · · · · ·	

WS Ident	ification N	lumber:		3351062		Plant Name:	Kavenswo	oa									
	Data for the				October-06									<del>  </del>		. (51)	
	Achieving		og Virus Inactiv	iation/Remo	val: * Other (Describe	9.	X Free (	Chlorine		Chlorine l	Dioxide		Ozone	Cor	abined Chlo	rine (Chloramin	es)
one of Di	einfectant	Decidu	al Maintained in	Distribution		. <u>,,,.</u>		X	Free Chl	nrine		Combined	Chlorine (C	Chloramine	:s)	Chlorine	Dioxid
ype or Di	Shirocant	Residua	ar retainfeatrica in		The commence	1050	it welkering		The state of the	tion to visi	icalis.		. 2				
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							The state of						E. V.				
	(Fe)				ki da da da da da da da da da da da da da	Dugmer bill	1 16075		3.5				R (0)				
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	an a				engrantar.	1.50%	1.1.1.1.1.2.2.1. 2.18.16.18	1.74 (			, 50° s	s Example	n ingin	arche			
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		lan.	105 (5)		ः विश्वितः सुनुत्तासान्तः ू	With Trible	<b>深</b> 期制度	01.	He drawn		166	E. lide iline	Maja Ti	10. o ji 31.	to feet or things	dus Par dist	erses lid
		date in the Scott to the		is islates.	11026	Talling	de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	1,154,743	Zvadkonia	e presujeces. Since angles	a Hass	iv.	21 - a a	in de	Minii Afrikand	one en alle (Constitu	vicus d
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	X 24	4 hrs	15,990		1.2								1.1				
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		1 hrs	17,290				ļ						<del></del>				
		1 hrs	17,290		1.3		<u> </u>				<b> </b>		1.2				
		t hrs	15,990		1.3	<u></u>	ļ	<del> </del> -			<del> </del>		1.2	<del></del>			
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200	X 24	hrs	19,000		1.3								1.2				
	X 24	hrs	11,300		1.2								1.0				
		hrs	16,400						····					_			
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		hrs hrs	11,400		1.3						<del> </del>	-	1.2			<del></del>	
		hrs	14,000		1.4		<del>  </del>	<del>  -</del>			<del> </del>	<del></del>	1.3				
		hrs	12,200		1.7	<del></del>					<del></del>	<del></del>		-			
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riilate ji. Malaye			19,000								=						

 $<sup>19,\</sup>overline{000}$ \* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions					·
1. General Information for the Month/Year of:	November-06				
A. Public Water System (PWS) Information					
PWS Name: Ravenswood			PWS Id	entification Numbe	er: 3351062
PWS Type: X Community	Non-Transient Non-Con	nmunity	Transient Non-Com	munity	Consecutive
Number of Service Connections at End of Month:	43		Total Population Ser	ved at End of Mon	th: 151
PWS Owner; Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Tit		
Contact Person's Mailing Address: PO Box 490310			City: Leesbur		FL Zip Code: 34749
Contact Person's Telephone Number: 352/787-		· · · · · · · · · · · · · · · · · · ·	Contact Person Person	on's Fax Number:	352/787-6333
	@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Ravenswood				elephone Number:	(352) 787-0980
Plant Address: US Hwy 27			City: Leesbur	g State:	FL Zip Code: 34748
Type of Water Treated by Plant: X Raw Ground		urchased Finished Wa	ater	<u> </u>	
Permitted Maximum Day Operating Capacity of Plant, gal	ons per day:	56,160			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subs		
Ujúci ised kupanton na		License Class	ice alticense Numbe		
Will Fonta		C	6813		3 Days per week
Option Operators 3 John Worr	ell	C	6597		3 Days per week
Marty Ne	al	C	10027		3 Days per week
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					<u> </u>
	·····		<del>-</del>		
		,			
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed					
information provided in this report is true and accurate to					
International Standard 60 or other applicable standards re	eferenced in subsection	62-555.320(3), F.A	C. I also certify that	the following ad	lditional operations records for this plant
were prepared each day that a licensed operator staffed o	r visited this plant durit	ng the month indicat	ted above: (1) records	of amounts of ch	hemicals used and chemical feed rates;
and (2) if applicable, appropriate treatment process perfo					
can retain them, together with copies of this report, at a c				•	
	on ontone tooution for t	jours.			•
1.42	•				
18m 82-8-06	Will Fontaine			C6813	
Signature and Date	Printed or Typed Nar	ne	<del></del>	License Num	nber

PWS Identifica	ation Number	•	3351062		Plant Name:	Ravenswo	ood								<del></del>	
				November-06	-		· · · · ·									
III. Daily Data	oving Four T	n Year of: .og Virus Inactiv	intion/Person	ral. *		X Free	Chlorine		Chlorine I	Dioxide		Ozone	Combined (	Chlorine (	Chloramines)	
Means of Achi	leving Four-L let Radiation	og virus macmv		val: Other (Describe			<b>-11101111</b>	<u> </u>	OWN WO	> toyton	ٔ لیا				,,	
			n Dietribution				IX	Free Ch	lorine	Co	mbined C	hlorine (Chlor	amines)		Chlorine Dioxi	de
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Time						riwerci		777				iboyy 50	<b>计数学</b> 集			
5000				Live description	agenteen no	Provided							$\mathbb{P}_{\mathcal{A}}(\mathcal{S},\mathcal{G}_{\mathcal{A}})$			
L L				Distriction	Coning Time	Before or					Vector	Pilitaca ma				34.
		New Charles	1.5 EV (1.00)	Concentration	Measurement	Customer			Minification	(Øje-miline)	10 V 100 S	The second	V4.3868.33			
		i do Elimistica		This Castoner	Point During	During		prio Willia	1. 新洲	(E) ( B o	(Rejuite)	Purify Miles	Figure 167	n Simore	konstephistionilat	ging"
	101	at which	Tical Artifolic	eat unity Bellon	PeakFlove	Peak Flow			Required	ijVΥ	ĎΨ	Distribution.	e Kenali Grivit	0.5110	Viji kalimi miyariye di	akirg
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X	24 hrs	20,500		1.3			<u> </u>					1				
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X X	24 hrs	9,500		1.2		<del> </del>	<b>-</b>		1			1.0			1	
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2 2 X	24 hrs	13,200		1.5								1.4				
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20,500

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



See page 4 for instructions							
l. General Information for the Month/Year of:	December-06					<u> </u>	
A. Public Water System (PWS) Information							
PWS Name: Ravenswood				PWS Identifi	ication Number:	3351062	
	Non-Transient Non-Comm	nunity 🔲		Non-Communi		Consecutive	
Number of Service Connections at End of Month:	43		Total Popu	lation Served a	at End of Month:	151	
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath				rson's Title:	Area Manager	···	
Contact Person's Mailing Address: PO Box 490310		1	City:	Leesburg	State: FL	Zip Code: 34749	9
Contact Person's Telephone Number: 352/787-09			Contact Per	rson Person's F	Fax Number:	352/787-6333	
	aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: Ravenswood					one Number:	(352) 787-0980	
Plant Address: US Hwy 27			City:	Leesburg	State: FL	Zip Code: 34748	<u>8</u> ]
Type of Water Treated by Plant: X Raw Ground W		chased Finished Wa	ter				]
Permitted Maximum Day Operating Capacity of Plant, gallor	ns per day:	56,160					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class	(per subsection	on 62-699.310(4), F	.A.C.): D	
icensed Operators 14		ALL CONSTRUCTION	e a filoens	euximiter.		evici/Alimico) Wiggled -	
eac/Chiter@perators Will Fontaine	,	C		6813		3 Days per week	
Giag Circuitiss John Worrell		С		6597		3 Days per week	
Marty Neal		С		0027		3 Days per week	
			<u>Li</u>				
							]
I. Certification by Lead/Chief Operator							
, the undersigned water treatment plant operator licensed in	n Florida, am the lead/c	hief operator of th	e water trea	tment plant id	dentified in Part I o	of this report. I certify	that the
nformation provided in this report is true and accurate to the		_		_		_	
nternation provided in this report is true and accurate to the international Standard 60 or other applicable standards refe							
were prepared each day that a licensed operator staffed or v							
and (2) if applicable, appropriate treatment process perform			vide these a	aditional ope	erations records to	the PWS owner so the	rws owner
can retain them, together with copies of this report, at a con	venient location for at l	least ten years.					
1							
Mu fr 1-5-07					G/012		
	Will Fontaine			-	C6813		<del></del>
ignature and Date	Printed or Typed Name				License Number		

PWS I	dentificat	ion Numbe	r: _	3351062		Plant Name:	Ravenswo	юd								
		or the Mon			December-06					3		·				
			og Virus Inactiv				X Free (	Chiorine		Chlorine	Dioxide		Ozone	Combined Cl	lorine (C	hloramines)
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		24 hrs 24 hrs	8,200		<del></del>		<del> </del>	1			<del>                                     </del>	<del>                                     </del>	<del> </del>	1		
		24 1115	314,200			ļ		<u> </u>			1			1		
A A			10,135	ļ												•
N SA			17 900	į												

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

WS ID:	3351062	Plant Name:	Ravenswood	115-3-3-3-3-4	Tarana and an and an an an an an an an an an an an an an	•		
V. Summary of U	se of Polymer Containing A	Acrylamide, Polymer	Containing E	pichlorohydrin, a	ınd Iron or Manga	nese Sequestrant for	the Year: *	2006
A. Is any polymer con	taining the monomer acrylamide us	ed at the water treatment pla	nt?	☑ No				
follows:								
Polymer Dose ppm	=			Acrylamide Level, %	=			
B. Is any polymer con	taining the monomer epichlorohydr	n used at the water treatmen	t plant?	☑No				
polymer are as follo	ows:							
Polymer Dose ppm	=			Epichlorohydrin Level	l, % <sup>l</sup> =			
C. Is any iron or mang	anese sequestrant used at the water	treatment plant?	☑ No					
Type of Sequestran	t (polyphosphate or sodium silicate)	):						
Sequestrant Dose, 1	ng/L of phosphate as PO <sub>4</sub> or mg/L o	of silicate as SiO <sub>2</sub> =		, ,				
If sodium silicate is	used, the amount of added plus na	urally occurring silicate, in	mg/L as ŠiO <sub>2</sub> =					

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

<sup>&</sup>lt;sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

S	Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748		g gar			Satisfacto	ry e Collection	Information	= '	seat Samples Re	•	
S	ame and mailing Address or Person/Pirm to H											_
1	certified operator (#	) <u></u> Em		a certified lab	con	tained with telines. Qu		raing this rep	Uniess oth Scable Met	envise noted, all hod, Laboratory be directed to th	l test results and NELAC	
Disinfecta Person p	ant Residual Analysis Method: DPD Co	<u>_</u>	Other_	1	Re	port autho	orized by:		actinical D	lector or Design		
communi	of disinfectant residuals for routine and repeat by and nontransient noncommunity systems se ding 4,900. Do not include raw or plant sample	rving population	B up to	0.95	J	TNTC-Too	resent A - Numerous sence of gas	to Count TA	Turbid	Growth	Elf	
											1300	0
											고 니 기	43
RZ	3728 Amm Ar	8:25A	7	0.9	-		A			21301	30 00 3	3
$R_I$	4004 Pain Dr.	8:15a	7	10	_	ļ	A				002	MAY
$a_{l}$	when	8:35	A	/	_		A				3000€	22 8
Sample	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	DisInfect Res'd mg/L	рН	Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual. 2	Lab S	Sample mber	ω,
Sample	TO BE COMPLETED BY COLLECTO	R OF SAMPLE				Total Coll	form Analy SM9221	sis Method	(MF) SM		ert) SM9223B	
	Collection Date(s):	Compliance	Repo	eat (	Replac			Clearance ORY CER		ell Survey	Other ALYSIS	
(check	only one) Private Well	Swimmin	Pool	-	Bott	led Water	_		· _	Other	<del></del>	
Date Type of	e/Time: ////////////////////////////////////	Date/TimeNoncomm		6))) er System	Non	transient-N	_ Dati	e/Time: <u> </u>		) <u>                                     </u>	se System	
Relinquis		Received 8	٠ , ﴿	3. ×	47	<u>.                                    </u>	_Relinquis	shed By:	<b>Z</b>	my		
Collecto							iector's Pl		SA	er se		
City:	LEESBURG		m or Ow	ner's Phone	#. <i>3</i> 57	<u></u> 7 <i>- 78</i> 7	10981			37-6333		
System i	Name: <u>CoSCOI KAUTAX</u> Address: <u>4001 MACAX</u>		(AL	IF-LAU	LE CO	<b>7</b> -	ple Preserva fectant Chec	L.	YOn los	Not On Ice	7-8 °C >0.1 mg/l	
Colile	_	s.D. 3	3/5		ر ا <i>ط</i> ا		lysis Date ple Accept			4401	1303	
Analysis	Method Requested:						eived for L	•	·	7407	1505	
HBEL Re	FDOH # E83509 port Number: 2/30/30	Sub-Con	tract I sik	.ID·		- 1	Receipt D			4407	1215	
~FDOH		307 Coolidge / Shigh Acres, FL 3 FDOH # E85	33936	16331 Cor Brooksville FDOH#1	FL 3460		0 U.S. i N ≈ (772) 4	orth, Fort 165-2400			467-1584	
5600 U Fort Pier							<b>1BO</b>	RAT	OR	<b>ES.</b> 1	NC.	

#### HARBOR BRANCH ENVIRONMENTAL ABORATORIES. INC. 900 U.S. | North, Fort Pierce Ft, 34946 Jone: (772) 465-2400, Ext. 285 | Fext. (772) 467-584

Date issued: March 15, 2007

To:

Will Fontaine

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilitles Florida, Inc.

Workorder ID: Ravenswood 6561 DW NO2/NO3

[2128069]

Received:

3/07/07 13:00

Dear Will Fontaine;

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

echnical 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: 3/15/07

Page 1 of 4

### HARBOR BRANCH ENVIRONMENTAL ABORATORIES, INC. 100 U.S. | North, Fart Plance Ft. 34946 10ne: (772) 465-2400, Ext. 285 Fait (772) 467-584

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 DW NO2/NO3

Received:

3/07/07 13:00

[2128069]

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>

Sample ID **Analytical Method** 

Description

Quality Control Summary

<u>Method</u>

HBEL Batch Analyte

Analytical Issue

EPA 300.0

IC7145

2128069001 Nitrate as N

Accuracy - Outside acceptance limits in the MS.

2128069001

Nitrate as N

Accuracy - Outside acceptance limits in the MSD.

2128069001 Nitrite as N

Accuracy - Outside acceptance limits in the MS.

2128069001 Nitrite as N

Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples

Printed: 3/15/07

### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2128069]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 DW NO2/NO3

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID					
Laboratory ID: Sample ID:	2128069001 Point of Entry Grab			Sampled: 03/07/07 Matrix: Water		Received reported on	03/07/07 Wet Weight I							
Nitrate as N Nitrite as N	0.0030 U 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC7145 IC7145		03/8/07 11:54 03/8/07 11:54	JL 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.

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 600 U.S. | North, Fort Pierce Ft. 34946 home (772) 465-2400, Ext. 285 Feb: (772) 467-1584

Date issued: November 9, 2006

To:

Will Fontaine

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 Tri-Annual

[2127098]

Received:

10/17/06 13:31

#### Dear Will Fontaine;

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: 11/9/06

Page 1 of 8

# HARBOR BRANCH ENVIRONMENTAL

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 Tri-Annual

Received:

10/17/06 13:31

[2127098]

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>

Sample ID

Analytical Method

**Description** 

2127098001

POE Grab

EPA 525.2

No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

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 505** 

**PEST4814** 

2127098001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

The above due to matrix effects.

## HARBOR BRANCH ENVIRONMENTAL \$600 U.S. | North, Fort Plance Pt. 34946 hone: (772) 468-2400, Ext. 285 | Fax: (772) 467-584

#### CERTIFICATE OF ANALYSIS [2127098]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analysi	Lab
	2127098001 POE Grab				Sampled: 10/17/ Matrix: Water		Received reported on			
Odor - Dechlorinated	<b>.</b>	1.0 U	T.Q.N.	1.0	EPA 140.1	WCDE15263		10/17/06 13:45		E83509
рН	C .	7.80	SU	0.200	EPA 150.1	WCGE26459		10/18/06 18:13	3 GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Barlum		0.0088	mg/L	0.0018	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	METAB196		11/7/06 15:32	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Copper		0.0022	mg/L	0.0014	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Iron		0.22	mg/L	0.025	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Manganese		0.0081	mg/L	0.0037	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Sodium		6.9	mg/L	0.50	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8192		11/1/06 15:07	DM	E96080
t.ead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	E DM	E96080
Selenium	,	0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:26	5 DM	E96080
Thallium		0.0010 U	rng/L	0.0010	EPA 200.9	META8177		10/18/06 19:16	S DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8184	10/23/06 10:30	10/23/06 16:40	) DM	E96080
Chloride		14	mg/L	5.0	EPA 300.0	IC6988		10/19/06 21:52	2 JL	E96080
Fluoride		0:070	mg/L	0.011	EPA 300.0	C6985		10/18/06 15:06	JL 8	E96080
Nitrate as N		0.011	mg/L	0.0030	EPA 300.0	IC6965		10/18/06 15:08	3 JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6985		10/18/06 15:06	i jl	E96080
Sulfate		1.4°U	mg/L	1.4	EPA 300.0	IC6988		10/19/06 21:52	. JL	E96080
1,2-Dibromo-3- chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 21:16	j jL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 21:18	j jL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	J.L	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	) JL	E96080
gamma-BHC (Lindar	ne)	0.020 U	ug/L	0.020	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	) Jil.	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	) JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	) ji.	E96080
Methoxychior		0.043 U	ug/L	0.043	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	JL (	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 21:06	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 21:06	JL.	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 21:06	JŁ	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 21:06	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4815	10/23/06 6:31		JL	£96080
icloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815		11/3/06 21:06	jŁ	E96080
1,1,1-Trichloroethane	•	0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
5600 US 1 North Fort Pierce, FL 3		55 St. Johns nford, FL 32	Pkwy Suite			7 Coolidge A		16331 Cort Brooksville		

FDOH # E96080

FDOH # E83509

Printed: 11/9/06

FDOH # E85370

Brooksville, FL 34601 FDOH # E84418

Page 3 of 6

### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

CERTIFICATE OF ANALYSIS [2127098]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 Tri-Annual

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524,2	VOC2715		10/25/06 2:39	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
1,2-Dichlorobenzene	0.21 บ	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524,2	VOC2715		10/25/06 2:39	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
1,4-Dichlorobenzéne	0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 2:39	₩R	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Ethylbenzene	0.21 บ	ug/Ł	0.21	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Total Xylenes	0.46·Ų	ug/L	0.46	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
trans-1,2-Dichloroethene	-0.35 U	ug/L	0.35	EPA 524.2	VOC2715		10/25/06 2:38	WR	E96080
richloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Vinyl chloride	์ 0.32 ป	ug/L	0.32	EPA 524.2	VOC2715		10/25/06 2:39	WR	E96080
Alachlor	0.65 U	ug/L	0.65	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Atrazine	0.52 U	ug/L	0.52	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Benzo(a)pyrene	0.075 U	ug/L	0.075	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
bis(2-ethylhexyl)phthalate	0,90 ป	ug/L	0.90	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Di(2-ethylhexyl)adipate	0.73 U	ug/L	0.73	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Hexachlorobenzene	0.33 U	ug/L	0.33	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Hexachlorocyclopentadien	ne 0.25 U	ug/L	0.25	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Simazine	0.87 ป	ug/L	0.67	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	· WR	E96080
Carbofuran	0.18 U	υg/L	0.18	EPA 531.1	HPLC2343		10/25/06 19:17	MILL	E96080
Oxamyl	0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 19:17	JJM	E96080
Glyphosate	29 U	ug/L	29	EPA 547	HP1.C2344		10/23/06 14:42	JJM	E96080
Endothali	2.8 U	ug/L	2.8	EPA 548.1	SVOC2449	10/23/06 9:43	10/24/06 0:40	WR	E96080
Diquat	1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/23/06 9:44	10/31/06 12:49		E96080
Arsenic	0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10		E84129
Color	3.0	CU	1.8	SM2120 B	WCGE26453		10/18/06 15:20		E96080
Total Dissolved Solids	170	mg/L	16	SM2540 C	WCGE26470		10/19/06 22:00		E96080
Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E		10/20/06 12:00	10/23/06 11:25		E96080
Surfactants as LAS, Mol.wt.340	0.022 U	mg/L	0.022	SM5540 C		10/18/06 14:30	10/19/06 9:09	GG	E96080

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

Printed: 11/9/06

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.

CERTIFICATE OF ANALYSIS
[2127098]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 Tri-Annual

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	•	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:	2127098002		_		Sampled:		Received:	10/17/06	13:31	===
Sample ID:	TRIP BLAN	K			Matrix: Water	Results	reported on V	Vet Weight f	Basis	ļ
1,1,1-Trichloroethar	ne	0.21 U	ug/L	0.21	EPA 524.2	VOC2715	<del></del>	10/25/06 3:12	WR	E96080
1,1,2-Trichloroethar	ne .	0.44 U	ug/L	0.44	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,2,4-Trichlorobenz	ene	0.41 U	ug/L	0.41	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,2-Dichlorobenzen	e	0.21 U	ug/L	0.21	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,2-Dichloropropane	è	0.40 U	ug/L	0.40	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
1,4-Dichlorobenzen	e	0.23 U	ug/L	0.23	EPA 524.2	VOC2715	•	10/25/06 3:12	WR	E96080
Benzene		0.20 U	Ug/L	0.20	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
Carbon tetrachioride	<b>∌</b>	0.24 U	ug/L	0.24	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
Chlorobenzene		0.30 U	. ug/L	0.30	EPA 524.2	VOC2715	1	10/25/06 3:12	WR	E96080
cis-1,2-Dichloroethe	ne	0.21 U	ug/L	0.21	EPA 524.2	VOC2715	•	10/25/06 3:12	WR	E96080
Ethylbenzene		0.21 U	na/F	0.21	EPA 524.2	VOC2715	•	10/25/06 3:12	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2715		10/25/06 3:12	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2715	•	10/25/06 3:12	WR	E96080
<sup>T</sup> etrachloroethene		0:24 U	ug/L	0.24	EPA 524.2	VOC2715	1	10/25/06 3:12	WR	E96080
, oluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2715	1	10/25/06 3:12	WR	E96080
Total Xylenes		0.46 U	ug/L	0.48	EPA 524.2	VOC2715	1	10/25/06 3:12	WR	E96080
trans-1,2-Dichloroet	hene	0.35 U	ug/L	0.35	EPA 524.2	VOC2715	1	10/25/06 3:12	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VQC2715	1	10/25/06 3:12	WR	E96080
Vinyt chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2715	1	0/25/06 3:12		E96080

Q Sample held beyond the accepted holding time.

Printed: 11/9/06

#### HARBOR BRANCH ENVIRONMENTAL ABORATORIES. IN 600 U.S. | North, Fort Pierce Fl. 34946 hone: 1772) 465-2400, Ext. 285 | Fax: (772) 457-684

Date issued: October 9, 2006

To:

Will Fontaine

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 THM/HAA5

[2126802]

Received:

9/14/06 13:30

Dear Will Fontaine:

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

echnical 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 Plerce, FL 34946 FDOH # E96080

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



**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 THM/HAA5

Received:

9/14/06 13:30

[2126802]

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>

Sample ID Analytical Method

Description

**Quality Control Summary** 

Method HBEL Batch Analyte

Analytical Issue

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2126802]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2126802001 3801 Palm D	F MRT Loc.	Grab		Sampled: 09/13/06 Matrix: Water		Received:			
Bromodichlorometh	nane	2.8	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 19:43	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2697		09/26/06 19:43	WR	E96080
Chloroform		3.0	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 19:43	WR	E96080
Dibromochlorometh	nane	1.8	ug/L	0.30	EPA 524.2	VOC2697		09/26/06 19:43	WR	E96080
Total THMs		7.8	ug/L	0.50	EPA 524.2	VOC2697		09/26/06 19:43	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.

# HARBOR BRANCH ENVIRONMENTAL

Phone (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain-of-Custody end Agreement to Perform Services

Method(s) of

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

Laboratory not responsible for omitted information

FDOH # E96080 5600 U.S. 1 North

Fort Pierce, FL 34946

FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

M ACCO

VEDON # E03EM

	s: PO Boy 490310				Shipment:		į		CANACA MI	255 E	Enterprise R ona, FL 327	d., Suite 1 2514 Osawaw Blvd.
Phone: 357 787 Client Contact: Project Name:	ug FC	Fax ontain	: 78 e # (		e-mail:  Standard Laboratory Turn Around Time  Or  Rush in Business Days Requires Laboratory Approval	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PRES	RVATIVE	Chea Chea Y	N	Preservation Key  Hetydrochloric Acid P=Phosphoric Acid N=Nitric Acid ST=Sodium S=Sulfuric Acid Thiosurfate BH=Sodium Hydroxide U=Unpreserved
COLLECT DATE	TIME	Sample Type	# Containers	As Will	E DESCRIPTION  Appear On Report	TTHM	HAAS					COMMENTS
100	955 A (	6 Pw 9 Dw		3801 Palm	Dr MRT washin	×	χ				P	12 Lus - 0.9 H - 8.0 delect HCl
												cz PH
Serrice Type:	G=Grate C=	Composit		7   IRE	Matrix: S+Solid SL+Studge DV	/-Orlnking	Water C			Auritacia Wa	the NVMEN	astowated MacNathia
DATE/TIME 9 RECEIVED BY DATE/TIME	विभिन्नि		~;	DA RE	TESTIME 9/19/26 13.7 TESTIME 9/19/26		30	DATE/I	OUISHED BY IME /ED FOR HB IME 9	el custoi	Le . V BY DY BY DY L	1600 Fely
SO IDUIDO: WITH	ALFORI; TE	LLUW 10	FILE;	PINK to CLIENT;	GOLD for SAMPLER						CHAIN P	

### HARBOR BRANCH ABORATORIES. 5600 U.S. | North, Fort Plarca FL 34946 Phone: (772) 465-2400, Ext. 285 | Fax: (772) 467-1584

Date issued: March 20, 2006

To:

Will Fontaine

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 NO2/NO3

[2125116]

Received:

3/16/06 13:45

#### Dear Will Fontaine:

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 Leboratories, 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: 3/20/06

Page 1 of 4

# HARBOR BRANCH ENVIRONMENTAL

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 NO2/NO3

Received:

3/16/06 13:45

[2125116]

**HBEL Sample** 

Method Narratives (If Applicable)

Number

Sample ID **Analytical Method** 

Description

**Quality Control Summary** 

Method

HBEL Batch Analyte

Analytical Issue

EPA 300.0

IC6725

2125116001

2125116001

2125116001

2125116001

Nitrate as N

Nitrate as N

Nitrite as N Nitrite as N Accuracy - Outside acceptance limits in the MS.

Accuracy - Outside acceptance limits in the MSD. Accuracy - Outside acceptance limits in the MS.

Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy demonstrated with other QC samples.

### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2125116]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 NO2/NO3

Parameter	Qualifier	1. Result	Units	Reporting Limit	Method	Laboratory Batch		Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2125116001 POE Grab				Sampled: 03/15/06 Matrix: Water		Received: reported on \	03/16/06 Vet Weight (		
Nitrate as N Nitrite as N		0.0043 0.0022 U	mg/L mg/L	0.0030 0.0022	2.7.1000.0	1C6725 IC6725		03/17/06 13:47 03/17/06 13:47		E96080 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.

DOCUMENT NUMBER - DAT



# 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

November 27, 2007

Jack Lihvarcik, President Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 OCD-PW-SS-07-1369

Lake County - PW	PWS ID Number
Ravenswood Water System	3351062
Kings Cove Subdivision	3350655
Forty-Eight Estates	3350005
Summit Chase Villas	3354112
Haines Creek Mobile Home Park	3350481

#### Dear Lihvarcik:

This confirms a visit to the subject community public water systems on October 24, 2007 by Danielle D. Owens to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than December 31, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact me by e-mail at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Are Dools

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

KMD/ddo

cc: Patrick Farris, Environmental Compliance Specialist [PAFarris@aquaamerica.com]
Danielle D. Owens, DEP Drinking Water Compliance and Enforcement

# State of Florida Department of Environmental Protection Central District

# **SANITARY SURVEY REPORT**

Plant Name Ravenswood Water System	County Lake PWS ID #3351062
Plant Location Corner of Magnolia and U.S. Highway	/ 27 Leeshurg FL 34748 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc.	Phone (352) 435-4028  34748  Compliance Specialist Phone (352) 435-4029
Owner Address 1100 Thomas Avenue, Leesburg, FL	. 34748
This Survey Date <u>10/24/07</u> Last Survey Date <u>10/</u>	Last Compliance Inspection Date 10/30/02
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells1  PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: 56,160 gpd	Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
	STANDBY POWER SOURCE: Yes  Source MPSG20 (propane)  Capacity of Standby (kW) 20
TREATMENT PROCESSES IN USE	Source MPSG20 (propane)
Disinfection	Capacity of Standby (kW)20
	Hrs Operated Under Load 1 hr/wk.
APPLIANT AREA CHARACTERISTICS	What equipment does it operate?
SERVICE AREA CHARACTERISTICS	Well Pumps
Subdivision Food Service: Yes No N/A	Well PumpsHigh Service Pumps
Food Service: Tes No Min/A	
Number of Service Connections46	Satisfy avg. daily demand? ⊠Yes ☐No ☐Unknown
Population Served 161 Basis Operator	Audio-visual alarm? ⊠Yes ⊡No
· · · · · · · · · · · · · · · · · · ·	Comments
OPERATION & MAINTENANCE LOG: Yes	
Location Water treatment plant	PLANS AND MAPS
Comments	Coliform Sampling Plan Yes No N/A
	Coliform Sampling Plan  D/DBP Monitoring Plan  Yes No NA  Yes No N/A
CERTIFIED OPERATOR: Yes	Lead and Copper Plan XI Yes   No   N/A
Operator(s) & Certification Class-Number:	Distribution System Map          Yes □ No □ N/A
Will Fontaine C-6813 Lead/Chief Operator	Emergency Response Plan   Yes □ No □ N/A
See MORs for complete list of operators	Comments
Hrs/day: Required Visit Actual Visit	
Days/wk: Required 3 Actual 5	PREVENTIVE MAINTENANCE/O&M
Non-consecutive Days? ☐ Yes ☐ No ☐ N/A	Operation & Maintenance Manual Yes No
Comments	Preventive Maintenance Program Yes No
	Flushing Program Yes No N/A
MONTHLY OPERATION REPORTS (MORs)	Flushing Program  Records  Yes No N/A  Yes No N/A
MORs submitted regularly?	Isolation Valve Exercise  Yes  No  N/A
Data missing from MORs? No Yes N/A	Records
Average Day (from MORs) 11,827 gpd	Comments
Maximum Day (from MORs) 28,300 gpd 05/07	CROSS CONNECTION CONTROL
Comments	CROSS CONNECTION CONTROL  # BFPAs N/A # Tested N/A
	WWTP RPZ N/A Date Tested N/A
Flow Managine Device Flow Mater	Written Plan Inadequate Date Updated 08/07
Flow Measuring Device Flow Meter  Motor Size & Type 2" Neptupe	Comments Section 11- Implementation Schedule
Meter Size & Type 2" Neptune  Date Last Calibrated 03/22/05	not provided in written plan.
Date Last Cambrates Contained	

PW\$ ID#	3351062
Date	10/24/07

#### **GROUND WATER SOURCE**

	WATER SOURCE				
Well Num	ber que Well ID #)	1 (AAH6667)			
Year Drille		1966			
Depth Drilled		104'			
Drilling Me	and the second s	Unknown			
Type of G		Unknown			
Static Wat		Unknown			
Pumping \	Water Level	Unknown		<u> </u>	
Design W	ell Yield	Unknown	]		
Test Yield		Unknown			
Actual Yie	ld (if different than rated capacity)	Unknown			
Strainer		Unknown			
Length (or	utside casing)	84'			
Diameter (	(outside casing)	6"			
Material (d	outside casing)	Black iron			
Well Conta	amination History	Unknown			
Is inundati	on of well possible?	No			
6' X 6' X 4	" Concrete Pad	Yes			·
	Septic Tank	> 100'		· <u>-</u> ·	
SET	Reuse Water	N/A			
BACKS	WW Plumbing	> 100'			
	Other Sanitary Hazard	None observed			
	Туре	Submersible			
	Manufacturer Name	Franklin			-
PUMP	Model Number	2821139310			
	Rated Capacity (gpm)	65			
	Motor Horsepower	5			
Well casin	g 12" above grade?	No			
Well Casin	ng Sanitary Seal	Ok			
	r Sampling Tap	Yes			
	ound Check Valve	Yes			
Security		Yes			
Well Vent	Protection	N/A			

COMMENTS	The Department will cont	nue to accept the	e well casing ι	upper terminus,	as it currently exis	sts,
unless the wel	is shown to be microbiall	y or chemically c	contaminated.			

	Date10/24/07
CUI ODINATION (Disi-f-4i)	070D40E E40U (7)E0
CHLORINATION (Disinfection)  Type: ☐ Gas ☑ Hypo	STORAGE FACILITIES
Make Stenner Capacity 5 gpd	(G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic / flow-through
Chlarina Faarl Data FOO/	Tank Type/Number H
Avg. Amount of Cl <sub>2</sub> gas used N/A	
Chlorine Residuals: Plant 1.33 Remote 1.47	Capacity (gal) 3,000
Remote tap location 3728 Palm Drive	Material Steel
DPD Test Kit: ☐ On-site ☐ With operator ☐ None ☐ Not Used Daily	Gravity Drain Yes
Injection Points Prior to hydropneumatic tank	By-Pass Piping Yes
Booster Pump Info N/A	Protected Openings Yes
Comments	Sight Glass or Yes
	Level Indicator
	PRV/ARV PRV
Chlorine Gas Use YES NO Comments Requirements	Pressure Gauge Yes
Dual System	On/Off Pressure 40/60
Auto-switchover	Access Secured Yes
Alarms:	Access Manhole Yes
Loss of Cl <sub>2</sub> capability	Tank Sample Tap Effluent
Loss of Cl <sub>2</sub> residual	Location piping
Cl <sub>2</sub> leak detection	Date of Inspection 12/2004
Scale \	Date of Cleaning 12/2004
Chained Cylinders	Date of Oleaning 12221
Reserve Supply \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Comments
Adequate Air-pak \	·
Sign of Leaks	
Fresh Ammonia	
Ventilation	
Room Lighting	HIGH SERVICE PUMPS
Warning Signs	Pump Number
Repair Kits	Туре
Fitted Wrench	Make
Housing/Protection	Model
	Capacity (gpm)
AERATION (Gases, Fe, & Mn Removal)	Motor HP
Type Capacity Aerator Condition	Date Installed
Visible Algae Growth	
Protective Screen Condition	Comments
Frequency of Cleaning \	
Date Last Inspected/Cleaned	
Comments	

PWS ID # 3351062

PWS ID #	3351062
Date	10/24/07

#### **DEFICIENCIES:**

 Failure to adequately establish and implement a cross-connection control program. Implementation of the program was not started until April 2007. Currently, commercial customers are being surveyed, and residential customers should be surveyed by December 31, 2007.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

#### **COMMENTS/REMINDERS:**

- Based on information provided to the Department during this inspection, the population served and number of service connections for this system has been changed. These changes may affect this system's monitoring requirements.
- Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

Provide information for all items marked "Unknown."

Inspector	Wanulle D Owena	Title _	Env. Specialist I	Date	11/09/07
Approved by	La Dodger	Title _	Environmental Manager	Date _	11/27/07



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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

December 24, 2007

Danielle Owens Environmental Specialist FDEP Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

**RE:** Reply to Lake County Sanitary Surveys:

Ravenswood Water System – PWS 3351062 Kings Cove Subdivision – PWS 3350655 Forty-Eight Estates – PWS 3350005 Summit Chase Villas – PWS 3354112 Haines Creek Mobile Home Park – PWS 3350481

Dear Ms. Owens:

Thank you for your inspection on October 24, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

#### For All Systems:

All commercial customers were required earlier this year to install a backflow device and have it inspected in accordance with Aqua Utilities' Cross Connection Control Plan (CCCP) and Rule 62-555.360(2), F.A.C. We have surveyed the residential customers of these systems for potential cross connection hazards. The majority of these customers had an approved backflow device installed where needed. We will follow our CCCP to ensure approved backflow devices are installed where needed and the existing devices are inspected annually.

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

Sincerely,

Patrick Farris

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

cc: Will Fontaine, via e-mail Brain Heath, via e-mail

Michael O'Reilly, via e-mail



	n for the Month/Year of:	January, 2007								
Public Water Syste	m (PWS) Information							- <b>"</b>		
PWS Name:	Silver Lakes Estates		<del></del>			PWS Identification Num	ber:	3351182	<del></del>	
PWS Type:	✓ Community Non-Tr	ransient Non-Community	Transic	ent Non-Comn		Consecutive				
Number of Service Conne	ections at End of Month:	1134				Population Served at End	of Month:	3,402		- 1
PWS Owner:	Aqua Utilities Florida				Mary Control		:	-		
Contact Person:	Brian Heath			• •		ct Person's Title:	Area Manage	r		
Contact Person's Mailing	Address: PO Box 49031	0			City: Leesburg	State: Florida		Zip Code:	34749	
Contact Person's Telepho						ct Person's Fax Number:	(352) 787-63	33		
Contact Person's E-Mail	Address: <u>beheath@</u>	aquaamerica.com								
Water Treatment P										
lant Name:		er til ex tile	-			Plant Telephone Number		352-787-09	80	
lant Address:	10438 Barrington Court		·		City: Leesburg	State: Florida	2.15	Zip Code:	34788	
ype of Water Treatment			chased Finished	Water						
ermitted Maximum Day	Operating Capacity of Plant, gallons p	er day:	2,20	2,000		e jat i sit jiya sit ja		-	<u>, , , , , , , , , , , , , , , , , , , </u>	
	ction 62-699.310(4), F.A.C.):	V				lass (per subsection 62-69				
		Name - State of the state of th	Charles (Eig	ense Class		de la compa	ay(s)%Shift(s	s) Worked	地名排除	識
ead/Ghief/Operator	徽 Will Fontaine	<u>an an an an an an an an an an an an an a</u>	c		6813	Days 1st Shift		2		٠
	97									
Pilier Operators	6-1	7-1, 1-1-1, N	C		10027	Days 1st Shift				
Mise Organica	Marty Neal John Worrell		c		10027 6597	Days 1st Shift			_	
ther Operators	6-1		<u>с</u> с		6597	Days 1st Shift				
	6-1		C C		6597	Days 1st Shift				
His Operators of the Control of the	John Worrell		C   C 		6597	Days 1st Shift			_	
Alsa Orientoni	John Worrell		C   C		6597	Days 1st Shift				
	John Worrell		C C		6597	Days 1st Shift				
	John Worrell		C C		6597	Days 1st Shift				
High Operators	John Worrell		C C		6597	Days 1st Shift				

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
SIVERBUILE	апи	LINIC

Printed or Typed Name

License Number

04313 MAY 22 8

Page 1

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

		n Number:		3351182		Plant Name:	Silver Lakes	Estates						
III. D	aily Data	for the M	onth/Year	of:		January, 2007								
Means	of Achievi	ng Four-Log	Virus Inacti	vation/Remov	al: 📝 Free C	hlorine (	Chlorine Di	oxide	Ozone	□ Comi	sined Chlo	orine (Chlorar	nines)	· · · · · · · · · · · · · · · · · · ·
∐T U	traviolet R	adiation		er (Describe):		,	J		, -20110	, come	rance VIIII	(CIIIO) di	,	
Type o	f Disinfe	ctant Resid	ual Maintai	ned in Distri	ibution System:	₩ Free Chlo	orine	Combin	ed Chlorine	(Chloramine	s) I	Chlorine I	Dioxide	,
16/2014	160	1 20 20 Co.	5320 M		T, Calculations, or					·			CONTRACT	
<b>B</b>	李安宁	1	學學學學	2.50	NAME OF TAXABLE PARTY.	CT Calc								
				12.5		Mark Autor	LowestCT			A STATE	250	A 178414		
				LICENSE AND CONSTRUCTION	THE RESERVE OF THE PROPERTY OF THE PARTY OF	18	300 S	A WASTER						
634	Days Plant		17:12	4000	Lowest Residual Disintectant Concentration (C)	Contact Time	Before or at			100			Lowest Residual	
100	Staffed or		Net Quantity	300	Disinfectant	PO HO	First		<b>计算字数</b>		100	Minimum	Disinfectant a	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		# 1 2		Lowest	UV/Dose	Concentration at	Emergency or Apnormal Operating Con-
Day of		Hours plant	Water	312.30	Before of all first	Point During	During Peak	4288		Minimum CT	Operatin	Required.	Remote Point in	Conditions Repair of Maintenance Work trial
Month	(Place	Operation	Producted	Peak Flow X	eBefore or at Firsto Customer During Peak Flow mg/La	Peak Flow	Flow mg	(0) (0)	pH of Water	Requireding		<b>多数数</b> 经	24 Distribution	Emergency of Amormal Operating Conditions: Repair of Maintenant a Work of a Linvolves flaking Water, System Components Out of Operations 4.
SM184	X	24.0	820.000	· Strans, Phrys.	1.5	Alfaetititinies:3°35	200 innary 6	TV4(C),SC	it Arbburganie	Section 1522	III YYZSCO C	mit dersectorment	2. System singles:	2.71. A. A. P. Out Of O Portanoi Designation
200	х	24.0	580,000		1.5.						Apple 1		1.2	
學的機	χ	24.0	820,000		1.6						W.		1.4	
	Х	24.0	1,110,000		.1.6	<u> 1882 - 1 - 12 - 1</u>			Service of		Carlo.	i entre	1.5	
# S \$ \$ \$	X	24.0 24.0	600,000 860,000		1.5		<del> </del> _			2 1 2 2 2	Alban Tre	1.44	1.3	
AVIE		24.0	720,000		1.51	really Francis	<del> </del>							
	Х	24.0	720,000		1.6						CONTRACT		1.4	
<b>369</b>	х	24.0	430,000		1.6					1000	All Control		1.4	
2002	. X	24.0	800,000	- 1	1.6			N. 44.	o gas		James .	1 Art	. 1.5	
	X	24.0	930,000		1.6					7, 1, 21, 13	the Comments	2.30 - 2.77	1.5	
之12次 (2013)(2	X	24.0 24.0	510,000 990,000		1.5		<u> </u>					3 3 3	1.3	
という。	_ ^_	24.0	860,000		<b>.1.5</b>	est the last		- 21s2			A.F			
14.5	X	24.0	860,000		1.5		<del> </del>				1.7		1.3	<u> </u>
16 M	Х	24.0	530,000		.1.5.		_ , - , ,			1.4. 6.4.	ing) o	7 4 4	1.3	
東川県	Х	24.0	860,000		1.5		<b>\</b>	3.73	1.10	1	/B		1.3	
30,800	Х	24.0	1,010,000		1.6						41.		1.5	
203	X	24.0 24.0	620,000	3	1.5				<u> </u>				1.4	A CONTRACTOR OF THE STATE OF TH
4.62036 462036	Х	24.0	970,000 880,000		1.5					1 3 1 1 N	Assistance of			
190229	х	24.0	880,000		1.6						g. K.		1,4	
283	X	24.0	530,000		1.6								1.4	
李2439	X	24.0	750,000		1.6		1	5 9			14.0		1.4	
<b>250</b>	Х	24.0	850,000		1.5					- 190	12.01		1.3	
26	X	24.0	410,000	<del> </del>	1.5		<b> </b>				195	*	1.2	
142781 14281	х	24.0 24.0	840,000 710,000	<del> </del>	1.6	<del></del>	}	g tache	<del></del>		g4 that			
29.2	х	24.0	710,000		1.5							-	1.2	
36303	X	24.0	460,000		1.6				<del></del>				1.3	
#33 Lug	Х	24.0	810,000		1.6								1.4	
	Art (M)		23,430,000	<b>.</b>										
Aviens			755,806	ì										

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

1,110,000



See Pages 4 for Instructions.

Public Water Sys	stem (PWS) Informa	ation				
WS Name:	Silver Lakes Estates				PWS Identification Number:	3351182
WS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Co	mmunity	Consecutive	3331102
umber of Service Co	onnections at End of Mont	h: 1134			Population Served at End of Mont	h: 3,402
WS Owner:	Aqua Utilities Flori	da	· · · · · · · · · · · · · · · · · · ·		230 01 17010	3,700
ontact Person:	Brian Heath			Con	tact Person's Title: Area	Manager
ontact Person's Mail		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telep		(352) 787-0980			tact Person's Fax Number: (352)	787-6333
ntact Person's E-Ma		beheath@aquaamerica.com				
	t Plant Information					
ant Name:	Silver Lakes Estates				Plant Telephone Number:	352-787-0980
int Address:	10438 Barrington C	والمراجع والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال والمتحال		City: Leesburg	State: Florida	Zip Code: 34788
pe of Water Treatme		✓ Raw Ground Water	Purchased Finished Water			
mitted Maximum I	Day Operating Capacity of	Plant, gallons per day:	2,202,000			
	bsection 62-699.310(4), F			Plant	Class (per subsection 62-699.310(4)	, F.A.C.): C
icensed Operat	ors Will Fontaine	Name		s License Numbe	T Day(s) /	Shift(s) Worked
her Operators			c	6813	Days 1st Shift	
ner oberators	Table 30		<u> </u>	10027	Days 1st Shift	
	John Worrell	· · · · · · · · · · · · · · · · · · ·	C	6597	Days 1st Shift	
# # Y 6 2 10						
				<del> </del>		
	3.1.	<del></del>		<del></del>		
Mile	\$45 PM					
9 Sh 2 417						
· · · · · · · · · · · · · · · · · · ·	a vale			<u> </u>	<u> </u>	
rtification by	Lead/Chief Operato	r				
		t operator licensed in Florida, am	the lead/shipf sweets f-th		1	
omotion provid	ded in this report is to	we and accumpts to the best of more	une read enter operator of the	ie water treatment	plant identified in part I of thi	is report. I certify that the
omiation provide	deed in this report is t	ue and accurate to the best of my l	knowledge and belief. I cer	Tity that all drinking	ng water treatment chemicals	used at this plant conform to 1
ernational Stant	dard of or other appli	cable standards referenced in subs	section 62-555.320(3), F.A.	.C. I also certify the	hat the following additional of	perations records for this plan
re prepared eac	n day that a licensed	operator staffed or visited this plan	nt during the month indicate	ed above: (1) reco	ords of amounts of chemicals a	used and chemical feed rates;
ir applicable, a	appropriate treatment	process pertormance records. Fur	thermore. I agree to provid	e these additional	operations records to the PWS	S owner so the PWS owner ca
ain them, togeth	ner with copies of this	report, at a convenient location for	or at least ten years.		•	
1.0		20.5				
M/A /E	5 5	28-07	Will Fontaine			C-6813

PWS Id	entification	1 Number:		3351182		Plant Name:	Silver Lakes	Estates						
III. D	aily Data	for the M	onth/Year	of:	· ·	February, 2007		<del></del>						
		_	Virus Inactiv		al: 🔽 Free C	hlorine [	Chlorine Die	oxide	Ozone	Comb	ined Chlorir	/Chloren	nines)	
	raviolet R	-	-	r (Describe):		,	Ollioi Bio Di	J/44C	1 OLUM	, Come	med Cilion	ie (Cilorai	шісэ	
Type o	f Disinfee	tant Resid			ibution System:	Free Chlo	rine	Combin	ed Chlorine	(Chloramine	s) 「	Chlorine I	Dioxide	
H <sub>g</sub> .		(# 5 %)			T Calculations, or			our-Log	Virus Inac	tivation/if/	Applicable*	48 mil 18	TOTAL TE	
		3**)		100	<b>建设设备设置。全域</b>	CT Calc	lations	7-37577	1. 27 TUES	<b>第</b> 、李德·阿德·	UVI	Oose		
		1.00			94.1 PM		Lowest CT	(A2) 4 (4)		A CONTRACTOR	Section 188	A Carlo		
	, ,			Charles a			Lowest CT Provided							
	Days Plant		<b>张学</b> [3]		Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C		Section 1		Beneficial M		Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	. /by: . 🕎		<b>分子《九老字》</b>	Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Operator	Hours plant	Water	[4] 建新华生	Before or at First	Point During	During Peak	0.04		Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, 'C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
7 (a) 145	X	24.0	940,000		1.6								1.4	
19 2	X	24.0 24.0	470,000	<u> </u>	1.5								1.3	
4	^_	24.0	600,000 620,000	<del></del>	1.3								<u> </u>	
* 2 <b>5</b> (3	x	24.0	620,000		1.5					·			1.2	
. <sub>2</sub> 6	x	24.0	400,000		1.5								1.2	
· 27 🕏	X	24.0	830,000		1.5								1.4	
7.48	Х	24.0	820,000		1.5								1.3	
, <b></b>	Х	24.0	610,000		1.6								1.4	
\$40.a	Х	24.0	910,000		1.6									
2011		24.0	850,000	<u> </u>										
> 412.5 > 413.55	X	24.0 24.0	850,000 450,000		1,6 1.6								1.4	
14-7	X	24.0	600,000	<u> </u>	1.5								1.4	
<u>. 45</u>	x	24.0	810,000	<del> </del>	1.5								1.3	
46	x	24.0	500,000		1,6								1.4	
117E		24.0	750,000										2,1	
18	X	24.0	750,000		1.5									
119-	х	24.0	350,000		1.5					·			1.2	
- 20	Χ,	24.0	900,000		1.6								1,3	
\$216.5 ************************************	Х	24.0	1,040,000	<u> </u>	1.5			<b> </b> -					1.3	
⊅22 ⊒23∢	X	24.0 24.0	1,120,000 670,000		1,6 1.6			<del> </del>					1.5	
24	X	24.0	960,000		1.5		<del> </del>	<del> </del>					1,4	
25 %		24.0	975,000	<del> </del>	<u> </u>			<del> </del>						
<sup>2</sup> 26 ∴	×	24.0	975,000	<b></b>	1.5			<del> </del>				<del></del> -	1.3	
+ 27 ·	x	24.0	600,000	<del>                                     </del>	1.5			<del> </del>				-	1.2	
28.	X	24.0	1,160,000		1.6								1.4	
5.29 F		24.0												
¥ <b>-30</b> €		24.0												
S.31		24.0		<b></b>			L	<u> </u>	l	L		L	l	
Total		2.11、多种数值	21,130,000											

1,160,000

<sup>\*</sup> 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: March, 2007 A. Public Water System (PWS) Information PWS Name: Silver Lakes Estates 3351182 PWS Identification Number: PWS Type: ✓ Community Non-Translent Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 3,402 1134 PWS Owner: Aqua Utilities Florida Contact Person: Contact Person's Title: Area Manager Brian Heath State: Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Silver Lakes Estates Plant Telephone Number: 352-787-0980 Zip Code: 34788 Plant Address: 10438 Barrington Court City: Leesburg State: Florida Purchased Finished Water Type of Water Treatment by Plant: ✓ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 2,202,000 Plant Category (per subsection 62-699,310(4), F.A.C.) ν Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class | License Number Day(s)/Shift(s) Worked Name 20 12 42 Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift С Other Operators: Marty Neal 10027 Days 1st Shift John Worrell 6597 Days 1st Shift · 医胃的 经企业 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 can retain them, together-with copies of this report, at a convenient location for at least ten years. - 4-9-07 Will Fontaine C-6813 Printed or Typed Name License Number Signature and Date

PWS I	entificaito	n Number:		3351182	<del></del>	Plant Name:	Silver Lake	Estates						
Ш. р	aily Data	for the N	Ionth/Year	of:		March, 2007								
			g Virus Inactiv				A11 1 12						<del></del>	
	raviolet R			r (Describe):		morne 1	Chlorine Di	oxide	Ozone	[ Comb	ined Chlori	ne (Chloran	nines)	
-									4.513.4	(0)	<del></del>			
Type C	DISINIEC	iani Kesic			ibution System:	₩ Free Chlo				(Chloramine		Chlorine I	Dioxide	
			(3)	- <u>C</u>	T Calculations, or									The second secon
3	2 - 3			. 1	-21-24 - 23 <u>27-34</u>	CT Calc	allations	1 1 A 18	(4)的 经通信	多代的人	多今 UV	Dose		
500	J 100 3						Lowest CT		12 C		A STATE OF THE STA			
						Disinfectant	Provided					19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[1] 美洲人的 (1) "是一个人的。" [1] "是一个人的。"	
	Days Plant				Lowest Residual	Contact Time	Before or at		3433	[数]文章号			Lowest Residual	
	Staffed or		Net Quantity	1.0	Disinfectant	(T) at C	First	1. 1. 1.	3.453		A-2-3	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1	765000000000000000000000000000000000000		Lowest	UV Dose	Concentration at	Emergency on Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak	·	(4.00 A)	Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in .	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose.	mW-	Distribution	Involves Taking Water System Components
Month	<b>X</b> )	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	:: min/L	mW-sec/cm²	sec/cm²	System, mg/L	Qut of Operation
.1. 1.	Х	24.0	1,270,000		1.6								1.4	
3,,2	Х	24.0			1.5							-	1.4	
3 :		24.0				·		<u> </u>			ļ			
4-7	X	24.0			1.5	ļ	<b></b>			L				
5	X	24.0 24.0	640,000 540,000	<u> </u>	1.6		<del> </del>						1.4	
55 7.67	x	24.0			1.5	<del></del>	<del>                                     </del>			}	<u> </u>		1.3	<u> </u>
<b>* 8</b>	X	24.0	1,140,000		1.5	<del></del>		<del>                                     </del>		<del> </del>	<b></b>		1.5 1.4	
4.9	X	24.0	730,000	<del></del>	1.5	<del></del>	<del> </del>	<del> </del>			<u> </u>		1.2	
10 :		24.0					<del> </del>	<del> </del>	<del> </del>				1.2	
11:	Х	24.0	1,165,000		1,5		<del>                                     </del>			<del> </del>	<del></del>			
+ 12 °C.	Х	24.0			1.5		<del>                                     </del>	<del>                                     </del>					1,2	
13	Х	24.0	600,000		1.5			<del>                                     </del>			<u> </u>		1.3	
14 *	Х	24.0	910,000		1.5		1						1,2	
15	Х	24.0	1,450,000		1.5							· · · · · · · · · · · · · · · · · · ·	1,2	
16 🤄	Х	24.0	650,000		1.5								1.3	
- 17 %	Х	24.0			1.7									
18		24.0						ļ	<u> </u>					
× 19	X	24.0	920,000		1.5			<b></b>	<u> </u>				1.3	
20	X	24.0	600,000		1.6				ļ				. 1.4	
21 *	X	24.0	1,130,000	<u> </u>	1.6		<del> </del>						1.4	
22	Х	24.0	1,290,000		1.5		<del> </del>	ļ	<u> </u>	<u> </u>			1.4	
23 🖫	X	24.0			1.5								1.2	
24	Х	24.0	1,170,000	<u> </u>	1.5		<del> </del>	<del> </del>	<b> </b>					
25		24.0 24.0	1,270,000	<b> </b>	1.5	<del></del>	<del> </del>	<del> </del>	<del> </del>					
26 . 27	X	24.0		<del> </del>	1.5	<del></del>	<del></del>		<del> </del> -		<del></del>		1.2	
28	x	24.0	1,290,000		1.6		<del> </del>		<del></del>				1.1	
29	- <del>x</del>	24.0	1,340,000	<del></del>	1.5		<del>                                     </del>	<del> </del>	<del></del>	<del></del>			1.4	
30	×	24.0	1,000,000		1.6				<b></b>		<del> </del>		1.5	
31	x	24.0		<u> </u>	1.5		T	<del>                                     </del>					1,3	
		Service of Services	30,080,000	]			<u>,</u>		<del></del>					

1,450,000

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

FLORIDA		. All	MATECO		171
	FL	ORIT	A A	~	7

See Pages 4 for Instructions.						
1. General Information for the Month/Year o	April, 2007					
A. Public Water System (PWS) Information						
PWS Name: Silver Lakes Estates				PWS Identification Number:	3351182	
PWS Type:	Non-Transient Non-Community	Transient Non-Commu	nity	Consecutive	3331182	
Number of Service Connections at End of Month:	1143	TOTAL TOTAL CONTENTS		Population Served at End of Mor	4.001	
PWS Owner: Aqua Utilities Florida				ropulation Served at End of Mor	nth: 4,001	<del></del>
Contact Person: Brian Heath					a Manager	
Contact Person's Mailing Address: PO Box	490310	Ci		State: Florida	Zip Code:	34749
	37-0980			· · · · · · · · · · · · · · · · · · ·	2) 787-6333	34749
Contact Person's E-Mail Address: Dehea	nth@aquaamerica.com			or a constant transaction (552	c) 101-0333	
B. Water Treatment Plant Information		<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>
Plant Name: Silver Lakes Estates				Plant Telephone Number:	352-787-098	iO.
Plant Address: 10438 Barrington Court		Ci	ty: Leesburg	State: Florida	Zip Code:	34788
Type of Water Treatment by Plant:	aw Ground Water Purchased Fir					J1760
Permitted Maximum Day Operating Capacity of Plant, ga	lions per day:	2,202,000	2.7			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Cl	ass (per subsection 62-699.310(4	4), F.A.C.): C	
Licensed Operators	Name	License Class L	icense Number	Day(s)	/Shift(s)/Worked	Visit Control
Lead/Chief@perator: Will Fontaine		C	6813	Days 1st Shift	27-21-02	
Other Operators **** Marty Neal		С		Days 1st Shift		
John Worrell		С	6597	Days 1st Shift		
		ļ		MA . I		
	3 7		្រំ ប្រើប្រើសាក្	7 1 1 1		
		<u> </u>				
	<u> </u>	<u> </u>				
		<u> </u>				
	<u> </u>			j 🖅 - Park		
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operat	or licensed in Florida, am the lead/chie	formator of the au	***************************************			
information provided in this report is true and	courses to the best of my language de-	operator of the wa	iter treatment pi	ant identified in part I of the	his report. I certify t	hat the
information provided in this report is true and a	recurate to the best of my knowledge a	nd belief. I certify	that all drinking	water treatment chemicals	s used at this plant co	onform to NSF
International Standard 60 or other applicable st	andards referenced in subsection 62-5	55.320(3), F.A.C. 1	also certify tha	t the following additional o	operations records for	or this plant
were prepared each day that a neemsed operato	r sialled of visited this plant during the	month indicated at	Mare (1) record	le of amounte of chemicals	sanad and also the	
(2) it applicable, appropriate treatment process	periormance records. Furthermore, I	agree to provide the	se additional op	erations records to the PW	S owner so the PW	S owner can
retain them, together with copies of this report,	at a convenient location for at least te	n years.				
111. 12 - 111	ر. ح					
Jan 5.4-	Will Fontaine				C-6813	
Signature and Date	Printed or Ty	oed Name			License Numb	per

PWS I	dentificatio	n Number:		3351182		Plant Name:	Silver Lakes	Estates						
111.	aily Data	for the N	lonth/Year	of:		April, 2007								
			g Virus Inacti		/al: ▼ Free (									
	traviolet R					niorine	Chlorine D	ioxide	C Ozone	☐ Comb	bined Chlori	ne (Chlorar	nines)	
r				r (Describe):										
Type	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	₩ Free Chlo				(Chloramine		Chlorine I		
				世生的"XC	T Calculations, or	UV Dôse, to	Demostate:	our-Lög	Virus Inac	tivation, if	Applicable	40.00	2.80.00	
4 3	100	\$45 SE		1	<b>全市与工作的</b>	CANCEL CAR	ulations	medal day	a Order		W LUVA	Dosewat		
130 12	<b>学验证</b> 主	3 & 3 W	to said in it	in the first security	可以 新 五	out to the	department	· 1	ASSESSED OF	AMOUNT TO	Contact Section	Mary Hall		to the content of the second
15.40	Law Control		直接技术		大文自身很多种	100	Lowest CT	The state of the s	\$ 100	经证价值	10 mg/4	75-42-5		
13.4	Days Plant		<b>经</b> 的 计图图		179 25 12	Disintectantu	Provided.	學系統	交流的	1750年第	14 10 2.3		A TANK	
	Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Lames	Belore of at	<b>3</b>	を行う。 10年に 第4章		27.7		COWESTICATION	Emergetey of Apportual Operating Correlations, Repair or Maintenance Work that Involves Taking Water System Components
	Visited by		of Finished	100	Concentration (C)		Conto			<b>  学校会的</b>	Lower	1775		
Davior	Operator	Hours plant			Before or at First	Point Dumne	Turing Peak	25年2	<b>建造水</b> 条。	Minimum Ci	Operating	Recuired	Danasabasa	Continonal Repair or Maintenance Work that
the	(Place	in	Producted	Peak Flow	Customer During	Peak Flow	Flow me-	Temp of	pH of Water.	Required me	UV Dose	May 1	J Dienika on a	Javolves Takoffe: Water, System Components
Month	(X)	Operation <sup>6</sup>	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L-1	mW-sec/cm	sec/cm.	System mg/L	Cut of Operation
·杨·蒙		24.0									1	1 1		
<b>第2条</b>	X	24.0			1.5							192.5	1.3	
3434		24.0			1.5	1 1							1.3	
	X	24.0			1.5	<u> </u>		<u> </u>		<u> </u>		1.5	1.3	
	Х	24.0			1.5	<u> </u>	· · · ·	<u> </u>		<u> </u>	<u> </u>		1,4	
146 ft	X	24.0			1.5	marini <u>ku wiki</u>		ļ	ļ	<u>.</u>	. '		1.3	
78.5	X	24.0	<del></del>		1.4					<u></u>				
200	x	24.0 24.0		<b></b>	1,5		<u> </u>				ļ			<u> </u>
3Jok	x	24.0		<del> </del>	1.5		-	<del> </del>		<del> </del>		ļ <del></del>	1.3	
2011	X	24.0			1,5			<del> </del>		· · · · ·	<del>                                     </del>		1.3	
· [2]	х	24.0	970,000		1.5			<del>                                     </del>					1.3	
<b>1930</b>	Х	24.0	560,000		1.5						1	1.4	1.3	
1314	X	24.0			1.6									
<b>40.83</b>		24.0												
和6年	X	24.0			1.6	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>						1.3	
201720	X	24.0			1.6			,			<u>                                      </u>		1.3	
10185 10191	X	24.0 24.0		<u> </u>	1.6			<del> </del>					1.4	
24.00cm	X	24.0		<del> </del>	L:6			<del> </del>	<u> </u>	<del> </del>			1.5	
2012	X	24.0		<del> </del>	1.5	<del> </del>	<del></del>				<del> </del>		1.3	<u> </u>
	<del>  ^-</del>	24.0		<del> </del>	1.0	ļ	<del></del>	<del> </del>				<del> </del>		<del></del>
23	х	24.0		<del> </del>	1.6	<del>                                     </del>		<del> </del>		<u> </u>	<b> </b>		1.4	
224	х	24.0			1.6			<del> </del>		· · · · · · · · · · · · · · · · · · ·			1.3	<del></del>
25	х	24.0			1.6	t	l ———			<del></del>			1.5	
1,261	Х	24.0	1,500,000		1.6								1.5	
727.	Х	24.0	940,000		1.6								1.5	
± 428±	Х	24.0	1,360,000		1.5									
53292		24.0												
di30#	Х	24.0			1.6			<u> </u>					1,5	
		24.0			<u></u>	<u> </u>	<u> </u>	<u> </u>	L	L	l	<u> </u>		
Louis			31,160,000	4										,
LASTIC LEE			# 1005 1A1											

1,500,000

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



See Pages 4 for Instri	uctions.		•	•				
General Information	for the Month/	Year of: May, 200	7					
. Public Water System	(PWS) Informa	ition						
	Silver Lakes Estates					PWS Identification Number	335	1182
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity Tra	ansient Non-Comi	nunity	Consecutive		
Number of Service Connect		n: 1143		unsiche Horr Com		Opulation Served at End of	Month: 4,00	1
	Aqua Utilities Florid		· · · · · · · · · · · · · · · · · · ·	······································		<u> </u>		
Contact Person:	Brian Heath				Contac	t Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida		Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980				t Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	idress:	beheath@aquaamerica.c	om					
. Water Treatment Pla	ant Information							
Plant Name:	Silver Lakes Estates					Plant Telephone Number:	352-	787-0980
Plant Address:	10438 Barrington C	ourt			City: Leesburg	State: Florida	Zip	Code: 34788
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis		<u> </u>	<u> </u>		
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		2,202,000				
Plant Category (per subsect	ion 62-699.310(4), F					ass (per subsection 62-699.		С
Licensed Operators	1.	Name		License Class	License Number	Day Day	y(s) / Shift(s) Wo	rked
Lead/Chief Operator:	Will Fontaine	<u> </u>		C	6813	Days 1st Shift		
Other Operators:	Marty Neal			C	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
的"两家有比别"上海。首								
	ļ <u>.</u>		•					
Carlo Marie Carlo Company			•				, <u>, , , , , , , , , , , , , , , , , , </u>	
. Certification by Leac								
		t operator licensed in Florida						
		ue and accurate to the best of						
		icable standards referenced is						
were prepared each da	ly that a licensed	operator staffed or visited th	is plant during the	month indicate	d above: (1) recon	ds of amounts of chem	icals used and ch	emical feed rates; and
		process performance records						
		s report, at a convenient local						
1/	•	,		1				
Mr Is	= 6	- 0-07	Will Fontaine				C-68	012
Signature and Date			Printed or Typ	ed Name		······································		
Signature and Date			rinces or typ	CO LASTILIC		•	Lice	nse Number

PWS 1d	entification	Number:		3351182		Plant Name:	Silver Lakes	Estates						
ili. D	iily Data	for the M	onth/Year	of:		May, 2007								
			Virus Inactiv				Chlorine Die		<u> </u>	= -		.0.1		
	raviolet Ra			(Describe):		mornic	Chiorine Di	bace	Ozone	Come	ined Chlorir	ne (Chioran	nines)	·
-						Free Chlo		Combin	ad Chlasina	(Chlorsmine	-> <u></u>	Chlorine I		
type o	Distilled	tant Kesic	uai Maintair		bution System:						· · · · · · · · · · · · · · · · · · ·		Dioxage	
				C	T Calculations, or			our-Log	Virus Inac	tivation, if	Applicable*			
	ļ					CT Calc	ulations		< 0.43 A	Market St.	UVI	<u>Jose</u>	]	
				$m \in B_{T_{n}}$			Lowest CT		3					
						Disinfectant	Provided	·	3,757	184 may 1				
	Days Plant		7.7.7		Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	1	Net Quantity		Disinfectant	(T) at C	First		* * v	350 500 130 5 100 100		Minimum	Disinfectant	
	Visited by	. 1	of Finished		Concentration (C)	Measurement	Customer			20 5	Lowest	UV Dose	Concentration at	
Day of the	Operator (Place	Hours plant	Water Producted	Peak Plow	Before or at First	Point During	During Peak	Temp of	art lower	Minimum CT Required, mg	Operating UV Dose	Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	requires, mg	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup> .	Distribution System, mg/L	Out of Operation
,1 %	x	24.0		rusu, gpu.	1.5	Hippieres	myt	rida, o	л г гррионо	Hint 2	11117-200011	354415	1.4	On o particular
.2	Х	24.0			0.6								1.4	
3	X	24.0	1,670,000		1,5								1,3	
4	Х	24.0			1.0								0.9	
5	X	24.0			1.6									
6		24.0		-										
1	X	24.0			1.6	<u> </u>			ļ				1.5	
8	X	24.0			1.6								1.5	
.10	X	24.0 24.0			1.6 1.6					···			1.5	
11.	- <u>^</u>	24.0			1.6								1.6	
12	×	24.0			1.5								1.7	
.13		24.0										·········		
14	X	24.0			1.6						, W		1.5	
- 15	Х	24.0			1.6								1.5	
- 16	X	24.0			1.6								1.5	
17.	Х	24.0			1.5								1.5	
-18	Х	24.0			1.6								1.5	
: 19	X	24.0			1.5		ļ							
20		24.0						-		<u> </u>			<u> </u>	
21	X	24.0 24.0			1.5	<u> </u>	<del> </del>						1.4	
23	- <del>^</del> X	24.0			1.6								1,5	
24	x	24.0			1.8	<del></del>	ļ		<b></b>	<b></b>			1,6	
25.	X	24.0			1.5				<del></del>				1.2	
.26	Х	24.0			1.6									
27		24.0												
28	Х	24.0			1.6								1.5	
-29	Х	24.0			1.6		<u></u>						1.5	
30	X	24.0			1.6								1.5	
31.	X	24.0		<u> </u>	1.6	1	<u> </u>	l			<u> </u>	L	1.5	
Total		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38,090,000											

1,670,000

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



See Pages 4 for Instructions	<b>i.</b>					
I. General Information for the		June, 2007				
A. Public Water System (PWS	) Information					·
	akes Estates				PWS Identification Number:	3351182
<del></del>	mmunity Non-Transient	ion-Community	ransient Non-Comm	nunity	Consecutive	
Number of Service Connections at E		1143			Population Served at End of Month:	4,001
	tilities Florida	. The second of the second				
Contact Person: Brian H				Conta	uct Person's Title: Area Mar	nager
Contact Person's Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number				Conta	ict Person's Fax Number: (352) 787	7-6333
Contact Person's E-Mail Address:	beheath@aguaar	nerica.com				
B. Water Treatment Plant Infe						
	akes Estates		······································		Plant Telephone Number:	352-787-0980
Plant Address: 10438 I	Barrington Court			City: Leesburg	State: Florida	Zip Code: 34788
Type of Water Treatment by Plant:	✓ Raw Ground Wa	ter Purchased Fin				
Permitted Maximum Day Operating	Capacity of Plant, gallons per day:		2,202,000			
Plant Category (per subsection 62-69		V ·			Class (per subsection 62-699.310(4), F.	
Licensed Operators	Name	12000000000000000000000000000000000000	License Class	License Number	Day(s)//Sh	ift(s) Worked
Lead/Chief@perator; Will Fo			С	6813	Days 1st Shift	
Other Operators Marty N			c	10027	Days 1st Shift	
John W	والمتحدث والمتحدي والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد والمتحدد		С	6597	Days 1st Shift	
		,				
					•	
		-				
The second secon						
II. Certification by Lead/Chie						<u></u>
					plant identified in part I of this i	
information provided in this	report is true and accurate to the	he best of my knowledge a	ind belief. I certi	fy that all drinkin	g water treatment chemicals use	ed at this plant conform to NSF
International Standard 60 or	other applicable standards refe	erenced in subsection 62-5	55.320(3), F.A.C	. I also certify th	at the following additional oper	rations records for this plant
were prepared each day that	a licensed operator staffed or	visited this plant during the	month indicated	l above: (1) recor	rds of amounts of chemicals use	ed and chemical feed rates; and
(2) if applicable, appropriate	treatment process performance	e records. Furthermore, I	agree to provide	these additional of	operations records to the PWS	owner so the PWS owner can
	pies of this report, at a conven			•	•	
retain them, begoiner with co	pros or this report, at a conven	tolle location for at loade to	n yours.			
11.12	> 7-6-07	**************************************				0.6010
1 mily	- 60/	Will Fontaine	<del></del>		<u> </u>	C-6813
Signature and Date		Printed or Ty	ped Name			License Number

PWS I	dentificaito	n Number:		3351182		Plant Name:	Silver Lake:	s Estates						
III. D	aily Data	for the N	lanth/Year	of:		June, 2007								
			g Virus Inacti				Chloring D		C 0	[ Comi		: (OLI		
	traviolet R			r (Describe)		mornic j	Chiorine D	SDEXOI	1 Ozone	I Comi	oinea Chioi	nne (Unioral	mines)	
<b>}-</b>						<u> </u>	· r	- C1!	- 1 00 1	(Chloramine	<u> </u>	Chlorine 1		
Type C	DISINIEC	Ciant Kesi	duai Maintai	ined in Disti	ribution System: T. Calculations, or	▼ Free Chk	onne	Combin	ied Uniorine	(Chioramine	S) I	Chlorine	Dioxide	The second second second second second second second second second second second second second second second se
0.49	Les,		1.	特合以每C	T. Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, it	Applicable	2000000	1000	
				32585 C 2 PM	<b>《古神》</b> 为《安徽》	CT Cald	ulations	公司 第二	(2) "自己	30.25	標準UV	Dose 🛴 🔾		
				100		100 Table 1781	T AWEST CT			1000				Emergency of Abnormal Operating Conditions, Repair of Maintenance Work that
4.		125 TO				Disinfectant	a Provided.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.5			4 4 4 4 4	
7	Days Plant		130000	1336.4	Lowest Residual	Contact Time	Before or at			STATE OF THE PARTY OF			Lowest Residual	
	Staffed of	25 ( 45 F	Net Quantity	Commence Se	Disinfectant 🖫	(T) at C	First	10 3.4		FEE WAR	<b>身心</b> 心	Minimum	Disinfectant	
	Visited by	1000	of Finished	484.27	Concentration (C)	Measurement	& Customer	<b>有心</b> 多数	4.350	1. A. G. M.	₩Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
		Hours plant	Water		Before or at First	Point During	During Peak	THE STATE OF	· 经数据	Minimum, CI	Operating	Required.	Remote Point in	Conditions, Repair of Maintenance Work tha
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg-	1 cmp or	pH of Water	Required, mg	UV Dose	inw.	Distribution 4	Involves Taking Water System Components Out of Operation
Month	√'X").∴   X					T. Aminutes : #	SES MINUTAL	water, C	it Applicable	S. S. LIM THE	m W-sec/cm	sec/cm		Out of Operation
27		24.0			1.6	·	· · · · · · · · · · · · · · · · · · ·	+			<u> </u>	1	1.4	
3.3	<del>                                     </del>	24.0			***			·	<del> </del>	-			<del> </del>	
4.60	Х	24.0			1.5		<del> </del>	<u> </u>		-			1.4	
4.,54,	Х	24,0	680,000		1.5								1.4	
<b>3 6</b> ,	Х	24.0	1,270,000		1.6								1.4	
to the	Х	24.0			1.6		<u>.</u>					22 × 4	1.4	
8.0	Х	24.0			1,5		ļ. <u> </u>	<u> </u>					1.5	
## 9 <del>*</del> ;	Х	24.0			1.5			ļ						·
% 10°		24.0		ļ	<del> </del>	<u> </u>	<u> </u>		<u> </u>	ļ	<u> </u>	ļ		
** 111 ~	X	24.0 24.0		<del> </del>	1.5	···	ļ <u></u>	<del> </del>			<del> </del>	+	1.5	
13:	x	24,0			1.6		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>		+	1.4	
%(145).	X	24.0	<del> </del>		1,6		<u> </u>	<b>-</b>		<del>                                     </del>			1.2	
> <b>15</b>	Х	24.0	680,000		1.6								1.5	
',92 <b>16</b> /8		24.0	1,320,000											
$q_{ij}(T_i)$	Х	24,0			1.1									
≨118:	Х	24.0			1.6							·	1.5	
<b>₹19</b>	X	24.0			1.7	ļ					<u> </u>	ļ	1.5	
120	х	24.0			1.6					ļ		ļ	1.4	
21 <sub>2</sub>	X	24.0 24.0		<u></u>	1.5	<u> </u>	<del> </del>	<del> </del>		<del> </del>			1.4	
22 23.	X	24.0			1.4		<del>                                     </del>	+	<del> </del>	<del> </del>	<del> </del>		1.2	
₹°.24	<del>  ^ -</del>	24.0		<del>                                     </del>	1.2		<del> </del>	<del>                                     </del>		<del> </del>	<del></del>	<del></del>		
25	Х	24.0			1.5			<del>                                     </del>				<del>                                     </del>	1.2	
∴.26	X	24.0	560,000		1.5			1					1.2	
ŋ <b>£27</b> ⇔	X	24.0	1,350,000		1.5	<u> </u>	1						1.5	
. 28	Х	24.0			1.7							1	1,5	
∹ 29-1	X	24.0			1.6		<u> </u>					1	1.5	
. 30	Х	24.0			1.6			<b>_</b>				<u> </u>	<b>!</b>	
3,1.	يب بيب	24.0		ļ	<u> </u>	l	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>		<u> </u>	
l otali.	fee good for the	na satisfic	29,510,000 951,935	<del>-</del>										
Avgera	20 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	V		_										
TAYNYIII)	ming to the	Part of the second	1,020,000	_										

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



See Pages 4 for Instructions.						
1. General Information for the Month	/Year of: July, 2007					
A. Public Water System (PWS) Inform	nation					
PWS Name: Silver Lakes Estat				PWS Identification Numb	her: 3351182	
PWS Type:	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	J52.102	
Number of Service Connections at End of Mor		<u></u>		Population Served at End of	of Month: 4,001	
PWS Owner: Aqua Utilities Flor	· · · · · · · · · · · · · · · · · · ·				1,01	
Contact Person: Brian Heath			Conta	ct 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		Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aguaamerica.com					
B. Water Treatment Plant Information	n					
Plant Name: Silver Lakes Estate	es	100	···	Plant Telephone Number:	352-787-0	980
Plant Address: 10438 Barrington	Court		City: Leesburg	State: Florida	Zip Code:	
Type of Water Treatment by Plant:		rchased Finished Water	<u> </u>			
Permitted Maximum Day Operating Capacity	of Plant, gallons per day:	2,202,000				
Plant Category (per subsection 62-699.310(4),			Plant C	lass (per subsection 62-699	9.310(4), F.A.C.): C	
Eicensed Operators	. Name	License Class	License Number	FC************************************	ay(s) //Shift(s) Worked	
Lead/Chief Operator Will Fontaine		С	6813	Days 1st Shift		
Other Operators was Marty Neal		c	10027	Days 1st Shift	**	
John Worrell		С	6597	Days 1st Shift		
					<del></del>	
100					<del>. `</del>	
					<del></del>	
					<del>*************************************</del>	
3件集命中20mmin					<del></del>	
			<del></del>			
II. Certification by Lead/Chief Operat						
I, the undersigned water treatment pla	int operator licensed in Florida, am th	e lead/chief operator of the	water treatment p	lant identified in part	I of this report. I certify	y that the
information provided in this report is:	true and accurate to the best of my kn	owledge and belief. I certi	ify that all drinking	g water treatment cher	nicals used at this plant	conform to NSF
International Standard 60 or other app	olicable standards referenced in subse	ction 62-555.320(3), F.A.C	C. I also certify the	at the following additi-	onal operations records	for this plant
were prepared each day that a licensed	d operator staffed or visited this plant	during the month indicated	above: (1) recor	ds of amounts of chen	nicals used and chemica	d feed rates: and
(2) if applicable, appropriate treatment	nt process performance records. Furth	ermore. I agree to provide	these additional o	nerations records to the	he PWS owner so the Di	II/C oumar con
retain them together with conies of th	nis report, at a convenient location for	at least ten vears	waamonan o	hermonia records to ti	may and amile 30 mic L.	WO OWINGI CAU
1 //-	•	at roust ton years.				
111.00	8-8-07					
<del></del>		Vill Fontaine			C-6813	
Signature and Date	F	rinted or Typed Name			License Nu	mber

	entification			3351182		Plant Name:	Silver Lakes	Estates						
III. D	aily Data	for the M	onth/Year	of:		July, 2007								
Means o	of Achievir	ng Four-Log	Virus Inactiv	ation/Remov	al: Free C	hlorine [	Chlorine Di-	oxide	Ozone	Comb	nined Chloris	ne (Chloran	nines)	
[ Ult	raviolet R	adiation		r (Describe):			210 D1		. 425.10	ı Com	,,,,Q, C,,,Q,I	in (Cinolai		
Туре о	f Disinfec	tant Resid		. ad to Pstudi	The state of the state of	Free Chio	rine 「	Combine	d Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
2453		100	Terres	\$200 C	T Calculation exist	EIVED & SERIO	Demostate J	our loo	Virus Inac	tivation if	Amolicable	Card (1814)		SERVICE TO A POST OF THE PARTY
	\$1.50			rent in the second	Caronations, or	r said china	Total Color of	4 44 50			NAME OF TAXABLE	Joe		
2.20	4. A. W.		1970年18	8	The second second		Agenty & Ch	ar Light	4 8 4 10 10 0 m	Carlo Militar	A 17 18 18 18	FOR . NO. 188	DO 2015	
多藝女	<b>不生。</b> 计		<b>建筑设置</b> 4				Lowest CT		的意思的	4 4 5 7	esta rec	与某些	2 / J. J. J. B.	
生工程	Service of					Disinfectant 4	Provided			學學學	MAN YES			
1,100	Days Plant				Lowest Residual 3	-Contact Time	Before or at						Lowest Residual	
	Visited by		of Finished	4	Concentration (C)	Meaninement					Lowest	.UV.Dose*	Concentration at	Principles of Absorbal Operating
Day, of	Operator	Hours plant	Water	ON THE	Before or at First	Point During	During Peak	3.5	100	Mainum CI	o Operating	Required	Remote Point in	Conditions, Repair or Maintenance Work that
the	r (Place :-	in Lea	Producted.	Peak Flow	Customer During	Peak Flow, 6	Flow mg-	Tempiot	pH of Water.	Requiredams	UV Dote:	amW <sub>8</sub> €	Combution ?	Vinvolves Taking Water System Components
Month	**X)**	Operation	gal	. Rate, gpd.	Peak Flow, mg/L-1	minutes	mit/L	Water	if Applicable	STATE OF THE PARTY.	mW-sec/cm	essec/cm 🛪	System; mg/L	Emergency of Abrothal Operating Conditional Repair on Maintenance Work that Privolves Taking Water System Components
6215 di 4225 \$							<del></del>		34.			<u> </u>		
200	X X	24.0 24.0	1,000,000 530,000	<u> </u>	1.6 1.6					· · · · · ·		<b> </b>	1.5	
	x	24.0	760,000	<del></del> -	1.6					<del> </del>	<u> </u>		1.5	
# SIN	x	24.0	1,040,000		1.6	<del></del>		<u></u>		<del> </del>		<del></del>	1.4	<u> </u>
1.0	x	24.0	610,000		1.7								1.5	
	Х	24.0	900,000		1.7					-				
(a) 82 P		24.0	1,015,000	•										
19.19	X	24.0	1,015,000		1.6								1.5	
1010 2010 1	X	24.0	740,000		1.5 1.7								1.4	
12	X	24.0 24.0	1,440,000		1.7					<u> </u>			1.3	
13.1	X	24.0	700,000		1.5					<del> </del>			1.2	
314/3	X	24.0	1,000,000		1.5					<del> </del>				
3 13		24.0	870,000											
16.%	X	24.0	870,000		1.5								1.4	
11/2	Х	24.0	570,000		1.5								1,4	
1 1814	Х	24.0	890,000		1.5								1.5	
× 19,8	X	24.0	1,170,000	L	1.6					<u> </u>			1:5	
:./20 /s	X	24.0	560,000		1.6						<u> </u>		1.4	
21 t	X	24.0 24.0	810,000 690,000	<del> </del>	1.5	<del></del>	<del> </del>	}		-				
3.23	X	24.0	690,000	<del>                                     </del>	1.5		<del></del>			<del> </del>	<del> </del>	<del> </del>	1.4	
24	X	24.0	440,000		1.5			1			<del> </del>		1.4	
<b>25</b> _	Х	24.0	900,000		1.5								1.3	
26*	Х	24.0	940,000		1.5								1.3	
> 27	Х	24.0	540,000		1.5								1.4	
28	X	24.0	890,000		1.6									
/ 29 °		24.0	700,000	<u> </u>			ļ				<b></b>	<u> </u>		
-30	X	24.0	700,000 460,000		1.6		<del> </del>	<b>[</b>		<del> </del>	ļ	<del></del>	1.5	
731	X	24.0	25,690,000	<del> </del>	1.6		L	L	<u> </u>	J	l	L	1.5	<u> </u>
Avgerag	AGE OF ASSET	~\^Z\*=	828,710	1										

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

1,440,000



See Pages 4 for Instructions.				
I. General Information for the Month/Year of: August, 200	07			
A. Public Water System (PWS) Information				
PWS Name: Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	nity Transient Non-Con	nmunity	Consecutive	·
Number of Service Connections at End of Month: 1143	,		Population Served at End of Month:	4,001
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Cont	act Person's Title: Area Ma	mager
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			act Person's Fax Number: (352) 78	7-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	m			
B. Water Treatment Plant Information				
Plant Name: Silver Lakes Estates			Plant Telephone Number:	352-787-0980
Plant Address: 10438 Barrington Court		City: Leesburg	State: Florida	Zip Code: 34788
Type of Water Treatment by Plant:	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	2,202,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):			Class (per subsection 62-699.310(4), F	
Licensed Operators Name:	License Class	s License Numbe	Day(s)/Sl	ift(s):Worked
Lead/Chicf Operator: Will Fontaine	C	6813	Days 1st Shift	
Other Operators Marty Neal	C	10027	Days 1st Shift	
John Worrell	С	6597	Days 1st Shift	
		<u> </u>		
		<u> </u>		
			<u> </u>	
			<u>'</u>	·
			<u> </u>	
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida,	and the tradition of the same		-land identified in most Lagatic	manage I and C all Ada
, -	-		•	- ·
information provided in this report is true and accurate to the best of i				
International Standard 60 or other applicable standards referenced in				
were prepared each day that a licensed operator staffed or visited this				
(2) if applicable, appropriate treatment process performance records.		le 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	on for at least ten years.			
Mmf2- 9.7-07	Will Fontaine			C-6813
Signature and Date	Printed or Typed Name			License Number
•				

PWS Id	S Identification Number: 3351182 Plant Name: Silver Lakes Estates													
	II. Daily Data for the Month/Year of: August, 2007													
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
	traviolet R			r (Describe):		morne	Chlorine Di	oxade	Uzone	[ Comb	pined Chloru	ne (Chloran	nines)	
_				·				· - · ·					<del></del>	
Type o	t Disinte	ctant Resid	lual Maintair	ned in Distr	ibution System:	₩ Free Chlo	rine I	Combin	ed Chlorine	(Chloramine	:s) [	Chlorine I	Dioxide	
	A COMMANDE			THE PART C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if	Applicable	<b>建设设置</b>	SEARCH A	Emergency of Adnormal Operating Conditions Repair, or Maintenance Work that Linvolves Taking Water System Components Out of Operation
60.vá 4	100	43.35	1	Salta to Pro	is SOL a verticion	CT Calc	llations.	and the	er Gue	<b>公共的国际公司</b>	* UVJ	Doses./∗	3	
4	100	A SAME	44.2	<b>学学的</b> 学	THE PARTY OF THE PARTY.	10 ( ST 10 ) A 10	多元的数数	Marine To	is a process	styric Curat	Walter St.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	63 21 20 10	
		10.44			100 100 44	- Marie 1994	Lowest CTA	46.0		主题差别	90 TO 18	33.54	全部生 97%	A CARLO CONTRACTOR OF THE CONT
100	100	14 m W	344	15 S. P. S.	<b>建建设设计</b>	Disintectant	F Provided	可以经	206	2000年度	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>建设设施</b>	Walter A. H	
7.47	23.	N. 49 W.	4.7	111	Lowest Residual	Connect Line	Herore or at		34.0			Zin inim	Lowest Kesidiai	
7	Visited hu	***	of E sole			Messirement		100		275	e Lowest	UV Dose		Emergency of Ahnormal Operating
Day of	Operator	Hours plant	Water	<b>"</b> "	Before coat First	Point During	During Peak	海岭野		Minimum CT	Operating	Required	Remote Point in	Conditions : Repair or Maintenance Work that
the:	Place		Producted.	Peak Flow	Customer Duting	Peak Flow	Flow mg-	Temp of	pH of Water	Required mg	UV Dose	mW	Distribution	Involves Taking Water System Components
Month	X	Operation-	pal	Rate god	Peak Flow mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm	sec/cm	System mg/L	Outof Operation
182 182 143 153 164 164 185 174	Х	24.0	780,000		1:5				7				1.5	
. 32 m	Х	24.0			1.6		,						1,5.	
300	Х	24.0	430,000	7.	1,6				7.				1.4	
海绵绿		24.0	880,000						1.					
18 36 4	Х	24.0			1.8				1.					
76.64H	Х	24,0			1.6		9.1						1.5	
25-13-0	X	24.0		· ·	1,5					<u> </u>			1.3	
%78.4± 34.93.±	X	24.0			1.6		<u> </u>				-	1.	1.5	
90,0	X	24.0			1.5								1.5	
#21080 2.124 3.124 3.134	X	24.0	790,000		1.6				2 27 L				1.7	
20116	Х	24.0 24.0		<del> </del>	1.0									
1147	х	24.0			1.5	<del></del>			<del></del>	<del> </del>			1.2	
2012	x	24.0		·	1.7		<del></del>		<del> </del>	<del></del>			1.6	
* 15	x	24.0			1.7						<del> </del>		1.6	
J46	x	24.0			1.7								1,3	
2462  -  1705	X	24.0			1.7								1.3	
4-18	Х	24.0			1.9									
4-1840 19-4		24.0	1,240,000										·	
20	Х	24.0	1,240,000		1.5								1.4	
.:21	х	24.0			1.6								1.5	
£ 22	X	24.0			1.6								1,4	
- 237	Х	24.0			1.6								1.6	
24	X	24.0			1.6				<u> </u>				1.5	
25	Х	24.0			1.5									
26		24.0			ļ									
27	X	24.0			1.6		·	<b></b>	<u> </u>	ļ			1.5	
: 28	X	24.0			1,5			<del></del>	<u> </u>				1.5	
29	X	24.0			1.6	<del></del>		<del> </del>	<del> </del>	<u> </u>			1.4	
;:,30,	X	24.0 24.0		<del> </del>	1.2	<del> </del>	<del></del>	<del></del>	<del> </del>	<del> </del>			1.2	
31	X	1	29,990,000		1.0	l	L	<u>(                                     </u>	<u> </u>		L	i	1.3	
					•									

1,530,000

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



See Pages 4 for Instructions

Cancer Information for the	Name	207	<del></del>		
I. General Information for the	Month/Year of: September, 20	)U <u>(</u>			
A. Public Water System (PWS)	Information				
	kes Estates			PWS Identification Number:	3351182
PWS Type: Con	nmunity Non-Transient Non-Community	Transient Non-Com	nunity 📙	Consecutive	
Number of Service Connections at Er	id of Month: 1143			Population Served at End of Mo	onth: 4,001
PWS Owner: Aqua Uti	lities Florida				
Contact Person: Brian He				ct Person's Title: Ar	rea Manager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:			Contac	ct Person's Fax Number: (3:	52) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Info	rmation				·
	kes Estates			Plant Telephone Number:	352-787-0980
Plant Address: 10438 B	arrington Court		City: Leesburg	State: Florida	Zip Code: 34788
Type of Water Treatment by Plant:		Purchased Finished Water			
Permitted Maximum Day Operating (		2,202,000			
Plant Category (per subsection 62-69			Plant C	ass (per subsection 62-699.310	0(4), F.A.C.): C
Licensed Operators					) / Shift(s) Worked
Lead/Chief Operator: Will Fon		C·		Days 1st Shift	
Other Operators. & Marty No.	· · · · · · · · · · · · · · · · · · ·	<u> C</u>	10027	Days 1st Shift	
John Wo	rrell	<u> C</u>	6597	Days 1st Shift	
	<del></del>				
	·				
				<u> </u>	
	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>			<u></u>	
II. Certification by Lead/Chief	Operator				
· · · · · · · · · · · · · · · · · · ·	nent plant operator licensed in Florida, am	the lead/chief operator of the	water treatment p	lant identified in part I of	this report. I certify that the
•	eport is true and accurate to the best of my	•		-	•
	ther applicable standards referenced in sub				
	licensed operator staffed or visited this pla		•	<b>-</b>	•
	reatment process performance records. Fu				
			mese additional o	perations records to the r	w 5 owner so the P w 5 owner can
retain them, together with cop	ies of this report, at a convenient location	for at least ten years.			
dh. t	- W				
1100	- 10.5.07	Will Fontaine			C-6813
Signature and Date		Printed or Typed Name			License Number

PWS Ide	ntificaito	n Number:		3351182		Plant Name:	Silver Lakes	Estates						
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)														
			C Othe			ALIOT III	Chiorine Di	OXIGE	Ozone	( Com	inea Uniori	ne (Chiorar	nines;	
Γ						Ed Free Chie		Combin	ad Chlorina	(Chloramine	~\	Chlorine I	Na. 14a	
Type or	Distille	Le Care Nesic	Net Quantity The Quantity To Finished Water Produkted	nea in Distr	roution System:	T Free Chic	orine (					Chiorine	Jioxide	destruction of the same and the same and the same
1				3 3 4 5 1 3 € C	T Calculations, or	UV Dose, to	Demostate !	our-Log	Virus Inac	tivation, if	Applicable	Service of the servic		Emergency of Apportual Operating Conditions: Repair part distributions (Apportunity and Experience (Apportunity an
	ecities (1)			4 8 3 4 5	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	CT Calc	ulations	1500 100 100 100 100 100 100 100 100 100	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		\≱iiigUV	Dose		
5.0		*************************************	BLAN STO	800 5			Lowest CT	1000		ALC:	5 6	600		
233		的特殊	是是在二种			Disinfectant	Provided	专科协			M			
2 61	Days Plant		1988年1997年		Lowest Residual	Contact Time	Before or at	<b>李</b> ·李宝。	No. 3 (2)	である。数		<b>的</b> 特别的	Lowest Residual	
1.02 M	Staffed or		Net Quantity		Disinfectant	(T) at C	First	が説という。 Contracts	From Car		35.5	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency of Apriornal Operating
Dayof	Operator	Hours plant	Water		Before or at First	Point During	During Peak	4.2		Minimum CT	Operating	Required,	Remote Point in	Conditions: Repair or Maintenance Work that
une al	· (Place	, n	Water Producted gal	Peak Flow	Peak Flow, mg/L	minutes	Flow, mg	40.22. OC	ph of water,	min/	Liv Lose.		Distribution	Involves Taking Water System Components  26 26 Out of Operation
GW 12	X	24.0	1,160,000	C 1 CELO, EDIT	1.5	antifutes A	A.C. INDVENTS	Water: C	rivvhbuenne	s. mm/page	mw-sec/cm	sec/cm.	// System in mg/c-	25. 2700 1/25. Out of Operation: (2012)
+224		24,0					<u> </u>		<del></del>	<del></del>				
14/3(4	X	24,0	<del></del>	-	1.6				<del>                                     </del>			<del> </del>	1.5	
5.4.48	X	24.0			1.5				<b> </b>			† · · · · · · ·	1.5	
3.53	x	24.0	1,390,000		1.7								1.6	
: e /6 = € € 70 :	X	24.0	1,510,000		1.6								1.6	
政府部	X	24.0			1.7								1.6	·
9.1	X	24.0			1.7									
3.9.7		24.0												
7,107A	X	24.0			1.6				<u> </u>				1.5	
12**	X	24.0 24.0			1.5		<del> </del>	·		<u> </u>			1.5	
3,13-4	<del>-</del> â	24.0			1.5		<del> </del>				····		1.3	
314	X	24.0			1.6		l			<del></del>			1.6	
- 15 💸	X	24.0			1.5		-		l				1.0	<u> </u>
16 ↔	_	24.0												
2 3 17, 7	Х	24.0	1,150,000		1.5		l						1.5	
18	Х	24.0	610,000		1.4								1.4	
1904	Х	24.0			1.6								1.4	
20 ∴	Х	24.0			1.6								1.5	
ે 21⊁ક	Х	24.0	490,000		1.5								1.5	
22 :	<u> </u>	24.0			1.5	<u></u>	-					ļ		
24	X	24.0			1.6		ļ			<del></del>	<del></del>		1.4	
.25	<u>^</u>	24.0		<del> </del>	1.5								1.3	
26	$-\hat{\mathbf{x}}$	24.0			1.6		<del> </del>					<del> </del>	1.4	
27	X	24.0			1.5		<b> </b>						1.4	
28	- <u>x</u>	24.0	660,000	<u> </u>	1.5		† · · · · · ·				-		1.2	
29	X	24.0			1.5							<del></del>		
30		24.0												
31		24.0												
Total	1000	2.5												
Avgerage	197 90.		920,323	1					•					
Maximun	1.	7 m	1,510,000	]										

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



See Pages 4 for Instructions.

. General Information for the Month/	Year of: October, 2007		Section 1			
Public Water System (PWS) Informa	ıtion		·			
PWS Name: Silver Lakes Estates			grafi at 18 grafi e i j	PWS Identification Number:	3351182	
PWS Type:	☐ Non-Transient Non-Community	Transient Non-Comm	unity	Consecutive		
Number of Service Connections at End of Month:	1143 OF 100 ST			Population Served at End of Me	onth: 4,001	
PWS Owner: Aqua Utilities Florida						· · · · · · · · · · · · · · · · · · ·
Contact Person: Brian Heath		。1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Conta	et Person's Title:	res Manager	
			City: Leesburg	State: Florida	Zip Code:	34749
			Conta	et Person's Fax Number: (	352) 787-6333	
Contact Person's E-Mail Address:						
. Water Treatment Plant Information						
Plant Name: Silver Lakes Estates.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the contact with the contact of	电影 医海绵病 化多类	Plant Telephone Number:	352-787-098	0
Plant Address: 10438 Barrington Co			City: Leasburg	State: Florida	Zip Code:	34788
Type of Water Treatment by Plant:		ased Finished Water				
Permitted Maximum Day Operating Capacity of P.		2,202,000				
Plant Category (per subsection 62-699,310(4), F.A		recta by an an angle of the property of the pr	Plant (	Class (per subsection 62-699.31	0(4), F.A.C.):	
	Namo (v. 1945)					<b>的现在分词</b>
Lead/Chief@perators Will Fontaine	The second secon		6813	Daye tet Shift		
Other Operators Marty Neal		w hale company that has	10027	Days 4 st Shift		
John Worrell		4.20	6597	Days 1st Shift		
	the second secon	at make the terms of	WART IN FILL OF	the set all rest in the second		
	The second secon	ar which is it is to be the	રાજી જો જોઈ છે. જો	tion of the contract of the co		
		A SALES CAN THE WAY A SALES	edd i Later Color A	等在第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		
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			Maria San San San San San San San San San Sa		AND THE RESERVE OF THE PARTY OF	·
					Single Company of the	<u> </u>
				Programme of the Control of the Cont		
		一部市場公司海南縣多個縣	Man to Said	A PROPERTY AND A PROP	等。1888年18月1日 - 1888年18月1日 - 1888年	· · · · · · · · · · · · · · · · · · ·
. Certification by Lead/Chief Operato	yr.					9 1. 1 24 S
	nt operator licensed in Florida, am the	lead/ahief operator of th	a Water treatmen	nlant identified in part	Tofthin report Tour	Grehat the
	rue and accurate to the best of my know					
	r applicable standards referenced in su					
plant were prepared each day that a lic	ensed operator staffed or visited this p	lant during the month in	idicated above: (	l) records of amounts of	chemicals used and c	hemical feed
	treatment process performance record			additional operations re	cords to the PWS own	er so the PWS
owner can retain them, together with c	opies of this report, at a convenient loo	cation for at least ten yea	178.			
6/1	110.7	or the man a proper of the second of the sec		American Company of the Company of t		
Month	11-810/ Will	Fontaine		all for the second	C-6813	<u> </u>
Signature and Date	Print	ted or Typed Name			License Num	ber
DEP Form 82-555900(3)Attermate		Page 1				

PWS Identification Number: 3351182						Plant Name:	Silver Lakes	Estates		DIAD AAW	IER OR		IASED FIN	
HI, D	aify Data	for the M	onth/Year	of:		October, 2007								
Means	of Achievit	g Four-Log		vation/Remov	al: 🔽 Free (		Chlorine Di	oride	C Ozone	Com!	bined Chlori	ine (Chlorer	nines)	
LL OH	traviolet R	adiation		er (Describe):		•	C.EU, BIG 27		1 020110	, com	omen ciner	ие (спотя	imies)	
Type o	of Disinfe	tant Resid	ual Maintai	ned in Distri	ibution System:	Free Chic	rine [	Combin	ed Chlorine	(Chloremin	es) T	Chlorine I	Dioxide	
201	5 63 68 1				Calculations of									
				<b>2000年</b>						anaguniya te	THE RESERVE OF THE PARTY OF	Diversity		
	4 14 . 30	建筑森	i arrive	77 - (11 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14		- C-11150		VZVOLLO	TO SERVICE OF THE SER		SAMPLY OF SAMPLY	というでは、	M 1 2 4 4 5	
: 4		· · · · · · · · · · · · · · · · · · ·	v + 1771	を設定する	地名中国	\$ 14 E	G Vitter (m.)	<b>1</b>		7470			10.75-57	
		11.00		300	5336603	Disinfectant?	Broyday	100		7-7-5	5 - 10 P	100	0.00	
1	Days Plant Staffed or	74 Z.S.	Net Quantity	77.	Lowest Residual to	Color the		<b>100 St.</b>	4.0			W. L.		
	Visited by		of Finished		Distriction (CF)	Messurent	and the				2 1			Emergency or Apparmal Operating
Day of	2 15 17	Hours plant	Water	<b>医</b> 节显示		ំកា រួកកា				Vir day	Complete	<b>***</b> *********************************	Terror to the	Committee Committee Management Vor State
the	(Place	ω iα 👾	Producted.	Peak Flows	Customer During		Clow ing.	Tempol	phoryage	Virtiblia G Califestia Vinity S	STATOON.	Fanty L		Minvolves: Laking Water System Components
Month	ंट 'X'). ∞	Operation:	A To gal a - 20	Rate, gpd.	-CPcak Flow, mg/b來	minutes	William P		If Applicable	48%山市	in W.sec/can	Secolom .	ESystem; mg/E	Service Outron Operation and American
√	X	24.0	990,000		1.5	40 7 1 2 2 1 6 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	A Charles	April 19 19 19 19 19	A 4	P. Mary Co.	E PER NOTE OF	Archie	1.4	أنفانا المستحد المانا المنافقات المستحدين والمستحرب والمستحد
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78 <b>5.</b> 18	$\frac{x}{x}$	24.0	530,000		2.6	(50° a a 20°	250 775	100 Page 100	7 A. Se	100 100 100 100 100 100 100 100 100 100	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and services	1.4	
63-≨	X	24.0			11.5			18 500 5	<b>绿色</b>	3.70	CONTRACTOR OF	1K (2) (2) (3) (4)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
77		24.0	650,000		11.50 C 11.00 PM		TO THE THE	191 4 33	4. W.S. 118/4	10.88° 31.5%	\$1870 / 117	BRATER	2000 TOPO 148 多次	Constant Constant
<b>48</b>	Х	24.0	650,000		16		1 K. 10 4 5 1 K. 1	S. 18 18 18 18 18 18 18 18 18 18 18 18 18		AT 97200 5 - 1	字句 \$360°C	<b>**</b>	\$P\$ 18P\$ 59.4	
1.7. 9. A.	Х	24.0	450,000		4.5		一方 二階層	et, because	1994 A. 1917	13.5	200	AND A TYPE	AC 13/4-54134	
J 10-7	X	24.0	970,000		16		a military s	dir_1		Program and	\$ 1.00 C 1.00	· 克克斯克特拉克	the second of	
(E. 日本) 李 <b>12</b> 李	X	24.0 24.0	1,020,000	A SECTION	15		174.7 K			A A A SA SA SA SA SA SA SA SA SA SA SA S	Company of the	F827 (5.845)	74 (21.4)	Sugar Sugar
% 13 W	Ŷ	24.0	1,300,000		1.5°	tangan tahun 1990). Manggangan	DANA KATUR	"建"的"原"。 "健"表"现象	કેટ્ટ્રોન્ક ઉપયોગ કેટ્ટેન્ટ્રિટીન કેટેટ જોડા ઉપાય કોટ્ટેન્ટ્રિટીન કેટેટ	\$1936, 15 15 15 S			(A	No. of the second secon
.:14°		24:0	1,025,000			All hard to the first the	2 164 34 1 A	327 539		Construction of	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
· 15	х	24.0	1,025,000		1.5		AL FOR SHE	100 100	30.50 20.20		E-77(E-38	1000	**************************************	
116	Х	24.0	480,000	建铁铁矿 化氯	A AMS		24年基本	र जन्म १५	<b>为江东</b> 为两位30	1855 Ser. 1857	<b>研 安慰证明</b>	\$80.50	165 C. 1813	
1798	Х	24.0	1,250,000		- 1.6	<b>经</b> 对方的不可以	STANKE SE	1.00	34 化红度水	the Village is	TOTAL TO	### 5£3	<b>201.2</b>	Date: The Control of the Control
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*21		24.0	770,000			Dente de la companya de la companya de la companya de la companya de la companya de la companya de la companya		2.0		Mark Control			E. A. A. STANISH	MANAGE AND AND AND AND AND AND AND AND AND AND
± 22/≯	, X	24.0	770,000		17	WAY ST		4 14 15	影響等	N. S. W. J. J.	<b>新华东</b>	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 59 2 VIS	
4. <b>23</b> 4	X	24.0	400,000	State 1	2. 人名英格兰		द्राप्ताः कार्याः सम्बद्धाः स्रोतिकारः सम्बद्धाः	CHANGE	THE PLAN	MAN WARRAN	7. No. 18.	E ST SPENIE	12	<b>罗西</b> 斯·马特斯·英格特
24 7	Х	24.0	890,000	· 我一点 对为证 等	113	<b>建</b> 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		4.4	444		<b>建一次是一定</b>	14.3 S 14.30	ALL STAIR	
₹ 25 ×	X	24.0	830,000		3.437 70 1000000000000000000000000000000000	The state of the	(A) (E) (E) (E)	<b>《海河》</b>	<b>第二十二条</b>		要使明治的	<b>"这个人</b> "	12	
26	Х	24.0	580,000		16	隐缩 医局种	4.7.4年度以	<b>"那"</b>	學的學學	<b>文学</b> 等于五	The second second	表記書作	and the last of th	
2012	X	24.0	870,000		<b>15</b>			FIRE ACT Z	<b>经验证</b>	<b>着数数4.73</b>	经经历。不		<b>了自治,治理机力</b> 。	
28		24.0	755,000					1. 漢字	海山 (name	<b>基本各种</b> 。	20 S. S. C.			
29 ₺	X	24.0 24.0	755,000 410,000					Act Control		(4) (4) (4) (4)				ACTION OF THE PROPERTY OF THE
* 30 *	X	24.0		5 7	43.45			भूत के दें किये हैं। भूतमा प्रतिक स्टिक	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Carried Carry	<b>电影</b>	1.2	
	Car S. A.		24,160,000		-			A CONTRACT	1 A A A A A A A A A A A A A A A A A A A	Total State	T 21 (2) 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. A. A. L. C. C. C. C.	BAR SAMESTALL	and the second s
Average		4.5.0	779,355											

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



See Pages 4 for Inst											
I. General Informatio	n for the Month/Y	'ear of:	November, 2007				e s		1 13 No 146 1	A	
A. Public Water System	m (PWS) Informa	tion							1.		
PWS Name:	Silver Lakes Estates		or will a reason of		'S. T.	4 / 4	- 1 - 6	PWS Identificat	ion Number:	3351182	
PWS Type:	✓ Community	Non-Transie	ent Non-Community		Translent Non	n-Community		Consecutive	— · · · · · · · · · · · · · · · · · · ·		
Number of Service Conne	ctions at End of Month		1143		* *. *.			al Population Serve	d at End of Month:	4,001	
PWS Owner:	Aqua Utilities Florid	a.		ing and		Arres gily	elika a		in pagarant	1177	geographic lands
Contact Person:	Brian Heath	na na katalan da sa	NOT LOOK THE	, <u>5</u> ,777 <u>}</u>			≨ Соп	tact Person's Title:	Area Ma	nager:	
Contact Person's Mailing	Address:	PO Box 490310	n in de la grégorie par			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephor		(352) 787-0980					Con	itact Person's Fax N			
Contact Person's E-Mail		beheath@aqu	aamerica.com						2 1 - 3 - 5 Vis-	<b>第二年</b> [4] [4]	
B. Water Treatment P		<u> </u>									
Plant Name:	Silver Lakes Estates		The state of the s				dition in	Plant Telephone		352-787-09	
Plant Address:	10438 Barrington Co						Leesburg	State: Florida		Zip Code:	34788
Type of Water Treatment		✓ Raw Ground		urchased (	Inished Water						
Permitted Maximum Day					2,202,000	May a series	19 <sup>15</sup> - 11 <sup>15</sup> - 1		4. 公共10年		
Plant Category (per subse			g selv <b>V</b> ojt milita						on 62-699.310(4), F.		
Alzicensed Operators		Nam	e was the second		License (	Class Lice		er start to			EP TO SERVE AND AND AND AND AND AND AND AND AND AND
Regissement perator		<u>, 1 </u>		<u> 18. 18. 5</u>	c		6813	Days 1st Shift			
Other Conserves	Marty Neal		<u>a de la Paresta de Serv</u>	1 N 12	<u></u>		10027	Days 1st Shift	10 SUC 12	in this is a	
	John Worrell				_  <u>c</u>		6597	Days 1st Shift			
		<u> </u>	and a special and								
									<u> </u>		
				<u> </u>						<del></del>	
		7 A 32	<u></u>		<del>- </del>		# 1. 1				
		<u> </u>					<u> </u>				
	<u> </u>	<del></del>	g karris Argan sa		<del></del>					<u>, el seu la companya del companya del companya de la companya de </u>	
					<del>- </del>	- 1	<u> </u>	<u> </u>		<u> </u>	
Section Control of the Section						<u> </u>		<u> </u>			· · · · · · · · · · · · · · · · · · ·
II Certification by Lea	ad/Chief Operator	•									
I, the undersigned wa			d in Florida, am ti	ne lead/cl	nief operator	of the wate	r treatment	plant identified	in part I of this	report. I certify	that the
information provided											
International Standar	d 60 or other applie	cable standards	referenced in subsc	ection 62	-555 320(3)	FAC Is	so certify t	that the following	g additional one	rations records	for this plant
were prepared each of	lay that a licensed o	merator staffed	or vicited this plan	t'during (	he month ind	licated abo	un: (1) -ec	and the tenement	of shamicals use	and showing	Tor mis prain
(2) if applicable, app											
						OVIDE MESC	additionat	operations reco	ords to me Pws	owner so me PV	NS owner can
retain them, together	Aurit cobies of mis	report, at a conv	ement location to	r at ieast	uen years.						
Me I		12-6-0	7				and the source of		÷*	est de los	
- Ju-		114-0		Will Fonts			## 1 T T		<u> </u>	C-6813	
Signatuse and Date				Printed or	Typed Name					License Nu	mber

		n Number:		3351182	Plant Name: Silver Lakes Estates									
III. Da	ily Data	for the N	lonth/Year	of:		November, 200	7							
Means o	f Achievi	ng Four-Lo	Virus Inacti	ivation/Remov	/al: Free C	hlorine	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chlore	mines)	
		adiation	•	er (Describe):	•	•	0.110, 2.10	J.120	, 020	, como	HIOT CITOTI	no (Ontoi a		
Type of	Disinfe	ctant Resid		-	ibution System:	▼ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	s) [	Chlorine	Dioxide	
					T Calculations of								5 7 1 2 2 2 2 2 3 3 3	THE PROPERTY OF THE PROPERTY O
					T Carculations, or									
				Para de la compansión de	are same a confi	CALLEST AND COLOR	THE RESERVE	A 47 S	mercan managers			ALCO CONTRACTOR	4	
	30.0						LowestCI							
	<b>新松俊</b>				10 Harris 6 1 / 1	a Disinfectant				250				
		100	Net Cuantity	图 对分说。	Lowest Residual Disinfectant	Contact Time	Before or at	分科学	<b>建设建设</b>	No chart side		Minimum		
	Visited by		of Finished		Concentration (C)	Measurement	Customer			6515	Lover	iUV:Dose	Concentration &	A second
Day of	Operator	Hours plant	Water & State of the State of t	Section 4	Before or at First	Point During	During Peak			Minimum CI	Operating	Required	Remote Point in	Conditions Cepairos Manilenaus Working
2the V	Place		Hipoducied.	Peak Flow	7 Customer During & Peak/Flow, mg/L s	Peak Flow	Flow mg	Temp of	pH of Water,	Required ing	AIV Dose	mV	Distribution,	Covolvestrating ware of speak components
Month								Water, C	if Applicable	min/L				
	<u>X</u>		750,000		1.7		k .			- <u> </u>	a, e e e e	and the second	1.2	
	- <del>-</del>	24:0 24:0			1.5		A						1.1	
		24.0							<del>                                     </del>	. 7			<del> </del>	
	х	24.0			1.5	i e						Programme	1.1	
	Х	24.0			1.5		100	4, 21, 44,					1.1	
	Х.	24.0			1.4		ar is t	, .				y filipyrd	1.0	The state of the s
	X	24,0			1.5		1.5	s Itu			A. E. A. E. A.	1. 4.	. 1.1	A CONTRACTOR OF STREET
<b>10.9</b>	Х		550,000		1.5		<u> </u>		<u> </u>	: ]		The same of	1.2	
	х	24.0			1.6						Fr. 1 A. 0	marria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la c	<del>                                     </del>	<ul> <li>Section 1. Section 1. Section 2. Section 2. Section 3</li></ul>
	X	24,0 24:0			1.6			4 <sup>2</sup>			- Aleksia — — — — — — — — — — — — — — — — — — —	50 A	1.3	
133.6	$\frac{\hat{x}}{x}$	24.0			1.7							1.52	1.3	A SAME AND A SAME AND
144	Х	24.0			1.6			. 14 4 4					1,2	Water Harrison
124043	. X	24.0	1,200,000		1.4						4 .55.		1,2	
统场	Х	24.0			1.5								1.1	
34174	X	24.0			1.7						la de	.54 (6.1.)		
5.038#2	X	24.0			1.4				<del> </del>				1.1	
AND LOCAL	X	24.0			1.5				<del>                                     </del>		The second second		1.1	
204	X	24.0			1.4							Marine Car	1.0	Take Charles
200	X	24.0			1.4	· · · · · · · · · · · · · · · · · · ·	1 2 4				44.1	VSI-	1.1	
<b>#25</b>	х	24.0			1.4			! 3.7			S. Janes J.	e facility	1.1	
324 <b>3</b> 3	X	24.0			1.5		/				rai et iv	કે ગુપ્ત.	ļ'	
25		24,0		126					<b> </b>	. 1	tegation to engage	galente Notati	<del> </del>	
26000	X	24.0 24.0			1.5						gaje dise a seri Tagʻis edili	1.0	1.2	
16.280	X	24.0			1.4								1.1	
W-29 A	x	24.0			1.3				Twis .	·			1.0	
	х	24.0			1.4						7, 11, 5	San Light	1.1	
2991		24.0								1.00		N		
		98 W 184	25,850,000	<b>∞</b>										· · · · · · · · · · · · · · · · · · ·
WATER TOTAL	<b>公开工程度</b>	क्रासाप्टर जुना है।	833 871											

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.	<b></b>
Conoral Information for the Month	-/V

<ol> <li>General Informa</li> </ol>	ition for the Month/Y	ear of:	December, 2007					
A. Public Water Sy	stem (PWS) Informa	tion	-					,
PWS Name:	Silver Lakes Estates		of the state of th			PWS Identification Number	3351182	
PWS Type:	✓ Community	Non-Trans	sient Non-Community	Transient Non-Com	munity	Consecutive		
Number of Service Co	onnections at End of Month:		1143			Population Served at End of N	Month: 4,001	1
PWS Owner:	Aqua Utilities Florida		THE MARKING A POST OF STREET		,			
Contact Person:	Brian Heath		<b>新城城市城市人</b>		Conta	ct Person's Title:	Area Manager	
Contact Person's Mail	ing Address:	PO Box 490310			City: Leesburg	State: Florida		34749
Contact Person's Telep		(352) 787-0980		·*	Conta	ct Person's Fax Number: (	(352) 787-6333	** .
Contact Person's E-M		beheath@ac	uaamerica.com	4 A		:		
B. Water Treatmen	t Plant Information							
Plant Name:	Silver Lakes Estates	4.5				Plant Telephone Number:	352-787-098	0
Plant Address:	10438 Barrington Co	urt	transfer in		City: Leesburg	State: Florida	Zip Code:	34788
Type of Water Treatm	ent by Plant:	✓ Raw Groun	nd Water Purch	ased Finished Water				
Permitted Maximum I	Day Operating Capacity of I	Plant, gailons per	day:	2,202,000				:
Plant Category (per su	bsection 62-699.310(4), F.A	A.C.);	A <b>V</b>		Plant C	lass (per subsection 62-699.3	10(4), F.A.C.): C	
Licensed Operat	ors, gray, x, , , , , , , ,	Na Na	me was in the second	License Class	License Number	Day	(s) / Shift(s) Worked &	
kead@hief@pera			the state of the state of	C	6813	Days 1st Shift		
Other Operators:	19.220			С	10027	Days 1st Shift		
	John Worrell	<del></del>		С	6597	Days 1st Shift		
		· .						
Professional Company		·		Section 1				
Mary Street Street								
	¥4	<u> </u>						
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de Contrata de la contrata del contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contr				<u> </u>				
II Contification by	Lead/Chief Operator							
			1: 51 : 1					
1, the undersigned	water treatment plant	operator licen	ised in Florida, am the le	ad/chief operator of the	e water treatment p	lant identified in part I o	of this report. I certify t	hat the
information provi	ded in this report is tru	ie and accurate	e to the best of my know	ledge and belief. I cert	tify that all drinking	g water treatment chemic	cals used at this plant co	onform to NSF
International Stan	dard 60 or other applic	cable standard	s referenced in subsection	on 62-555.320(3), F.A.	C. I also certify the	at the following addition	ial operations records fo	or this plant
were prepared eac	th day that a licensed o	perator staffe	d or visited this plant du	ring the month indicate	d above: (1) recor	ds of amounts of chemic	cals used and chemical i	feed rates; and
(2) if applicable, a	appropriate treatment p	process perform	mance records. Furthern	nore, I agree to provide	these additional o	perations records to the	PWS owner so the PW:	S owner can
retain them, toget	her with copies of this	report, at a co	nvenient location for at	least ten years.		=,		
14		, ,		•				

Page 1

C-6813

License Number

Will Fontaine

Printed or Typed Name

Signature and Date

PWS I	entificaito:	n Number:		3351182		Plant Name:	Silver Lakes	Estates						
III. Daily Data for the Month/Year of: December, 2007														
			Virus Inactiv		al: Free C		Chlorine Die	<del></del>	Czone		ined Chlori	na (Chiaran		
	traviolet R			r (Describe):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHIOTHE DI	oxide	) Ozone	Com	ined Chlori	пе (Спютап	inies)	•
-					ibution System:	Error Chlo	rine [	Combin	ed Chiorine	(Chloramine	ه) ٦	Chlorine D	liovide	· · · · · · · · · · · · · · · · · · ·
Type C	WEST STATES												PORIGE	
			COLUMN TO THE REAL PROPERTY.	A Price Charles and Administration	T Calculations, or								Sec. 15.	CHARGE BARRIES TO THE STATE OF
	经费等			<b>建整理工程设计</b> 。	West to Law	CT-Calc	lations	- 10 O W	AND THE STATE OF T	**************************************	PROPERTY:	Dose (	X-1/2 - 1/2	
					The state of the s		Lowest CT							
	2012					Disinfectant	» Provided	100	3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Days Plant			333	Lowest Residual	Contact Time	Before or at			3000		Sec. 14	Lowest Residual	
Day of	Staffed or	2.8	Net Quantity	BOSE CAS	_ Disinfectant ≇ ♂	· 提(T)at C·//	dist.			1. H. S.	10.00	Minimum	Disinfectant e	Contraction of the second
2	Visited by	3 3 x 8 3 x 6 5			Concentration (C)	Measurement	Customer	海关层		25 6 6 74	Lowest	UV Dose	Concentration at	Imergency of Abustinate peraings
L'ay of	Operator (Place	Hours plant	Water Producted	ALM:	Before or at turst	Point During	During Peak	Tempor	7.04	Minimum CI	TIV		Remote Point in	
Month	<b>.</b>		gal		Peak Flow, mg/L	PERFLOW,	min/I	Water 9C	if Applicable	1 min 1	mW-er/em	Section .	System (mo// *	The state of the s
He of the second	X	24.0	1,020,000	States Bhee	1.4	-24 TATION -34		11,444-11/20,5		A 20 18-41 199	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.3.2
24.23 g		24.0	1,010,000											
	X	24.0	1,010,000		1,4								1.0	1
<b>金子</b>	X	24.0	550,000		1.9								1.5	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
S. 5845	X	24.0	900,000	e sedje e 👢 i i t	1.4						•		l.i	
<b>树66</b> 加	Х	24.0	1,230,000		. 1.4.			2.5					1.1	
67 Tak 49 8446	X	24.0	650,000		1.4		The state of	<u> </u>					1.0	
POST	Х	24,0 24,0	1,080,000	age to a feet	1.5		S		: ,			<u> </u>		
3672.5	Х	24,0	965,000 965,000	<u></u>	1.5		-				-		1.1	
1622 1403 4403 1246 1303 1303	X	24.0	580,000		1.5								1.1	
4 1260	Х	24,0	1,100,000		1.5								1.1	
3713章	Х	24.0	1,000,000	4	1.7								1.2	
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17.0	Х	24.0	1,010,000		1,6									
\$16-2		24.0	720,000	<u> </u>				3.0						
(217) g	X	24.0	720,000		1.7				:		·	·	1.3	
-18 <b>7</b> 0	X	24.0	370,000		1.7		··		· · ·				1.3	
÷ 20	X	24.0 24.0	890,000 950,000		1.6		<del></del>						1.2	
		24.0	610,000		1.5		<del></del>			<u></u>			1.2	
4 70 0	x	24.0	820,000		1.5								1.2	
5/23 vis		24.0	750,000							·				
4,24 v	Х	24.0	750,000		1.5								1.1	
\$ 25mg		24.0	660,000											
22 m 22 m 22 m 23 m 24 m 25 m 26 m 26 m 27 m 28 m 28 m 28 m 28 m 28 m 28 m 28 m 28	Χ.	24.0			1.4								1.0	
da2%c	Х	24.0		1 19 2 1	1.4.								1.0	А
28	X	24.0	460,000		1.4								1.2	
	X	24,0	1,000,000 835.000		1.5						<u>_</u>		<u> </u>	
£3802	x	24.0	835,000		1.5								1.1	
Total		ALCOHOL ST	26,060,000	<del> </del>	1	· · · · · · · · · · · · · · · · · · ·				<u> </u>			4.4	
ESTATE A	Control of the Control of the Control	CONTRACTOR OF STREET	940 646	1										

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

WS	ID:	3351182	Plant Name:	Silver Lakes	Estates	
/	Summary of Use of Poly	mer Containing Acrylan	ide, Polymer C	ontaining E	pichlorohydrin, and Ir	on or Manganese Sequestrant for the Year: * 2007
	s any polymer containing the molilows:	onomer acrylamide used at the v	ater treatment plan		☑ No ☐ Yes, and	the polymer dose and the acry lamide level in the polymer are as
E	olymer Dose ppm =				Acrylamide Level, % =	
	s any polymer containing the moodymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	☑No FY	es, and the polymer dose and the epichlorohydrin level in the
F	olymer Dose ppm =				Epichlorohydrin Level, % =	
C. I	s any iron or manganese sequest	trant used at the water treatment	plant?	☑ No	Yes, and the type of	sequestrant, sequestrant dose, ect., are as follows:
12	ype of Sequestrant (polyphosph	nate or sodium silicate):				
5	sequestrant Dose, mg/L of phosp	phate as PO4 or mg/L of silicate	as SiO <sub>2</sub> =			
1	f sodium silicate is used, the am	ount of added plus naturally occ	urring Silicate, in m	g/L as SiO <sub>2</sub> =		

<sup>\*</sup> 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.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See Pages 4 for Instr								
I. General Information	i for the Month/Ye	ar of: January, 20	006					
A. Public Water System	n (PWS) Informati	on .						
PWS Name:	Silver Lakes Estates		<del></del>		<del></del>	PWS Identification Numb	per: 3351182	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity	Consecutive	<u> </u>	
Number of Service Connec	tions at End of Month:	1134			Total	Population Served at End o	of Month: 3,402	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing A	Address: PO	O Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		52) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ddress: <u>b</u>	eheath@aquaamerica.co	m					
B. Water Treatment Pla	ant Information				· · · · · · · · · · · · · · · · · · ·			
Plant Name;	Silver Lakes Estates					Plant Telephone Number:	352-787-09	80
Plant Address:	10438 Barrington Cour				City: Leesburg	State: Florida	Zip Code:	34748
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C				2,202,000				
Plant Category (per subsect						lass (per subsection 62-699		
Licensed Operators		Name Name	And the second	License Class	License Number	De	ay(s) / Shift(s) Worked	
Lead/Chief Operators				C	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
	John Worrell			С	6597	Days 1st Shift		
			!					
The Control of the Party of the								
· 【基本的工作》								<del></del>
								<u> </u>
	·							
II Certification by Lead						<u></u>		
		perator licensed in Florida,						
information provided	in this report is true	and accurate to the best of	my knowledge a	nd belief. I certi	ify that all drinking	water treatment chen	nicals used at this plant of	conform to NSF
International Standard	l 60 or other applica	able standards referenced in	subsection 62-5:	55.320(3), F.A.C	C. I also certify tha	it the following addition	onal operations records t	for this plant
		perator staffed or visited this						
(2) if applicable, appr	opriate treatment or	ocess performance records.	Furthermore I	agree to provide	these additional or	perations records to th	e PWS owner so the PW	VS owner can
		eport, at a convenient location				,		. D OTHER CAIL
1 /	-	sport in a controllions toodil	or tot at least (c)	i Jours.		•		
	7	2-600000 N: NUMB	ER-WATE				C-6813	
Signature and Date		04313 M	Printed or Typ	ped Name	·		License Nun	mber
DED 5 43 556	Allegan	04010 11	M1 44 0	Dage 1		•	<b>,</b>	

PWS Io	entification	n Number:		3351182		Plant Name:	Silver Lakes	Estates				<u> </u>		
HI. D	aily Data	for the N	lonth/Year	of:		January, 2006								
Means	of Achievir	ig Four-Log	g Virus Inactiv	vation/Remov	val: 🌠 Free C	hlorine	Chlorine Di	oxide	Czone	Comb	nined Chloria	ne (Chloran	nines)	
J UI	traviolet R	adiation	∫ Othe	r (Describe):		•				,		(	<b>-</b> ,	
Type o	of Disinfec	tant Resid	iual Maintai	ned in Distr	ibution System:	Free Chlo	orine T	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
<del></del>	18 (14) <del>18</del> (14)	1 July 1 July 2			T Calculations, or			Four-Log	Virus Inac	tivation, if	Applicable	e a figure		
		Section 1	A MAN		AND THE RESERVE TH		ulations : 17	6 Y 3	A Province					
<b>∫</b> 50 €			100 m 100	t May an	and a second	NEW YORK		44 £	18-100		為外質	<b>定體形</b> 1		
						Disinfectant	Lowest Civ	1 m	3.4	1 3 m	2 .			
_	Days Plant				Lowest Residual	Contact Time	Before or at	100			The AND A		Lowest Residual	
l	Staffed or		Net Quantity		Disinfectant	(T) at C	First		The Control			Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	: Measurement:	Customer			Minimum CT	Lowest	UV Dose	Concentration at	
Day of		Hours plant		· 道:	Before or at First	Point During	During Peak	18.		Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	-Customer During	Peak Flow,	Flow, mg-	1 Territ of	pH of Water,	Required, mg	UV DOSC.	mW-	- Distribution	Involves Taking Water System Components
Month 1	>(.,X.,) ⊕	Operation:		Rate, gpd.	Peak Flow, mg/L	minutes	g/ min/Lsa >	water, C	if Applicable	Sasmin/L ⊘e	mW-sec/cm	sec/cm²	Systèm, mg/L	Out of Operation
12 0	x	24.0 24.0			1,5		· · · · ·	<del> </del> -	·		<del> </del>		1.2	
(43 级)	x	24.0	570,000		1.5						<del></del>		1.2	
. 4 :	Х	24.0			1.6						<u></u>		1.4	
∞5	Х	24.0	890,000		1.6								1.4	
્6 ર	х	24.0			1.6								1.3	
	<u> </u>	24.0			1.6			<u> </u>		·	<u>  </u>		·	· · · · · · · · · · · · · · · · · · ·
- <b>8</b> - 9 - 4	<u></u>	24.0			1.5	<u> </u>		<u> </u>				·		·
10 40	X	24.0 24.0	595,000 630,000		1.5		ļ	<del> </del>			<del> </del> -		1.2	
111 V	X	24.0	940,000	-	1.6	*				<del> </del>	<u> </u>		1.3	
12 *	X	24.0	840,000		1.5					<del></del>			1.4	<del></del>
13	X	24.0	600,000		1.6								1.4	
14 🗸	X	24.0	860,000		1.5								· ·	
15 🚌		24.0	765,000							ļ <u>.</u>				
16 17	X	24.0	765,000		1.6	.=		<del> </del>					1.4 * 13	
18 %	X	24.0 24.0	510,000 790,000		1.6		<del> </del>	<del> </del>		<del> </del>	<del></del>		* 1.3 1.4	<del></del>
19 -	X	24.0		<del>                                     </del>	1.6	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>	<del>                                     </del>	<del> </del>		1.4	
20	X	24.0		<del> </del>	1.6		t	<del>                                     </del>		<del>                                     </del>			1.3	
~ 2l∻ :	Х	24.0			1.5					<u> </u>				
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÷23.	Х	24.0		· -	1.5								1.4	
24	X	24.0	510,000		1.6			ļ. <u> </u>					1.4	
25	X	24.0	910,000		1.5		<u> </u>	<u> </u>		ļ			1.4	
26 = 27	X	24.0 24.0	1,110,000 530,000		1.5		<del> </del>	<del> </del>	<u> </u>		<del> </del>		1.4	
× 28 %	X	24.0		<del>                                     </del>	1.5	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<u> </u>		1,4	
29 ,		24.0		<del> </del>	1.3		<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>		<del></del>	
30.34	· x	24.0			1.5	<del></del>	<del>                                     </del>	<del> </del> -		<u> </u>			1.3	
31 (	Х	24.0			1.5								1.3	
		ion rees.			,			· · · · · · · · · · · · · · · · · · ·						
Avgerag	e <sup>t</sup> Live	學家學院	733,548	]						•				

1,110,000

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



John Worrell C 6597 Days 1st Shift	
WS Owner: Aqua Utilities Florida ontact Person: Brian Heath ontact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: ontact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com Vater Treatment Plant Information ant Name: Silver Lakes Estates ant Address: 10438 Barrington Court ype of Water Treatment by Plant: Yaw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 2,202,000 ant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): C City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: Plant Class (per subsection 62-699 310(4), F.A.C.): C City: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: City: Leesburg State: Florida Zip Code: Ci	
Intact Person:  Brian Heath Intact Person's Mailing Address: PO Box 490310 Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Telephone Number: Intact Person's Fax Number: Interpolation Plant Intact Person's Fax Number: Intact Person's Fax Number: Interpolation Plant Intact Person's Fax Number: Interpolation Plant Intact Person's Fax Number: Interpolation Plant Interpolation Plant Interpolation Int	
ontact Person's Mailing Address: PO Box 490310	
ontact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address: beheath@aquaamerica.com  Vater Treatment Plant Information ant Name: Silver Lakes Estates Plant Telephone Number: 352-787-09 ant Address: 10438 Barrington'Court Plant: Raw Ground Water Purchased Finished Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 2,202,000 ant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C  Add(11) 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>.                                  </u>
ontact Person's E-Mail Address: beheath@aquaamerica.com  Vater Treatment Plant Information  ant Name: Silver Lakes Estries: Plant Telephone Number: 352-787-05  ant Address: 10438 Barrington Court Plant: Purchased Finished Water  remitted Maximum Day Operating Capacity of Plant, gallons per day: 2,202,000  ant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indicated Plant Class (per subsection 62-699.310(4), F.A.C.): C  Indi	34749
Vater Treatment Plant Information  ant Name: Silver Lakes Estates: Plant Telephone Number: 352-787-05  ant Address: 10438 Barrington Court	
ant Name: Silver Lakes Estates	
ant Address: 10438 Barrington Court	
ype of Water Treatment by Plant:  Purchased Finished Water  ermitted Maximum Day Operating Capacity of Plant, gallons per day:  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  Compared Finished Water  2,202,000  Plant Class (per subsection 62-699.310(4), F.A.C.):  Compared Finished Water  Compared Finished Wate	
ermitted Maximum Day Operating Capacity of Plant, gallons per day:  ant Category (per subsection 62-699.310(4), F.A.C.):  Use Set (specially):  Salk(U)1051(Q)5(210):  Will Fontaine:  C 6813  Days 1st Shift  Days 1st Shift  C 6597  Days 1st Shift  Days 1st Shift	34748
ant Category (per subsection 62-699.310(4), F.A.C.):  Constitution  Constitution  Will Fontaine  Constitution  Will Fontaine  Constitution  Co	
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	Face Comments
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	7-1

PWS I	dentificaito	on Number	:	3351182		Plant Name:	Silver Lake	s Estates	2						
	aily Data	a for the	Month/Year	of:		February, 2006						a see jira			
			og Virus Inact		val: 🔽 Free (		Chlorine D	iovida	C Ozone		bined Chlor			·	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

General Informa	ttion for the Month/Y	ear of:	March, 2006				
	stem (PWS) Informa					<u> </u>	<u> </u>
WS Name:	Silver Lakes Estates					PWS Identification Number	3351182
WS Type:	∠ Community	Non-Translent N		Transient Non-Con		Consecutive	
	onnections at End of Month		1134		Tot	al Population Served at End of l	Month: 3,402
WS Owner:	Aqua Utilities Florid		mittee : 100 mars 1 mar				ยาว เลย ราง (การกับเกียร์กับเมือง All คือกับเกียร์การก
ontact Person:	Brian Heath						Area Manager
ntact Person's Mail		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
ntact Person's Telep		(352) 787-0980		Victoria de la majora de la la majora della majora della	And the total for the first terms of		(352) 787-6333
ntact Person's E-Ma		<u>beheath@aquaan</u>	nerica:com	37.23.44 B. T. T. T. T. T. T. T. T. T. T. T. T. T.	<b>"我是我说</b>	. Land a Marine Sun	<b>元元,元二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二</b>
	t Plant Information	Consequently and a second of the second	Make the second property of the second secon	77 - 5 - Control Off Wag-School Before, 20-	Market College and College		
ant Name:	Silver Lakes Estates					Plant Telephone Number:	352-787-0980
ant Address:		ourt were			City: Leesburg	State: Florida	Zip Code: 34748
pe of Water Treatm		Raw Ground Wat	ter <u>l</u> Purch	ased Finished Water	ng philippen philippen and the first of the contract of	The same of the sa	TOTAL STATE OF THE
	Day Operating Capacity of I		Colour instancial Leaders process	2,202,000			
	bsection 62-699.310(4), F.				Plant	Class (per subsection 62-699.3	10(4), F.A.C.): G
i jenska (Qmeni)		Market Name				ii bey	en all intervention of the second
greiteldraf Öddari Braff Öddariteri				CHIRE		Days 1st Shift	
illet Mi.e. ii. 1976				er as		Days 1st Shift	
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rtification by	Lead/Chief Operator						
			Horida am the L	ad/chief operator of the	Tirator tractment	plant identified in and I	of this report. I certify that the
formation provi	dodin this somest is to	operator needs to the	i i a a a Come i i i i i i i i i i i i i i i i i i i		zwatej neamient	brane identitied ût barr I (	or this report. I certify that the
ormation provid	Ten in mis report is no	ie and accurate to th	e desi of my know	reage and benef. I cer	ny mat an ormki	ng water treatment chemic	cals used at this plant conform to
ernational Stan	dard ov or other applic	cable standards refer	renced in subsection	on 62-555.320(3), F.A.	l also certify t الله	hat the following addition	al operations records for this plan
re prepared eac	h day that a licensed o	perator staffed or y	isited this plant du	ring the month indicate	d above: (1) reco	ords of amounts of chemic	als used and chemical feed rates;
) if applicable, a	ippropriate treatment p	process performance	records. Furthern	nore, I agree to provide	these additional	operations records to the	PWS owner so the PWS owner ca
ain them, togeth	ner with copies of this	report, at a conveni	ent location for at	least ten years.			
Much	12	4-6-06	-wan	Fontaine			C-6813
gnature and Date				ted or Typed Name	STORY SOLVE	The state of the s	
ADMING ADO CASE				ed or Tuned Name			License Number

2.4.0   17,000,000   18,000   18,000   19,00	WS Identification Number		3351182		Plant Name:	Silver Lake	s Estates		e de la Maria						
Other   Charles   Combined Chorine   Chlorine   Chlor	II. Daily Data for the	Month/Year	of:		March, 2006-					N. Z.					
Chorine Chorine   Chorine Chorine   Chorine	Means of Achieving Four-L	og Virus Inacti	vation/Remo				ioxide	Ozone	Com	bined Chlor	rine (Chlora	mines)			
### 150 ST 107000 ST 200 ST 107000 ST 200 ST	• •				▼ Free Chle	orine [	Combin	ed Chlorine	(Chloramin	es) [	Chlorine	Dioxide			<del></del>
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2.4.0   1,000,000   1,000,		eritagrafi aratik seria ali ali	1 201 1000		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya	THOSE OF	rain and a second	IRO COLOR	ાં જેવા છે. જો	11.11.11.11.11.11.11.11.11.11.11.11.11.	TIVY:	Clistic to time?	filming the fi	liches White Specien	commercial
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33,280,000								refresh and discount							
1.073 548		33,280,000							<del></del>						
		1,073,548	1												

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

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See Pages 4 for Instructions.		$\mathcal{L}_{\mathcal{A}} = \{ (x,y) \in \mathcal{A} \mid (x,y) \in \mathcal{A} \}$		,
l. General Information for the Month/Year of:	April: 2006			
A. Public Water System (PWS) Information				
PWS Name: Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	Non-Community Transier	nt Non-Community	Consecutive	
Number of Service Connections at End of Month:	1164	Total I	Population Served at End of Month:	3,402
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contac	t Person's Title: Area Manage	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contac	et Person's Fax Number: (352) 787-63	33
Contact Person's E-Mail Address: beheath@aquae	merica:com.			
B. Water Treatment Plant Information				
Plant Name: Silver Lakes Estates			Plant Telephone Number:	352-787-0980
Plant Address: 10438 Barrington Court		City: Leesburg	State: Florida ( )	Zip Code: 34788
Type of Water Treatment by Plant:	ater Purchased Finished \	Vater		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	2,202	OOO EE WESTER	<b>《公司》(1985年)                                    </b>	
Plant Category (per subsection 62-699.310(4), F.A.C.):			ass (per subsection 62-699.310(4), F.A.C.	
Lipaniera (Opra arais)		nise(Class Literate Number	Disy((s))/Shifts	// Wordset
Later Charles Will Fontaine	C		Days Lst Shift	
The Leave Many Neal	C	10027	Days/Ist Shift	
John Worrell	C	6597	Days 1st Shift	
	Charge and the second s			
	<b>种种类的</b> 或物理等。2.70% 经基础	ella de la la la la la la la la la la la la la	FARTANIA PARAMETER AND AND AND AND AND AND AND AND AND AND	
	<b>建筑建筑</b>		<b>一点的是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	
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		<b>ANALYSIS</b> ACTUAL TO THE MADE		
是一个人,就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一个人,他们就是一	<b>以前,是一种的</b> 自然是一种的一种。	<b>设置的控制</b> 使力量的基本分别的基本。	THE RESIDENCE OF THE PARTY OF T	
I Certification by Lead/Chief Operator			· ·	
		The first transfer of the second of the seco		
I, the undersigned water treatment plant operator licensed	ur riorida, am me lead/emer oper	ator of the water treatment pi	ant identified in part I of this repo	rt. I certify that the
information provided in this report is true and accurate to	ne best of my knowledge and bel	let. I certify that all drinking	water treatment chemicals used at	this plant conform to NSF
International Standard 60 or other applicable standards ref	erenced in subsection 62-555.320	(3), F.A.C. I also certify tha	t the following additional operatio	ns records for this plant
were prepared each day that a licensed operator staffed or	visited this plant during the mont	h indicated above: (1) record	ls of amounts of chemicals used ar	nd chemical feed rates; and
(2) if applicable, appropriate treatment process performance			perations records to the PWS owner	r so the PWS owner can
retain them, together with copies of this report, at a conver	ient location for at least ten year			
Mu = 5.5.06	Will Dank		98.00 (86.00 <b>%)                                   </b>	Con Control of the Co
Signature and Date	Will Fontaine Printed or Typed Nam		eral word indirection to the control of the control	C-6813 License Number

PWS Identification Number:	3351182	Plant Name: Silver Lake	s Estates		and the second s	
III. Daily Data for the Month/Year	r of:	April, 2006				
Means of Achieving Four-Log Virus Inact		Chlorine D	ioxide Czone	Combined Chlo	rine (Chloramines)	
Ultraviolet Radiation Oth	ner (Describe):		· · · · · · · · · · · · · · · · · · ·			
Type of Disinfectant Residual Mainta	ained in Distribution System:	Free Chlorine	Combined Chlorine	(Chloramines)	Chlorine Dioxide	
	Catorial constitution	งนักเลือกกับได้เวลาสอดเลือง V เมื่อเ	Policikas Mineriera	iraninga E Amiliati		
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Page 2

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



See Pages 4 for Instructions. General Information for the Month/Year of: May. 2006 A. Public Water System (PWS) Information PWS Identification Number: 3351182 PWS Name: Silver Lakes Estates والمنطقة المناس Consecutive ✓ Community Non-Transient Non-Community Transient Non-Community PWS Type: Total Population Served at End of Month: 3,402 Number of Service Connections at End of Month: 1134 11 10 10 10 10 10 PWS Owner: Anua Culities Florida Contact Person's Title: Area Manager Contact Person: Brian fleath State: Zip Code: 34749 City: Leesburg Florida Contact Person's Mailing Address: PO Box 490310 Contact Person's Fax Number: (352) 787-6333 (352) 787-0980 Contact Person's Telephone Number: beheath@aqueamerica.com 一二年的基础的工作 Contact Person's E-Mail Address: **B. Water Treatment Plant Information** 352-787-0980 Plant Telephone Number: Plant Name: Silver Lakes Estates wat Drive Zip Code: 10438 Barrington Court City: Leesburg State: Florida 34788 Plant Address: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 2,202,000 Plant Category (per subsection 62-699.310(4), F.A.C.): . v Plant Class (per subsection 62-699.310(4), F.A.C.): Trinonse Classe, angenas ikan ilian beri 30 - 724 alian bay/alia matika Waterday. Days 1st Shift Will Pontaine 6813 10027 Days 1st Shift Marty Neal 6597 Days 1st Shift John Werrell 2. 27 H 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. 615.06 C-6813 Will Fontaine License Number Printed or Typed Name Signature and Date

PWS Identificait	on Number:		3351182		Plant Name:	Silver Lake:	Estates									
III. Daily Dat	a for the M	onth/Year	of:		May, 2006		<del></del>									
Means of Achiev				al: 🔽 Free C	hlorine [	Chlorine Di	oxide	☐ Ozone	[ Comb	ined Chlori	ne (Chlorar	nines)				
Ultraviolet			er (Describe):		,			,	, 00		(					
Type of Disinfe	ectant Resid	lual Maintai	ined in Distri	bution System:	Free Ch	lorine \( \( \sigma \)	Combi	ned Chlorine (	Chloramine	s) 「	Chlorine I	Dioxide	,			
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Ins						<u> </u>		
. General Information	on for the Month/Y	ear of: June, 2006						
A. Public Water Syste	em (PWS) Informat	tion						
PWS Name:	Silver Lakes Estates			·		PWS Identification Number	r: 335118	32
PWS Type:	✓ Community	Non-Transient Non-Commu	nity 🔲	Transient Non-Com	munity	Consecutive		
Number of Service Conn	ections at End of Month:	1134			Total	Population Served at End of	Month: 3,402	
PWS Owner:	Aqua Utilities Florida							•
Contact Person:	Brian Heath		•		Conta	act Person's Title:	Area Manager	
Contact Person's Mailing	Address:	PO Box 490310	•	•	City: Leesburg	State: Florida	Zip Co	de: 34749
Contact Person's Telepho		(352) 787-0980			Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail		beheath@aquaamerica.cor	<u>n</u>					
3. Water Treatment l	Plant Information							
Plant Name:	Silver Lakes Estates					Plant Telephone Number:	352-78	7-0980
Plant Address:	10438 Barrington Co				City: Leesburg	State: Florida	Zip Co	de: 34788
Type of Water Treatment		Raw Ground Water	Purchased F	inished Water				
	Operating Capacity of F			2,202,000				-
Plant Category (per subse			·			Class (per subsection 62-699.3		
		Name	* 4 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	License Class	License Number		(s) / Shift(s) Worke	ed
Lead/Chief Operator				C	6813	Days 1st Shift		
Other Operators:	70 V			С	10027	Days 1st Shift		
	John Worrell			C	6597	Days 1st Shift	· · · · · · · · · · · · · · · · · · ·	
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I Certification by Le	ad/Chief Operator	· · · · · · · · · · · · · · · · · · ·						
		operator licensed in Florida, a	m the lead/ch	ief operator of the	water treatment	alant identified in part I	of this report I cer	tify that the
		e and accurate to the best of n						
		cable standards referenced in s						
		perator staffed or visited this						
		rocess performance records.			these additional of	operations records to the	PWS owner so the	PWS owner can
retain them, together	r with copies of this	report, at a convenient locatio	n for at least t	ten years.				
14	<u> </u>							
Month	/	-7-06	Will Fontai	ne			C-6813	
Signature and Date			Printed or T	yped Name			License	Number

Page 1

PWS Id	lentificaito	n Number:		3351182		Plant Name:	Silver Lakes	Estates		· · · · · · · · · · · · · · · · · · ·				
III. D	aily Data	for the N	lonth/Year	of:		June, 2006								
			g Virus Inacti		val: 🔽 Free C		Chlorine Di	ovida	Ozone	<u> </u>		(Chla		
			Othe			,,,,,,,,,,	Chlorine Di	oxide	j Ozone	1 Com	oined Chloria	ne (Chiorar	nines)	
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	i Disinie	ctant Resid	duai Maintai	ned in Distr	ribution System:	₩ Free Chlo	rine	Combin	ed Chlorine	(Chloramine	:s) )	Chlorine I	Dioxide	
e de Carrie	20 CARCO	1	Part Land	~	Lowest Residual Disinfectant Concentration (C) Before or at First	:UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if	Applicable!	Working Bill	A A A A A A A A A A A A A A A A A A A	<b>新疆接受</b>
	tri in	4 等	<b>"我们是我们</b>	STATE OF THE	<b>中學 经允许的价值</b>	CT Calc	ulations		进步 建加热	(MEDICAL)	· UV I	Oose :	Lowest Residual	
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Day of	Operator	Hours plant	Water Producted,	1233	Before or at First , Customer During	Point During	During Peak			Minimum CT	Operating			
the T	(Place	in	Producted,	Peak Flow	Customer During:	Peak Flow	Flow, mg-	l Temp of	pH of Water,	Minimum CT Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	X")			%Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, TC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>		Out of Operation
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1,890,000

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



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77	ation for the Month/Year of: July, 20	<b>06</b>		
	ystem (PWS) Information	James Market Market Commencer	Datie 11 are at all all all all all all all all all	2251102
PWS Name: PWS Type:	Silver Lakes Estates  V Community Non-Transient Non-Com	imunity Transient Non-Community	PWS Identification Number:	3351182
			Consecutive	2.402
PWS Owner;	Connections at End of Month: 1134  Aqua Utilities Florida		otal Population Served at End of Month:	3,402
Contact Person:	Brian Heath		ontact Person's Title: Area Man	
Contact Person's Mai		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tele			ontact Person's Fax Number: (352) 787	
Contact Person's E-M			omace reison's rax ruminer. (332) 787	<del></del>
	nt Plant Information	Congressive united to the control of		
Plant Name:	Silver Lakes Estates		Plant Telephone Number:	352-787-0980
Plant Address:	10438-Barrington Court	City: Leesburg	State: Florida	Zip Code: 34788
Type of Water Treatm	<u> </u>	Purchased Finished Water	<u> 1. julius en regula p</u> iù la resultant en la regula più	<u></u>
	Day Operating Capacity of Plant, gallons per day:	2202,000		
		/ Pla	nt Class (per subsection 62-699.310(4), F.A	.C.): E
Alliense koner	ito Name	Liesitse Class Liesitse Non	bet   Day(s))//Sin	it(s) Worker
Lew/ellier/grei	Will Fontame	<b>6813</b>	Days 1st Shift	
Within Constants	Marty Neal	C 10027	Days 1st Shift	
	John Worrell	G 6597	Days 1st Shift	
				회에 있으면 그리고 통통을 보니다.
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Captification by	Lond/Chief Operator			
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I, the undersigned information provi	Lead/Chief Operator d water treatment plant operator licensed in Florid ided in this report is true and accurate to the best o adard 60 or other applicable standards referenced	of my knowledge and belief. I certify that all drin	king water treatment chemicals use	d at this plant confor
were prepared each	ch day that a licensed operator staffed or visited the	nis plant during the month indicated above: (1) re	cords of amounts of chemicals used	l and chemical feed rates
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16	83-06	the major of the way the transfer and		
1100		Will Fontaine	<u> </u>	C-6813
Signature and Date		Printed or Typed Name		License Number

PWS I	dentificait	on Nun	nber.		3351182	1.5	Plant Name:	Silver Lake	s Estates			٦.			
	Daily Dat	a for (	the N	lonth/Year	of:		July, 2006								
					ivation/Remov	mb Fr.						<del> </del>		<u> </u>	
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ir .	ltraviolet l				er (Describe):										
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.						
1. General Information for the Month/Year of:	August, 2006					<del> </del>
A. Public Water System (PWS) Information						
PWS Name: Silver Lakes Estates				PWS Identification Number	er: 3351182	
PWS Type: Community Nor	n-Transient Non-Community	Transient Non-Community		Consecutive		
Number of Service Connections at End of Month:	1134		Total P	opulation Served at End o	f Month: 3,402	
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath			Contac	t Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 49	0310	City:	Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number: (352) 787-			Contac	t Person's Fax Number:	(352) 787-6333	
	@aguaamerica.com					
B. Water Treatment Plant Information						
Plant Name: Silver Lakes Estates				Plant Telephone Number:	352-787-098	30
Plant Address: 10438 Barrington Court			Leesburg	State: Florida	Zip Code:	34788
		inished Water				
Permitted Maximum Day Operating Capacity of Plant, gallo	7.77	2,202,000			·	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			ass (per subsection 62-699.		
		Annual Control of the	se externiber	The state of the s	yenyasjadanyodada	
Bassing straightenisis Will Fontaine		C		Days 1st Shift		
Other Committee Marty Neal		_[C		Days 1st Shift		· · · · · · · · · · · · · · · · · · ·
John Werrell		_ C	6597	Days 1st Shift	<del>-</del>	<u></u>
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II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator	licensed in Florida, am the lead/ch	rief operator of the water	treatment n	ant identified in part	Lof this report   Logstiff	that the
information provided in this report is true and ac						
International Standard 60 or other applicable sta						
were prepared each day that a licensed operator						
(2) if applicable, appropriate treatment process p			additional op	perations records to the	ne PWS owner so the PV	VS owner can
retain them, together with copies of this report,	t a convenient location for at least	ten years.			•	
Men fr	Will Fontair	ne		·	C-6813	
Signature and Date	Printed or T	yped Name			License Nun	nber

PWS Id	entificaito	n Number:		3351182		Plant Name:	Silver Lak	es Estates							
III. D	aily Data	i for the M	onth/Year	of:		August, 2006									
Means	of Achiev	ing Four-Lo	g Virus Inac	tivation/Remova	al: 🔽 Free C	hlorine [	Chlorine I	ioxide	Ozone	Con	nhined Chlor	ine (Chlorar	mines)		_
,		Radiation		er (Describe):	•	•			,	,				•	
L'			•	ned in Distribut	tion System:	Free Chl	orine I	Combin	ned Chlorine	(Chloramir	nes)	Chlorine l	Dioxide	-	
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			942,903 1.750,000	1											

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



See Pages 4 for Instructions.

Public Water System (PWS) Information  FVS Name.  Silver Lakes Selection  FVS Name.  Silver Lakes Selection  FVS Name.  Silver Lakes Selection  FVS Owner:  Again Utilities Period  Area Manager  Contact Person  Brian Fleening  FVS Owner:  Again Utilities Period  Area Manager  Contact Person  Brian Fleening  FVS Owner:  Again Utilities Period  Contact Person  Brian Fleening  FVS Owner:  Again Utilities Period  Contact Person  Brian Fleening  FVS Owner:  Again Utilities Period  Area Manager  Contact Person  Fine Fleening  FVS Owner:  Area Manager  Again System  Again  Address:  Brian Fleening  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Again  Brian Fleening  FVS Owner  Br	1. General Information for the Month/Year of:	Contour by Manager State Co.	and the first of the second second second second second second second second second second second second second	Professional Company	1. 16 4 2 12 保持 13 13 13 13 13 13 13 13 13 13 13 13 13		
PWS Internation Number:   3551182	i. General information for the Monta/ Year of:	September: 2000	graphy a region of the state of	a remaining the semination of	The state of the management of the state of	<u></u>	
PWS Internation Number   3551182   PWS Internation Number   3551182   PWS Type   2   Community   Internation Number   Internation Number   Internation Number   Internation Number   Internation Number   Internation Number   Internation Number   Internation   Internat	A. Public Water System (PWS) Information	-					
Number of Service Connections at End of Month: 3,402  PWS Owner. Aqua Utilities Floring* 4.  Contact Person: Brian Healt. 80400x 98750   Contact Person's Title: Area Manager  Contact Person's Maliting Address: 80400x 98750   Contact Person's Title: Area Manager  Contact Person's Telephone Number: 3527,782,58980   Contact Person's Far Number: 3527,787-6333    Contact Person's End Address: beneath (2000)   Contact Person's Far Number: 3527,787-6333    Contact Person's End Address: beneath (2000)   Contact Person's Far Number: 3527-787-0980    Plant Tactegory (Part Intercent by Plant: 1 107 mattle)  Plant Address: 10438 Benefits (2000)   Plant Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Telephone Number: 352-787-0980    Plant Clargory (per subsection 62-699 310(4), F.A.C.)   Contact Person's Teleph					PWS Identification Number:	3351182	
Number of Service Connections at End of Month:   3,402	PWS Type:	n-Transient Non-Community	Transient Non-Commu	nity	Consecutive		
Contact Person's Telephone Number:		F194	State, and the	Total I	Population Served at End of Month:	3,402	
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Contact Person's Telephone Number: (\$52),783980   \$68e01/@aquaamericatoom   \$68e01/@aquaamericat	Contact Person: Brian Heath			and the state of t			
Water Treatment Plant Information Plant Address:	Contact Person's Mailing Address: 20 Box 4						
Water Treatment Plant Information   Plant Name: Silver Fakes   Plant Telephone Number: 352-787-0980						5333	7 X
Plant Name:   Silver Lakes Effaires   Plant Address   Days Est Effaires   Plant Address   Days Est Effaires   Days Ist Shift   Days Ist Shif	<u> </u>	n@aquaamerica.com	all the comments	文文·Park 李维。	The state of the s		
Plant Address: 10438-Bartingtois Couté   Purchased Firished Water   Purchased Firished Water   Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699-310(4), F.A.C.):    Plant Category (per subsection 62-699-310(4), F.A.C.):   Plant Class (per subsection 62-699-310(					· · · · · · · · · · · · · · · · · · ·		
Type of Water Treatment by Plant:							
Permitted Maximum Day Operating Capacity of Plant, gallons per day:  Plant Category (per subsection 62-699 310(4), F.A.C.):  Will Fontaine  Marty Neal  John Wortell  C  6597:  Days 1st Shift  C  6597:  Days 1st Shift  C  Certification by Lend/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				y: Leesburg	State: Florida	Zip Code: 34788	
Plant Category (per subsection 62-699.310(4), F.A.C.):    Plant Class (per subsection 62-699.310(4), F.A.C.):   Comparison of the comparis							
Will Fentance C (881): Days 1st Shift  Marty Neal C (9027 Days 1st Shift)  John Wortell C (5597 Days 1st Shift)  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			2,202,000			<u>.</u>	
Will Fontaine  Marty Near    Days 1st Shift							
Marty Neal John Worrel!  C 6597. Days 1st Shift  C 659						(S)))YOTKUTANEDA	
John Worrell  C 6597 Days 1st Shift  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							
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			C a la cap			·	
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(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	(2) if applicable, appropriate treatment process p	erformance records. Furthermore, l	I agree to provide the	ese additional op	perations records to the PWS ow	ner so the PWS own	er can
retain them, together with copies of this report, at a convenient location for at least ten years.	retain them, together with copies of this report, a	t a convenient location for at least to	en years.	•			
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	· Signature and Date	Printed or To		<u> </u>			
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Ultraviolet Ra	diation	Othe	er (Describe)	:										<del></del>	··
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Refer to the instructions for this report to determine which plants must provide this information.

## MONTHLY OPERATION REPORT FOR PWSS TREATING KAW GROUND WATER OR FURCINATED . ... ISHLE WAILK



See Pages 4 for Instructions.		The state of the s
1. General Information for the Month/Year of:	October 2006	
A. Public Water System (PWS) Information		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
PWS Name: Silver Lakes Estates	PWS Identification Number:	335,1182
PWS Type:	Non-Community Transient Non-Community Consecutive	
Number of Service Connections at End of Month:	Total Population Served at End of Mon	th: 3,402
PWS Owner Wonat Utilities Florida		一个对于是一个
Contact Person: Person: Person Heath		Manager
Contact Person's Mailing Address: PO Box 490310	City: Bessburg: State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0080	Contact Person's Fax Number: (35)	),787-633355,2375 <sub>4</sub>
Contact Person's E-Mail Address: beheath@agtiaat	mericateom.	
B. Water Treatment Plant Information		
Plant Name: Silver Jakes Estates	Plant Telephone Number:	252787-0980
Plant Address: 10438 Barrington Court	City: Leesburg   State: Floridat	Zip Code: 34788
Type of Water Treatment by Plant:	ater Purchased Finished Water	CONTROL OF CONTROL OF
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	2/202/000	The state of the s
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4	l), F.A.C.): 資本 (日本)
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11 Certification by Lead/Chief Operator		
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were prepared each day matta incensed operator statted of a	Visited this plant thring the injute indicated above. (1) records or amounts of control of the DV	VS owner so the PWS owner can
(2) if applicable, appropriate treatment process performance retain them, together with copies of this report, at a conven	ce records. Furthermore, I agree to provide these additional operations records to the PV lient location for at least ten years.	A D O MILLY SOUTHER 1 AND OWNER COM
Mit 2 11-3-06	Will Fontaine	<b>C-681</b> 3
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number:	3351182	Plant Name: Silver Lakes	Estates		
411. Daily Data for the Month/Y	ear of:	October, 2006			
Means of Achieving Four-Log Virus In		hlorine Chlorine Dio	xide Comi	bined Chlorine (Chloramines)	
	Other (Describe):	. ,	, , , , , , , , , , , , , , , , , , , ,		
Type of Disinfectant Residual Mai	· · · · — — — — — — — — — — — — — — — —	Free Chlorine	Combined Chlorine (Chloramine	es) Chlorine Dioxide	
Type of Distinectant Residual Wan	The College Control of the College Col		ong lag yahas mgabogilas di	Avaoliteanus	
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<sup>• •</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

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General Informat	ion for the Month/	Year of: November,	2006	1 September 1995	A TENNES PRESENTE LA COMPANS CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR D	
. Public Water Syst	tem (PWS) Informa	ation				
PWS Name:	Silver Lakes Estates				PWS Identification Number:	3351182
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Transient Non-Co	ommunity	Consecutive	
	nections at End of Month	h: 1134		Tota	Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florio					
Contact Person:	Brian Heath	<b>第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十</b>		Сол	tact Person's Title: Area Man	
Contact Person's Mailin	ng Address:	PO Box 490310	rijeti sa italih kalendari da da da da da da da da da da da da da	City: Leesburg	State: Florida	
Contact Person's Teleph	hone Number:	(352) 787-0980		<b>Сол</b>	tact Person's Fax Number: (352) 787	-6333
Contact Person's E-Mai	il Address:	beheath@aquaamerica.co	<u>m</u>			
. Water Treatment	<b>Plant Information</b>					
Plant Name:	Silver Lakes Estates	and the first state of the stat	SASOTA NELLA DELLA D	- <u>-28</u>	Plant Telephone Number:	352-787-0980
Plant Address:	10438 Barrington C	ourt		City: Leesburg	State: Florida	Zip Code: 34788
Type of Water Treatmen		✓ Raw Ground Water	Purchased Finished Water			
Permitted Maximum D	ay Operating Capacity of		2,202,000			
	section 62-699.310(4), F				Class (per subsection 62-699.310(4), F.A	
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t end/chicit@gerat	Will Fontaine		C	6813	Days 1st Shift	
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Certification by L	.ead/Chief Operato	olt.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
I, the undersigned	water treatment plan	t operator licensed in Florida,	am the lead/chief operator of	the water treatment	plant identified in part I of this r	eport. I certify that the
information provid	led in this report is tr	rue and accurate to the best of t	ny knowledge and belief. I c	ertify that all drinki	ng water treatment chemicals use	d at this plant conform to NSF
International Stand	lard 60 or other appl	icable standards referenced in	subsection 62-555.320(3), F.	A.C. I also certify t	hat the following additional oper	ations records for this plant
were prepared each	n day that a licensed	operator staffed or visited this	plant during the month indica	ated above: (1) reco	ords of amounts of chemicals use	d and chemical feed rates; and
(2) if applicable as	ppropriate treatment	process performance records.	Furthermore, I agree to prov	ide these additional	operations records to the PWS o	wner so the PWS owner can
		s report, at a convenient location			- <b>F</b>	
rotain thom, togeth	y with copies of this	s report, at a convenient location	ni ioi uciousi toti youis.		•	,
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- Illes I	- 12	-8-06	Will Fontaine			C-6813
Signature and Date			Printed or Typed Name			License Number
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PWS Id	entificaito	n Number:		3351182		Plant Name:	Silver Lakes	Estates						
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<sup>\*</sup>Refer to the instructions for this report to determine which plants must provide this information.



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See Pages 4 for I	nstructions. tion for the Month/Ye	ar of	December, 200	06	. Trans	r profit			15.00			
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A. Public Water Sys	stem (PWS) Informati	onn	<u> </u>							·		
PWS Name:	Silver Lakes Estates		spikie, mirjanty s	***************************************		gWalley.			entification No	ımber:	3351182	Maria terres
PWS Type:	✓ Community	Non-Transie	nt Non-Community	r L	Transient Non-Con	nmunity	L	Consecu			The second of the first of the	On the control of the con-
	nnections at End of Month:	<del> </del>	1134				Tot	al Population	on Served at Er	id of Month:	3,402	magnetic factories
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Contact Person:	Brian Heath	log of the contract of the con	and the second second					ntact Persor		Area Mar	and the same of th	2221
Contact Person's Maili		Box 490310				City:	Leesburg	State:	Florida		255 195, 6	34749
Contact Person's Telep		52) 787-0980	trie die de la company d		loganting frequency		Cor	itact Persor	ı's Fax Number	: (352),787	,0333 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Contact Person's E-Ma		eneau (waqua	america.com	は経済のか行動物の	AN 电影响图表	printer and the second			# 37	THE PROPERTY.		<b>描述证据者</b>
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Plant Address:	Silver Lakes Estates 10438 Barrington Cour	yagamesilenden (j. 1914) Baran (j. 1914) ali		raellaa <b>w</b>		City:	Leesburg	State:	Florida		Zip Code:	34788
Type of Water Treatme	<del></del>	✓ Raw Ground		Durchased F	inished Water	ijCity.	recanning	is polate.	Piùi ius	PER MINISTERNIE (NIEUW)	Example Code.	DATA CONTRACTOR
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m/L	- /		•		•							
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Signature and Date			<del></del>	Printed or T	Typed Name						License Nu	mber

PWS Identificait	on Number:		3351182		Plant Name:	Silver Lakes	Estates						
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Karaat W		785,484	1										
	7 77 779 7009 700 700 17	2 2 6 2 2 2 2	1										•

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

WS ID:	3351182	Plant Name:	Silver Lakes	Estates					
V. Summary of Use of Po	lymer Containing Acr	ylamide, Polymer	Containing E	pichlorohydrin,	and Iron o	r Manganese	Sequestrant for	the Year: *	2006
A. Is any polymer containing the follows:	monomer acrylamide used a	t the water treatment pla	ant?	☑ No 厅	Yes, and the	polymer dose a	nd the acry lamide	e level in the pol	ymer are as
Polymer Dose ppm =				Acrylamide Level, %	o <sup>t</sup> =				
B. Is any polymer containing the polymer are as follows:	monomer <u>epichlorohydrin</u> u	sed at the water treatmen	nt plant?	✓ No	「 Yes, a	and the polymen	dose and the epi	chlorohy drin lev	rel in the
Polymer Dose ppm =				Epichlorohydrin Lev	/el, %¹=				:
C. Is any iron or manganese sequ	estrant used at the water trea	tment plant?	✓ No	Yes, and the t	ype of sequ	estrant, sequest	rant dose, ect., ar	e as follows:	
Type of Sequestrant (polypho	sphate or sodium silicate):					,			
Sequestrant Dose, mg/L of ph	osphate as PO <sub>4</sub> or mg/L of si	licate as SiO <sub>2</sub> =			•				
If sodium silicate is used, the	amount of added plus natura	lly occurring silicate, in	mg/L as SiO <sub>2</sub> =			• : '			

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

<sup>&</sup>lt;sup>4</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DOCUMENT NUMBER-DAT

PSC-COMMISSION CLERY

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sirwmd.com.

May 9, 2006

Aqua Utilities Florida 6960 Professional Parkway East, Suite 400 Sarasola, FL 34240

SUBJECT:

Consumptive Use Permit Number 2644

Silver Lakes/Western Shores

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on May 09, 2006.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely.

Gloria Lewis, Director

Blavia Bendenin

Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map. Well Tags

cc: District Permit File

Agent:

Andreyev Engineering Inc 4055 St John Parkway Sanford, FL 32771

-QOVERNING BOARD

David G. Graham, CHAIRMAN

John G. Sowinski, vice Charman

Ann T. Moore, Secretary Bunnell Duane L. Ottenstroer, TREASURER

JACKSONVILLE

**PERMIT NO. 2644** 

PROJECT NAME: Silver Lakes/Western Shores

DATE ISSUED: May 9, 2006

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 251.08 million gallons per year (0.6879 mgd average) in 2006, 242.14 million gallons per year (0.6634mgd average) in 2007 and 227.03 million gallons per year (0.6220 mdg average) million gallons per day in 2008 to 2011 of ground water from the Floridan aquifer for household, commercial and essential uses for an estimated built out population of 4140.

#### LOCATION:

Site:

Silver Lake/Western Shores

Lake County

Section(s):

Township(s):

198

Range(s):

25E

7

**19S** 

26E

#### **ISSUED TO:**

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

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

#### PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated May 9, 2006

AUTHORIZED BY:

St. Johns River Water Management District

Department of Resource Management

By-

J A. Wilkening III

Director

By:

Kirby B. Green, III

**Executive Director** 

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2644 AQUA UTILITIES FLORIDA DATED MAY 9, 2006

- District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- All submittals made to demonstrate compliance with this permit must include the CUP number 2644 plainly labeled.
- 10. This permit will expire May 10, 2011.

- 11. Maximum annual ground water withdrawals from the Floridan aquifer for household, light commercial and water utility use must not exceed:
  - a. 251.08 million gallons per year or 0.6879 million gallons per day in 2006
  - b. 242.14 million gallons per year or 0.6634 million gallons per day in 2007
  - c. 227.03 million gallons per year or 0.6220 million gallons per day in 2008 to 2011

If the Permittee has not complied with all the conditions of this permit, the maximum annual groundwater withdrawals for household, commercial/industrial, water utility, unaccounted loss, and essential uses must not exceed the allocation for the year during which the violation first took place until the Permittee is in compliance with all the conditions of this permit.

12. If, during any year, the actual volume of water withdrawn by the Permittee equals 95 percent or more of the amount of water allocated for use by this permit, the Permittee must submit a report to the District explaining why the withdrawal of water by the Permittee equals 95 percent or more of the amount of water allocated by the permit. The report must evaluate the effect of the following items on the volume of water withdrawn by the Permittee:

Climatic shortfalls (drought);

Greater than anticipated growth in the Permittee's service area;

Inefficient usage within the service area;

Other factors that account for the withdrawal volume equaling 95 percent of more of the allocation.

The report must include a breakdown of the population currently being served by the Permittee, an updated projection of the anticipated population that will be served for the following year, an evaluation as to whether the Permittee anticipates it will be able to meet the water needs of the revised projected population without violating the allocations set forth in this permit, and a corrective action plan setting actions that the Permittee intends to take if the evaluation indicates that allocations will be exceeded during the following year. The report must be submitted to the District by February 15<sup>th</sup> of the year following the year wherein the Permittee experienced withdrawals of water the equal 95 percent or more of the amount of water allocated for use by this permit.

- 13. Well no. 2WS (station ID 9753), Well no. 3SL (station ID 9754) and Well no. 4SL (station ID 9755) must continue to be monitored with the totalizing flowmeter. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 14. Total withdrawals from Well no. 2WS (station ID 9753), Well no. 3SL (station ID 9754) and Well no. 4SL (station ID 9755) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50.
- 15. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 16. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

- 17. The permittee must have in place a process for reporting, recording and documenting unmetered water uses including, but not limited to, main breaks, sewer cleaning, and water quality flushing.
- 18. The permittee must conduct and submit an annual water audit to the District. The audit must cover a period of at least one calendar year, and must identify all system losses (water utility) and all sources of unaccounted for water.
- 19. The permittee must implement the Water Conservation Plan submitted to the District on February 26, 2006, in accordance with the schedule contained therein.
- 20. The lowest quality water source, such as reclaimed water or surface/stormwater, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
- 21. The District must be notified, in writing, within 30-days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding to the transferee.
- 22. In the event that any unforeseen impacts occur to presently existing legal uses of water, the impacts must be mitigated either by the permittee or through a cooperative mitigation effort with other permittees.
- 23. The permittee shall submit, to the District, a copy of the approved water conservation rate structure, within 6 months of issuance of this permit (November 2006). The permittee shall propose adoption of the proposed rate structure by the next rate related or no later than the October 2007 Public Service Commission hearing.

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#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 500 U.S. | North, Fort Pierce (1, 34946 vone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

Date issued: March 7, 2007

To:

**Brian Heath** 

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Est 6420 NO2/NO3

[2128028]

Received:

3/01/07 13:10

#### 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

"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 Bivd Brooksville, FL 34601 FDOH # E84418

Printed: 3/7/07

Page 1 of 4

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC.

(600 U.S. | North, Fort Plance FL 34946 vone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**Quality Control Summary** 

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Est 6420 NO2/NO3

Received:

3/01/07 13:10

[2128028]

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>

Sample ID **Analytical Method** 

**Description** 

**Quality Control Summary** 

Method HBEL Batch Analyte

Analytical Issue

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2128028]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Est 6420 NO2/NO3

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2128028001 Point of Ent	ry Grab			Sampled: 03/01/07 Matrix: Water		Received:			
Nitrate as N Nitrite as N		2.0 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC7138 IC7138		03/2/07 16:55 03/2/07 16:55		E96080 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. I North, Fort Pierce FL 34946 Phone: (772) 465-2400, Ert. 285 Fax: (772) 467-1584

Date issued: October 3, 2006

To:

**Brian Heath** 

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Est THM/HAA5 Grab

[2126773]

Received:

9/12/06 13:00

#### 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 2002 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. John's Pkwy, Suite 1300 Sanford, FL 32771

FDOH # E83509



307 Coolidge Avenue Lehigh Acres, FL 3393 FDOH # E85370

16331 Cortez Boulevard Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 10/3/08

Page 1 of 4

## HARBOR BRANCH ENVIRONMENTAL

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Est THM/HAA5 Grab

Received:

9/12/06 13:00

[2126773]

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

HBEL Sample

Method Narratives (if Applicable)

<u>Number</u>

Sample ID Analytical Method

**Description** 

**Quality Control Summary** 

Method HBEL Balch Analyte

Analytical Issue

### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2126773]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Est THM/HAA5 Grab

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2126773001 35027 Haines Creek MRT Locat				Sampled: 09/12/06 Matrix: Water		Received on	: 09/12/06 Wet Weight E		<u> </u>
Bromodichlorometh	nane	2.0	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Bromoform		0.60	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Chloroform		1.3	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Dibromochlorometh	nane	2.2	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Total THMs		6.0	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 15:52	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.

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES.

Date issued: March 20, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Estates 6420 NO2/3

[2125117]

Received:

3/16/06 13:45

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: 3/20/06

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Estates 6420 NO2/3

Received:

3/16/06 13:45

[2125117]

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

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I MORTH, FORT PROVED BAS 34946 THOMAS (772) 465-2400. Ext. 226 34946 Fast (772) 465-2400. Ext. 226 34946

# CERTIFICATE OF ANALYSIS [2125117]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Estates 6420 NO2/3

Parameter	Qualifier	Result	Units	Reporting Limit		Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2125117001 POE Grab				Sampled: 03/15/06 Matrix: Water		Received:	03/16/06 Wet Weight B		
Nitrate as N Nitrite as N		2.1 0.0022 U	mg/L mg/L	0.0030 0.0022		IC6725 IC6725		03/17/06 12:04 03/17/06 12:04		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.

# State of Florida Department of Environmental Protection Central District

# **SANITARY SURVEY REPORT**

Plant Name SILVER LAKE ESTATES	
Plant Location 10438 Barrington Court, Leesburg, FL	
Owner Name Aqua Utilities Florida, Inc.	Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL	34748
Contact Person Patrick Farris Title Env.	Compliance Specialist Phone (352) 435-4029
Contact Person Patrick Farris Title Env. This Survey Date 04/11/07 Last Survey Date	04/28/04 Last C.I. Date 8/24/99
PWS TYPE & CLASS	RAW WATER SOURCE
Community (5C)	☐ GROUND; Number of Wells 2
Non-transient Non-community	☐ SURFACE/UDI: Source
☐ Non-Community	SURFACE/UDI; Source PURCHASED from PWS ID #
·	Emergency Water Source Western Shores S/D
PWS STATUS	Emergency Water Capacity 432,000 gpd
Approved system with approval number & date	
HRS #13594, 11/24/71	AUXILIARY POWER SOURCE
WC35-266211, 4/4/95, cleared 3/6/96	
☐ Unapproved system	Source Caterpillar generator
	Capacity of Standby (kW) 250
SERVICE AREA CHARACTERISTICS	Switchover: 🛛 Automatic 🔲 Manual
Subdivision	Standby Plan: 🛛 Yes 🔲 No
	Hrs Operated Under Load 4 hrs/mo.
Food Service: Yes No No N/A	What equipment does it operate?
OPERATION & MAINTENANCE	Well pumps All     All
Certified Operator: Yes \( \bar{\cap} \) No \( \bar{\cap} \) Not required	High Service Pumps All
Operator(s) & Certification Class-Number	▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equipment Equip
Will Fontaine C-6813 Lead/Chief Operator	Satisfy average day demand? ☑Yes ☐No ☐Unk
See MOR for complete list of operators	Comments Audio-visual alarm and remote
O & M Log: X Yes L No	telemetry in the event of a power loss
Operator Visitation Frequency	TOE ATMENT DOOCEOOCO IN LICE
Hrs/day: Required Visit Actual Visit	TREATMENT PROCESSES IN USE
Days/wk: Required 5+1 Actual 5+1	<u>Disinfection</u>
Non-consecutive Days? Yes No NA	148 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MORs submitted regularly?   Yes ☐ No ☐ N/A	What additional treatment is needed?
Data missing from MORs?   No   Yes   N/A	None at this time
Population and the number of service connections	For control of what deficiencies?
reported on MORs differs from Department records.	N/A
Number of Service Connections1,143	DISTRIBUTION SYSTEM
Population Served 4,001 Basis Operator	
Average Day (from MORs) 943,978 gpd	Flow Measuring Device Flow Meter  Meter Size & Type: 10" McCrometer at each well
Max. Day (from MORs) <u>943,976 gpu</u>	Backflow Prevention Devices: Yes No
	Cross-connections None observed
Max-day Design Capacity 2,202,000 gpd	Coliform Sampling Plan: Yes No No N/A
WRITTEN PROGRAMS	DDBP Monitoring Plan: Yes No NA
O & M Manual Yes Located Water treatment plant	Distribution System Map   Yes   No   N/A
Written Preventive Maintenance Program Yes	Written Cross-connection Control Program:
Flushing Plan ⊠Yes ☐ No Records No	Inadequate
Valve Maint Plan ⊠Yes ☐ No Records No	Comments: 10" flow meter on discharge line to the
Emergency Response Plan Yes 🗋 No 📋 N/A	distribution system.
Comments	distribution system.

1

PWS ID#	3351182
Date	_04/11/07

### **GROUND WATER SOURCE**

	WATER SOURCE			<u> </u>	·
Well Number (FLUWID No.)		(AAC3236)	2 (AAC3235)		
Year Drille	<u></u> *	1971	1980		
Depth Dril	led	366'	327'		
Drilling Me	ethod	Unknown	Cable tool		<u></u>
Type of G	rout	Unknown	Unknown		
Static Wat	er Level	Unknown	41'	·	
Pumping V	Water Level	Unknown	Unknown	· · · · · · · · · · · · · · · · · · ·	
Design We	ell Yield	Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yie	d (if different than rated capacity)	Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (ou	itside casing)	200'	132'		
Diameter (outside casing)		10"	12"	· 	
Material (outside casing)		Black steel	Black steel		
Well Conta	amination History	None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Vertical turbine	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number	58895-7	58895-7	·	
	Rated Capacity (gpm)	1,425	1,425		
Motor Horsepower		50	50		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Ok	Ok		
Raw Wate	r Sampling Tap	Yes	Yes		
	ound Check Valve	Yes	Yes		
Fence/Hou		Housing	Housing		
Well Vent	Protection	Yes	Yes		

COMMENTS Prov	vide information for all items	marked "unknown."	 

STORAGE FACILITI	/dropneuma	atic (E) E	Elevate
(B) Bladder (C) Ci Tank Type/Number	earwell G/1	G/2	ļ ·
Capacity (gal)	25,000	25,000	
Material	Concrete	Concrete	-
Gravity Drain	Yes	Yes	<b></b>
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	N/A	<del> </del>
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	N/A	
On/Off Pressure	8'/10'	87/10	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	
Comments: <u>Dates of</u> are unknown.	last cleanir	ng and insp	ection

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

\_\_\_ Capacity \_

CHLORINATION (Disinfection)
Type: ☑ Gas ☐ Hypo

Chlorine Feed Rate 30 ppd

Avg. Amount of Cl2 gas used

Haines Creek Rd.

DPD Test Kit: On-site

Booster Pump Info N/A

Capacity

Chlorine Residuals: Plant 1.13 Remote 1.23 Remote tap location Fire hydrant @ 35224

☐ None

Injection Points Prior to ground storage

• ppd

20 ppd

With operator
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☐ Not Used Daily

Make Regal

Type

Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition

Comments

PWS ID#	3351182
Date	<u>0</u> 4/11/07

### **HIGH SERVICE PUMPS**

Pump Number	MP-1	MP-2	MP-3	MP-4	
Туре	Vertical Turbine	Vertical Turbine	Vertical Turbine	Vertical Turbine	
Make	Paco	Paco	Paco	Paco	
Model	VL5012- 7	VL5012- 7	VL5012- 7	VL5012- 7	
Capacity (gpm)	950	950	950	950	
Motor HP	50	50	50	50	
Date Installed	1996	1996	1996	1996	
Maintenance	In accorda	nce with the	preventive	maintenanc	e program

Comments High service pump MP-2 out of service for repair

## **JOCKEY PUMPS**

Pump Number	JP-1	JP-2			
Туре	Centrifugal	Centrifugal			
Make	Paco	Paco			
Model	VM300-3	VM300-3			
Capacity (gpm)	310	310			
Motor HP	15	15	: :		
Date Installed	1996	1996			
Maintenance	In accordance with the preventive maintenance program			nce program	

Comments

JP-1 and JP-2 are jockey pumps used during low flow conditions

PWS ID#_	3351182
Date	04/11/07

### **DEFICIENCIES:**

1. Failure to provide a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health.

At each treatment plant with gas chlorination facilities, the supplier of water shall provide in a convenient location, but not inside any room where chlorine is stored or handled, a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health. [Rule 62-555.320(13)(a)10a, F.A.C.]

2. Failure to adequately establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, <a href="www.frwa.net">www.frwa.net</a>, also has a cross-connection control manual for your reference

3. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

4. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

 Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population and the number of service connections reported on MORs differ from Department records.

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C]

6. Failure to submit a capacity analysis report. The Department's letter dated January 13, 2006, required submittal of a capacity analysis report evaluating the system's water supply and demand. The monthly operation reports indicate the maximum-day quantity of finished water produced exceeded 75% of the permitted maximum-day operating capacity during June 2006.

Suppliers of water shall provide for the timely planning, design, permitting, and construction of necessary public water system source, treatment, or storage facilities. [Rule 62-555.348(1), F.A.C.]

When the total maximum-day quantity of finished water produced by all treatment plants connected to a water system, including water produced to meet any fire-flow demand but excluding water produced to meet any demand that the supplier of water documents to be highly unusual and nonrecurring, exceeds 75 percent of the total permitted maximum-day operating capacity of the plants, the supplier of water shall submit source/treatment/storage capacity analysis reports to the Department within six months after the month in which the total maximum-day quantity of finished water produced by the treatment plant(s) first exceeds 75 percent of the total permitted maximum-day operating capacity of the plant(s). [Rule 62-555.348(3), F.A.C.]

PWS ID#_	3351182
Date	04/11/07

## **DEFICIENCIES** (continued):

Subsection 62-555.348(5), F.A.C., requires that the capacity analysis reports be prepared under the responsible charge of a professional engineer licensed in Florida and must be signed, sealed, and dated by the professional engineer in responsible charge. The report is required to evaluate the supply and demand situation for certain time periods and recommend certain course of action with a time schedule to achieve the required goals. The minimum information to be contained in the report is indicated in subsection 62-555.348(4), F.A.C. The engineer shall notify the Department of the progress being made with the Capacity Analysis Report until it is submitted.

Unless the system can demonstrate and document that the aforementioned exceeding flow readings as reported on the submitted monthly operation reports were "unusually high" and "nonrecurring" (each occurrence has to be objectively addressed separately for the Department consideration and concurrence), the Capacity Analysis Report must be submitted to the Department, no later than Jun 30, 2007.

### **COMMENTS/REMINDERS:**

• Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

• Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least <u>annually</u>) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

Provide information for all items marked "unknown."

Inspector Nemelle D Owens	Title Environmental Specialist I	Date	05/10/07
Approved by	Title Environmental Manager	Date _	05/22/07

RESPONSE FORM		Please provide any changes to the following:					
PWS ID Number: 33511	32	Business Name:					
PWS Name: SILVER L	AKE ESTATES						
		Owner(s) Name:					
		Fax #:					
•		E-Mail Address:					
Attention: Danielle D. O	vens, Environmental Special	list					
	•		leted And 44 2007 the				
	ment's Sanitary Survey Repo ne to correct the listed deficie	ort for the subject public water system or encies:	lated <u>April 11, 2007,</u> the				
Deficiency							
Item No.	Corrective A	Action Done	Date Done				
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/August additional about t							
(Attach additional sheet i	necessary)						
I hereby certify to the cor	rectness of the above informa	ation:					
PWS Owner/Representat	ive Signature:						
-	•						
Mattle of LM2 Ownel/Ke	presentative:						

(Please Type or Print)

AUA Utilities Florida.

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

T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

July 2, 2007

Danielle Owens Environmental Specialist FDEP Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

### For All Systems:

1. Failure to adequately establish and implement a cross-connection control program.

### Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. Failure to keep records documenting that isolation valves are being exercised.

#### Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

Failure to keep records documenting that dead-end water mains are being flushed.

### Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

### Fern Terrace PWS 3350370:

1. The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.

### Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 2/12/07 and 2/13/07, both passed.

#### Skycrest PWS 3351205:

1. The maximum contaminant level for total coliform bacteria was exceeded during April 2007.

#### Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 4/16/07 and 4/17/07, both passed.

#### Valencia Terrace PWS 3351421:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

### **Grand Terrace PWS 3354697:**

1. The maximum contaminant level for total coliform bacteria was exceeded during November 2006.

### Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 11/6/06 and 11/7/06, both passed.

### Western Shores PWS 3351464:

1. Failure to provide a self contained breathing apparatus (SCBA).

### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

### Silver Lake Estates PWS 3351182:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. Failure to submit a capacity analysis report.

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

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

Sincerely,

Patrick Farris

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

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

UA Utilities Florida.

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: HON THOUGH Month/Year: AON OCT

FLUSHING:

(includes tervice lines, mains, hydrants, tanks, etc.)

	-							· · · · · · · · · · · · · · · · · · ·	e properties and the second	
Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PST at	***	eter Reading	Total ∴ Gallons	Location of Flush Points	Reason Flushed
	Before	After	Size	Minutes	1.1090	Start	End:	Flushed		
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WATER BEETS BESTE BENADED

Date	Location of		Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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UA

Utilities Florida.

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

FLUSHING: (Includes service lines, mains, hydranis, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at		eter Reading	Total Galions	Location of Fhish Points	Reason Flushed
and the same	Before	After.	Size	Minutes		Start	Ead	Flushed	<u> </u>	
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4/24:	elear.	1.5.	· Z"	0	50				Magnolean	FP
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WATER BREAK	REPAIR RECORD	<b>&gt;</b>			•		
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A UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Grand Terr
Month/Year: April 200>

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

		* * * * *								*** *******
Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Me Start	ter Reading	Total Gallons Flushed	Location of Flush Points	Reason. Flushed
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WATER BREAK REPAIR RECORD

	Data	Location of Repair	Size of Line	Size of Hole	Approx. Time: Leaked	Estimated	Cause of	Initials	
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A UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: April 2007 Month/Year: MOY CUTCHARW

PLUSHING

(Includes service lines, mains, hydrants, tanks, etc.)

					* *					
Date	FI20 Appear:	CL2 Res	Flush Point	Time Physical	PSI at Flush	Hydrant M	ster Reading	Total Gallons	Location of Flush Points	Reason Flushed
	Before	After	Size	Minutes	1 (41978	Start	Ead	Flushed		
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WATER BREAK REPAIR RECORD:

Date	Location of Repair		Size of Hole	Approx. Time		Cause of Break	Initials
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UA Utilities Florida.

WATER FLUSHING & BREAK REPAIRS RECORD
(To be used to record water lost due to flushing or breaks)

FLUSHING: (Includes service lenes, mains, hydrants, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at Flush	L	eter Reading	Total Gallons	Location of Flush Points	Reason Flushed
	. Before	. After	Size	Minutes		Start	End	Flushed .		<u> </u>
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WATER BREAK REPAIR RECORD Size of Hole Approx. Time Cause of Location of Estimated Initials Size of Line Leaked Bresk or Crack

UA Utilities Florida.

### WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Silver lake Estates
Month/Year: April 2007

FLUSHING:

FLASHING: (Includes service lines, sains, hydrasts, tanks, std.)-

Date	H20 Appear:	CL2 Res	Flush Point	. Time Flushed	PST at		ter Reading	Total Gallons	Location of Flush Points	Reason Fhished
	Before	After	Size	Minutes	Litter	Start	· Pad	Flushed	لينتخذ فالمتناف المتناف المتناف	
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WATER BREAK REPAIR RECORD Cause of Estimated Location of Repair Size of Hole Approx. Time Initials Size of Line Date or Crack Break -Water Loss

A UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD

(To be used to record water lost due to flushing or breaks)

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PLUSHING: (Includes service times, mains, hydrants, unks, etc.)

Date ::	H20 Appear:	CL2 Res	Flush Pount	Time Flushed	PSI at	Hydrant Me	eter Reading	Total Gallons	Location of Flush Points	Reason Flushed
	Before:	After	Size	Minutes	T. Mark	Start	End	Fhished	l '	resider .
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WATER BREAK	REPAIR RECORD	D:			· · · · · · · · · · · · · · · · · · ·		· .	
Date	Location of Repair	Size of Line	: Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials	
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ÜA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Daio	H20 Appear:	CL2 Res.	Flush . Point	Time Flushed	PSI at	F	cter Reading	Total Gailons	Location of Flush Points	: Reason : Flushed
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WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	lnitials
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Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Western Stures
Month/Year: April 2007

FLUSHING:

(includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Flush Point	Time -	PSI at	Hydrant M	leter Reading	Total Gallons	Location of Flush Points	Reason Flushed	
	Before	After	Size	Minutes	Flush	Stuert	End	Flushed	Prisa Points	riusped	
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WA	TER BREAK	REPAIR RECORI	<b>)</b> :	• • • • • • • • • • • • • • • • • • • •	•			
	Tradit	7	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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Con Dogga A Co. T.				
Seé Pages 4 for Instructions.  1. General Information for the Month/Year of	0007			
	January, 2007	<u> </u>		
A. Public Water System (PWS) Information				
PWS Name: Sky Crest			PWS Identification Number:	3351205
PWS Type:	on-Transient Non-Community 1	ransient Non-Community	Consecutive	
Number of Service Connections at End of Month:	123	Total	Population Served at End of Month:	431
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath			act Person's Title: Area Manage	
Contact Person's Mailing Address: PO Box		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 78		Cont	act Person's Fax Number: (352) 787-63	33
Contact Person's E-Mail Address: behea	th@aquaamerica.com			
B. Water Treatment Plant Information				
Plant Name: Sky Crest  Plant Address: 36815 Skycrest Blvd			Plant Telephone Number:	(352) 787-0980
			State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:   Permitted Maximum Day Operating Capacity of Plant, gal	w Ground Water Purchased Fin			
Plant Category (per subsection 62-699.310(4), F.A.C.):		126,000	71 (2 (20 (21 (4) F.A.C.)	): D
Dicensed Operators		Plant (	Class (per subsection 62-699.310(4), F.A.C.	): D Nontractal desirence (Marie et al., 1988)
Lead/Ghien@Bentors Will Fontaine	1 Adult			MOLACULES SELECTION SELECT
Gille 1 Gregators and Marty Neal		C 6813 C 10027	Days 1st Shift Days 1st Shift	
John Worrell	34-4-75	C 10027	Days 1st Shift	
Som works		6397	Days 1st Smit	
	and the second s	Valle La Agrico Agrico Agrico	and the second second	
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operate	or licensed in Florida, am the lead/chie	ef operator of the water treatment	plant identified in part I of this repo	ort. I certify that the
information provided in this report is true and a				
International Standard 60 or other applicable st				
were prepared each day that a licensed operator	staffed or visited this plant during the	e month indicated above: (1) reco	rds of amounts of chemicals used a	nd chemical feed rates; and
(2) if applicable, appropriate treatment process	performance records. Furthermore, I	agree to provide these additional	operations records to the PWS own	er so the PWS owner can
retain them, together with copies of this report,				
		_ •		
DOCUMENT	Will Fontaine			C-6813
Signature and Date			· · · · · · · · · · · · · · · · · · ·	License Number
U 4 3	13 MAY 22 8 Printed or Ty	ped frame		Precuse Mandet

FPSC-COMMISSION CLERK

PWS ID:			3351205		Plant Name:	Sky Crest								
III. Daily	i. Daily Data for the Month/Year of: January, 2007													
				ation/Removal		blorine 5	C11 : 5:					(0)1	`	
Ultravio				r (Describe):	. Je riæ C	tilot fire	Chlorine Dio	ade i	Ozone	Combi	ned Chiorin	e (Chloramines	)	·
F				_		<b>-</b>	<del> </del>	O 11	1.011	O1.1	<del></del>	Chlorine Dioxi		
Type of Dis	mieci	ant Residu	al Maintair		ution System:	▼ Free Chlo				Chloramines			de	the same and the s
					Tealculations									Section 1997 April 1997
	276			<b>支流影響館</b>		ACCOUNT.	ulations			3 T. A. S. S.	SALEU.	VIDOSE PAREN	7.5	
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	600	<b>第一等等</b>	<b>建</b> 对 主	3633	Lowest Residuals	Contact Time (1	Before or at		244	444	100		Lowest Residual	
Days Days	Plant		Net Quantity	4	Disinfectants	Alleria Cont	S. First	19	34.	1	Lowest		Diffileciants	
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134C 64 H 9 King	3. W-14	in Operation	But at the at the	Rate gpd	Peak Flow me/I	minutes		iocx.	if Applicable	me-min/LA	sec cm 3	a m W sec/cm is	Systemymean	Emergency of Antomal Operating Conditions Repair of Maintenant Works that involves it aking Water System Components Out of Operation
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	x	24.0		<del>                                     </del>	1.3	<u> </u>	V					Maria de la seconda	1.0	· · · · · · · · · · · · · · · · · · ·
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第16周	2,2 24	24.0	19,433	<u> </u>					Francisco (Contractor)			No.	a Naile is est	
		24.0	19,433				18/4/55				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11-7	0.7	
	X X	24.0 24.0	19,433 22,700	<u> </u>	1.1								0.7	
	<del>2</del>	24.0	18,600		1.0		1	<del> </del>					0,7	
	x	24.0	11,900		1.0								0.6	
631246	X	24.0	15,600		0.9						3 f		0.6	
Paradia Service		24.0					1	•						
<b>ANAM</b>		24.0									45.00	7		
	X	24.0			1.3			a a	-		The Late of	38 to 6 to 6	0.9	
	X	24.0			1,0		1.	ļ					0.8	
	X X	24.0 24.0			1.0					1.75		181 pt	0.7	
744.7	X X	24.0			1.1					1.0			0.7	
9.72	^	24,0			1.1		. ,	7						
5 DR / Tax		24.0												
	X .	24.0	17,067		1.2								0.9	
C48000		24.0						,.		1 1 14				
	X	24.0			1.3	<u> </u>	<u> </u>	<u> </u>		<u> </u>			1.0	<u> </u>
Toble			594,100											
	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE OF THE PARTY OF THE	. IV.103											

24,600

<sup>•</sup> 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: February, 2007 A. Public Water System (PWS) Information 3351205 PWS Name: Sky Crest PWS Identification Number: PWS Type: ✓ Community Translent Non-Community Consecutive Non-Transient Non-Community 431 Number of Service Connections at End of Month: Total Population Served at End of Month: 123 PWS Owner: Aqua Utilities Florida Contact Person: Contact Person's Title: Area Manager Brian Heath Zip Code: 34749 PO Box 490310 City: Leesburg State: Florida Contact Person's Mailing Address: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: beheath@aquaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** (352) 787-0980 Plant Name: Sky Crest Plant Telephone Number: Zip Code: 34731 Plant Address: 36815 Skycrest Bivd. City: Fruitland State: Florida Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class | License Number | Day(s) / Shift(s) Worked の。National State of the Name of the Article Licensed Operators Lead/Chief Operator: Will Fontaine Days 1st Shift 6813 Other Operators: Marty Neal 10027 Days 1st Shift 6597 John Worrell Days 1st Shift H. 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. =3.8-07Will Fontaine C-6813 Printed or Typed Name License Number Signature and Date

PWS II	<b>)</b> :		3351205		Plant Name:	Sky Crest								
III. D	aily Data	for the Mo	onth/Year	of:	February, 2007									
				ation/Removal		hlorina							· —,	
	raviolet Ra			r (Describe):	. W FIEC	illorate ;	Chlorine Dio	xade i	Ozone	1 Combi	ned Chlorif	ne (Chloramines	<del>)</del>	
-				_	<del></del>	<del></del>						<del></del>	<u> </u>	
Type		tant Residu	ial Maintair	ned in Distrib	ution System:	Free Chlor	ine I	Combine	d Chlorine (	Chloramines	i) l	Chlorine Dioxi	de	
1. 4.3			3.45	预定量 "一	CT Calculations,	or UV Dose, t	o Demostate	Four-Lo	g Virus Ina	ctivation, i	f Applicab	le*	34.0 B. W.	
3.17				SECTION SECTION	ALL PROPERTY	CT Calc	ulations		网络沙洛尔		ַ ט	V Dose		
			<b>一个一个</b>	Control of the Control			4. 使平异亚	<b>表数数</b>	(海等)到于	102 To	1.59			
						Diginfactant	Drouded							114 - 114 -
		1.43.			Lowest Residual	Contact Time (T	Before or at	1.00					Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	at C	First		10 May 10 10 10 10 10 10 10 10 10 10 10 10 10	St. 4	Lowest		Disinfectant >	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer	10.713	1 7 7 7 16 7	Minimum	Operating		Concentration at	
Day of	Visited by	N. A. C. 1888	Water "		Before or at First	Point-During	During Peak	Temp of		CT ·	UV Dose,	Minimum UV.	Remote Point in	
the	Operator	Hours plant	Producted,	Peak Flow	Customer During	Peak Flow,	Flow mg <sup>△</sup>	Water,	pH of Water, if Applicable	Required,	mW-	Dose Required,	Distribution :	that Involves Taking Water System
Month				Rate, gpd.	Peak Flow, mg/L	minutes	ີ min/L 🌕	* C	if Applicable	mg-min/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>	System, mg/L	Components Out of Operation
3512	X	24.0			1,1			1	ļ				0.7	
2.2	Х	24.0		<u> </u>	1.8		<u> </u>	ļ			<u> </u>	<del> </del>	1.4	
* 3.4		24.0 24.0				<del></del>	<del></del>	ļ	<u> </u>		ļ <u>.</u>			<u> </u>
1454	x	24.0		<del> </del>	1,0				ļ		<del>                                      </del>	<del></del>	0.7	
6	x	24.0		<del></del>	1.0		<del> </del>		<del>                                     </del>		<del> </del>		0.7	
10:73	x	24.0			1.1	<del> </del>	<del> </del>		<u> </u>		<del> </del>	<del></del>	0.8	<del></del>
18.4.72	X	24.0			1.1	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>			<del>                                     </del>	1	0.7	
20%	Х	24.0			1.0			<del> </del>	1				0.7	
210		24.0							<u> </u>					
4413		24.0	25,367	,			<u> </u>		!					
120	Х	24.0			1.0		<u> </u>	<u> </u>	1				0.6	
133	X	24.0			1.0						<u> </u>		0.7	·
14.5	Х	24.0		ļ	1.2			<b>_</b>	<u> </u>			<del> </del>	0.8	
15	X	24.0 24.0		<del> </del>	1.0 1.0		<del> </del>	<b> </b>	<u> </u>		<del>                                     </del>	<del> </del>	0.7	<del></del>
216	X	24.0	<del></del>	<u> </u>	1,0		<del> </del>	<del> </del>			<del> </del>	<del> </del>	0,8	<u> </u>
#17.40 		24.0					<del> </del>	<del>                                     </del>		<del> </del>	<del>├</del> ──		<del> </del>	
19.	х	24.0		<del>                                     </del>	0,9		<del> </del>	+			<del>                                     </del>	<del> </del>	0,6	
20	. <del>x</del>	24.0		<del> </del>	0.9	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>	<del>                                     </del>	<del></del>	0.6	<del></del>
m:21m	, <u>x</u>	24.0	متناه ويأره ويومون والمتناه		1.1		<del> </del>	<del> </del>	-	· · · · · ·	<del> </del> -		0.9	† <del></del>
22)	X	24.0			1.1			<del>                                     </del>			· .	<u> </u>	0.8	
-23	Х	24.0	17,200		1.1			1					0.7	
~ 245		24.0							:					
25		24.0					<u> </u>	<u> </u>						
<b>26</b> -5	Х	24.0			1,0		<u> </u>		!		ļ		0.7	
27%	Х	24.0			0.9				<u> </u>		<u> </u>	<del> </del>	0.7	
<b>28</b> .5	Х	24.0		<del> </del>	1.0	<del> </del>		ļ	<u> </u>		ļ	<del> </del>	0.6	
29.	<b> </b>	24.0		<del> </del>		<del> </del>	<del> </del>	<del> </del>	]	<del>}</del>	<del> </del>		<del> </del>	
30	ļ <u> </u>	24.0	1	<del> </del>	<del> </del>	<u> </u>	<del> </del>		<del>]</del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>
\$ 31:14	1	24.0		<del> </del>	<u></u>	l	J	<u> </u>	1	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total 30	<b>和"是"等"图"</b> ,	STEEL THE	703,600	4 .										

41,800

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



<u>s</u>	See Pages 4 for Instructions.  General Information for the Month/Year of: March, 2007											
I. G	eneral Information	for the Month/	Year of:	March, 2007								
A.P	ublic Water System	(PWS) Informa	ation									
_	VS Name:	Sky Crest					PWS Identification Number	r: 3351205				
	VS Type:	✓ Community	Non-Transient N	on-Community	Transient Non-Com	munity	Consecutive					
יא	imber of Service Connec	tions at End of Mont	h: 1	23			Population Served at End of	Month: 431				
P	VS Owner:	Aqua Utilities Florid	da									
	intact Person:	Brian Heath			· · · · · · · · · · · · · · · · · · ·	Cont	act Person's Title:	Area Manager				
	ontact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749			
<u> </u>	entact Person's Telephone	Number:	(352) 787-0980			Contr	act Person's Fax Number:	(352) 787-6333				
	ntact Person's E-Mail Ad		beheath@aguaam	erica.com				· · · · · · · · · · · · · · · · · · ·				
	ater Treatment Pla	ant Information										
<u> </u>	ant Name:	Sky Crest					Plant Telephone Number:	(352) 787-(	0980			
_	ant Address:	36815 Skycrest Blv				City: Fruitland	State: Florida	Zip Code:	34731			
	pe of Water Treatment by		Raw Ground Wate	er Purchased (	inished Water							
Pe	rmitted Maximum Day O	perating Capacity of	Plant, gallons per day:		126,000							
P1/	ant Category (per subsect	ion 62-699.310(4), F		V		Plant (	Class (per subsection 62-699.3	10(4), F.A.C.): D				
	icensed Operators		Name	And Miners Sugar		License Number	Day	(s)/Shift(s) Worked	raniani safiri			
	ad/Chief@perator;				C	6813	Days 1st Shift					
[9	her Operators:	Marty Neal			C	10027	Days 1st Shift					
ž		John Worrell			С	6597	Days 1st Shift					
X	nachine sayar		<u></u>						7			
			<del> </del>		1.							
			<del></del>									
	的情况的意义								· -			
737			· ···									
(3)	经数量等格式产品产品	l	<del></del>				4	•				
шС	ertification by Leac	UChiof Operato	r									
				Planta and to to 3/1	1.0							
I,	the undersigned was	er deadheir pian	operator receised in	rioriua, am the lead/ci	ner operator of the	water treatment p	plant identified in part I	of this report. I certify	that the			
III	iornation provided i	in this report is the	ue and accurate to the	best of my knowledge	and belief. I cert	ify that all drinkin	g water treatment chemi	cals used at this plant	conform to NSF			
ın	ternational Standard	ou or other appli	icable standards refer	enced in subsection 62	-555.320(3), F.A.(	C. I also certify th	at the following addition	nal operations records	for this plant			
W	ere prepared each da	y that a licensed	operator staffed or vis	sited this plant during t	he month indicated	d above: (1) recor	rds of amounts of chemic	cals used and chemical	l feed rates; and			
(2	) if applicable, appro	opriate treatment	ртосеss performance	records. Furthermore,	I agree to provide	these additional of	perations records to the	PWS owner so the PV	VS owner can			
re	tain them, together w	vith copies of this	report, at a convenie	nt location for at least	ten years.							
	111.4		4-9-07	<b>7</b>								
. 1	Allen 1 -		1-1-01	Will Fontai	ine			C-6813				
Sig								0.0013				

PWS II	WS ID: 3351205 Plant Name: Sky Crest													
Ш. р	aily Data	for the Mo	mth/Year o	f:	March, 2007									
				ation/Removal:		blorine = _	Strain St		- O	<u></u>		- (C)L1-		
	raviolet Ra			(Describe):	₩ Fiæ Ci	mornie I (	Chlorine Diox	ide i	Ozone	Combi	nea Chlorin	e (Chloramines	)	
-						<u> </u>							·	Emergency of Abnormal Operating
Type o	f Disinfec	tant Residu	ial Maintain		ution System:	Free Chlor			d Chlorine (C			Chlorine Dioxid	ie	The second secon
3.85 T				C	T Calculations,	or UV Dose, to	Demostate	Four-Lo	g Virus Inac	tivation; if	Applicabl	et in the		
1					a Banana	CT Calc	alations				Water U	/ Dose		
100		4					Lowest CT	1.5 45-6	Water Broken	Colored Charles				
2 7.5	A					Disinfectant	Provided		Transfer Vision	40	in or	The state of the state of		
100		200		e state of	Lowest Residual	Contact Time (T)					<b>在格</b> 公司		Lowest Residual	
	Days Plant		Net Quantity	电流 物粉	Disinfectant	at C	First			9	Lowest		Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer	े (े १५५६) 		Minimum	Operating	ا ماه در این از این از این از این از این از این از این از این از این از این از این از این از این از این از این در در در در در در در در در در در در در د	Concentration at	Emergency or Abnormal Operating
Day of	Visited by		Water		Before or at First	Point During	During Peak	Temp of		. ci 🦈	UV Dose	Minimum UV	Remote Point in	
the		Hours plant		Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water,	Required	mW-	Dose Required	Distribution	that Involves Taking Water System Components Out of Operation
Month		in Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable	mg-min/L:	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>		Components Outlot Operation 2017
∞1. 2	X	24.0	29,600		0.9					<u>.</u>	<u> </u>		0.6 0.5	
2325 2325	Х	24.0 24.0	26,500 29,767		0.9								د.0	
344		24.0	29,767											
35.7	х	24.0	29,767		0.9								0.6	
¥6 <sub>62</sub>	x	24.0	28,700		1.2								0.8	
70	X	24.0	23,000		1.3								1.0	
484	Х	24.0	33,500		1.2								0.8	
9.	X	24.0	24,400		1.1								0.8	
- :,10 :		24.0	34,300											
ઓક		24.0	34,300											
12	Х	24.0	34,300		1.1						ļ		0.7	
	X	24.0			1.0								0.7	
· 2444	X	24.0			1.6								1.0 1.5	
15 16	X	24.0 24.0	43,200 29,600	· · · · · · · · · · · · · · · · · · ·	1.8								1,3	
17.0		24.0	38,100		1.5					<u> </u>			1,2	
e18-		24.0	38,100											
19.	Х	24.0			1.7								1.4	
20,-	Х	24.0	30,100		1.8				4				1.4	
≥21,*	X	24.0			1.8								1.4	
- 22,5	Х	24.0			1.7								1.3	
23	X	24.0			1.4								1.1	
245		24.0												
∴25∻		24.0				<b></b>	<u> </u>	ļ			ļ	<b></b>		
.26	X	24.0		<u> </u>	1.5								1.2	
27	X	24.0 24.0		·	1.3	<u> </u>	<del> </del>		<del>                                     </del>		<del> </del>		1.1 0.9	
28	X	24.0		 	1.2	<del>                                     </del>			<b>!</b>		<del> </del>		0.9	
30	x	24.0			1.3								0.9	
31	<del>                                     </del>	24.0				<u> </u>								
	Appropriate to		994,900											

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

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Can Dona A fau I at a st					
See Pages 4 for Instructions.  1. General Information for the Month/Year	April, 2007				
· · · · · · · · · · · · · · · · · · ·			<del></del>		
A. Public Water System (PWS) Information	1		· · · · · · · · · · · · · · · · · · ·		2051206
PWS Name: Sky Crest				PWS Identification Number:	3351205
PWS Type:	<del></del>	ansient Non-Communit		Consecutive	200
Number of Service Connections at End of Month:	123	·		opulation Served at End of Month:	308
PWS Owner: Aqua Utilities Florida			32.0	D	
Contact Person: Brian Heath	D 400010	lo		t Person's Title: Area Ma State: Florida	Zip Code: 34749
	Box 490310	City:		State: Florida t Person's Fax Number: (352) 78	
	2) 787-0980 heath@aguaamerica.com	· · · · · · · · · · · · · · · · · · ·		reison's Fax Number: (352) /8	7-0333
Contact Person's E-Mail Address: bel  B. Water Treatment Plant Information	leath@aquaamenca.com	<u> </u>			
Plant Name: Sky Crest				Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blvd.		Icito		State: Florida	Zip Code: 34731
	Raw Ground Water Purchased Finis		Protunia	State. Florida	party code. Stron
Permitted Maximum Day Operating Capacity of Plant		126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.		120,000	Plant Cla	ass (per subsection 62-699.310(4), F	A.C.): D
Licensed Operators		License Class Lic			iifi(s):Worked:
Lead/Chief Operators Will Fontaine		С		Days 1st Shift	
Other Operators Marty Neal		c		Days 1st Shift	
John Worrell		C		Days 1st Shift	
	1-		977		
			. L # -	•	•
II. Certification by Lead/Chief Operator					7
I, the undersigned water treatment plant op	erator licensed in Florida, am the lead/chief	f operator of the wat	er treatment pl	ant identified in part I of this	report. I certify that the
information provided in this report is true a	and accurate to the best of my knowledge an	nd belief. I certify the	nat all drinking	water treatment chemicals us	sed at this plant conform to NSF
International Standard 60 or other applicab	le standards referenced in subsection 62-55	55.320(3), F.A.C. I	also certify tha	t the following additional ope	erations records for this plant
were prepared each day that a licensed oper	rator staffed or visited this plant during the	month indicated abo	ove: (1) record	ls of amounts of chemicals us	ed and chemical feed rates; and
(2) if applicable, appropriate treatment pro-	cess performance records. Furthermore, I a	agree to provide thes	se additional of	perations records to the PWS	owner so the PWS owner can
retain themotogether with copies of this rep	port, at a convenient location for at least ten	years.			
16.4		-			
If The The	S Will Fontaine				C-6813
Signature and Date	Printed or Typ	ed Name			License Number



See Pages 4 for Instructions.						
l. General Information for the Month/	Year of: May, 2007					
A. Public Water System (PWS) Inform	ation					
PWS Name: Sky Crest					PWS Identification Number:	3351205
PWS Type:	Non-Transient Non-Commun	nity [ ]	Transient Non-Comr		Consecutive	
Number of Service Connections at End of Mont	h: 123				opulation Served at End of Mo	onth: 308
PWS Owner: Aqua Utilities Flori		*				
Contact Person: Brian Heath				Contac	rt Person's Title: An	ea Manager
Contact Person's Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980				t Person's Fax Number: (35	52) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.con	n				
B. Water Treatment Plant Information						
Plant Name: Sky Crest					Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blv	d			City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Fir	nished Water			
Permitted Maximum Day Operating Capacity of			126,000			
Plant Category (per subsection 62-699.310(4), F					ass (per subsection 62-699.310	
Licensed Operators	Name		License Class	License Number		) / Shift(s) Worked
Lead/Chief Operators Will Fontaine			C	6813	Days 1st Shift	
Other Operators Marty Neal			C	10027	Days 1st Shift	
John Worrell			С	6597	Days 1st Shift	
	<u></u>					
						· · · · · · · · · · · · · · · · · · ·
	<u> </u>	<u> </u>	1			,
II. Certification by Lead/Chief Operate	The second secon		to the second second			nn eil an eile eile eile eile eile eile eile eil
I, the undersigned water treatment plan		m the lead/ab	of anamatan of the	szecton montment n		
information provided in this report is t						
International Standard 60 or other app						
were prepared each day that a licensed						
(2) if applicable, appropriate treatment		•		these additional of	perations records to the P	WS owner so the PWS owner can
retain them, together with copies of thi	is report, at a convenient locatio	n for at least to	en years.			
14	-		!			
1/h pr 6	8-07	Will Fontain	ne			C-6813
Signature and Date		Printed or T	yped Name			License Number
<del>-</del>					•	

PWS II	):		3351205		Plant Name:	Sky Crest								
III. D	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)													· · · · · · · · · · · · · · · · · · ·
	raviolet Ra			(Describe):	. W rice Ci	norme   (	Thiorine Dio	ade 1	Ozone	Combi	ned Chlorir	e (Chloramines	1)	
<b>P</b>						<u> </u>			1011 ) (					
Type o	i Disiniec	tant Residu	ial Maintain		ution System:	Free Chlor			d Chlorine (C			Chlorine Dioxi	de	
í i					CT Calculations,			Four-Lo	g Virus Ina	tivation, i				
]		]			A 14.00	CT Calc	ulations				U	V Dose	}	
						2.00	Training CT	100					۰^ .	·
		· :		* - *.	4 6 13 8	Disinfectant	Lowest CT Provided		]				1.	
1		<b>}</b>	<b>)</b> .	1	Lowest Residual	Contact Time (T)	Before or at			-			Lowest Residual	
	Days Plant		Net Quantity	E C	Disinfectant	arc )	First				Lowest		Disinfectant	
]	Staffed or		of Finished		Concentration (C)	Measurement	Customer		}	Minimum	Operating	t# 15.0%	Concentration at	Emergency or Abnormal Operating
Day of	Visited by		Water		Before or at First	Point During	During Peak	Temp of	<b>\</b>	CT	UV Dose,	Minimum UV	Remote Point in	Conditions; Repair or Maintenance Work
the	Operator	Hours plant	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water,	pH of Water,	Required,	πW	Dose Required,	Distribution	that Involves Taking Water System
Month		in Operation		Rate, gpd.	Peak Flow, mg/L	minutes	min/L	°c	if Applicable	mg-min/L	sec/cm²	mW-sec/cm <sup>2</sup>	System, mg/L	Components Out of Operation
1.5	X	24.0		<del> </del>	1.0			<u> </u>					8.0	
2.8	X	24.0		<del></del>	0.8				<b></b> _				0.6	
3,	X	24.0		ļ <u></u>	1.5		<u></u>				<u> </u>		1.2	
1. A4 20.	Х	24.0			1.9						ļ	ļ <u> </u>	1.4	
6 8		24,0 24,0			<u> </u>			<del> </del>			<del> </del>			
4.7.3	х	24.0		<del> </del>	1.5			<del> </del>	<b></b> -			<del></del>	1.3	
8 %	X	24.0		<del> </del>	1.9			<del> </del>	<del>                                     </del>		<del>                                     </del>		1.5	
117 <b>9</b> ed.	X	24.0		<del> </del>	0,9			-			-	<u> </u>	0.7	
. 10,	x	24.0			1.5	<del> </del>		<del></del>			<del> </del>	<del> </del>	1.2	
.11.	Х	24.0			1.6						<del></del>	-	1.4	
3.12m		24.0						<b></b>	·	· · · · · · · · · · · · · · · · · · ·	\			
130		24.0												
**14*	X	24.0	59,967		1.3								1.1	
15	Х	24.0	41,100		1.2								0.9	7777
16.*	X	24.0			1.2								1.0	
17	Х	24.0			1,5								1.2	
18:0	Х	24.0			1.6								1.2	
19		24.0			<del></del>						<u> </u>			
20		24.0						<u> </u>			<u> </u>			
21 56	X	24.0		<del> </del>	1,4								1.1	
22.	X	24.0		<del> </del>	1,3			<b></b>	ļ——-		<del> </del>	<u> </u>	1.1	
23	X	24,0			1.2			ļ	ļ		ļ	ļ	0.9	
24	X	24.0			1.0								0.8	
25\/.	х	24.0 24.0			1,0			<del> </del>	<del> </del>		<del> </del>	<u> </u>	0.7	
26		24.0			<del> </del>	<del></del>		<del> </del>			<del> </del>	<del> </del>	}	
28.5.	×	24.0		<del> </del>	1.4	<del> </del>			<del> </del>		<del> </del>	<b> </b>	<del> </del>	
29 3	X	24.0		<del> </del>	1.4		ļ	+	<del> </del>		<del> </del>	<del> </del>	1.1	
30.	X	24.0			1.3	<del>                                     </del>	<del> </del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del></del>	0.9	
31	x	24.0			1,4	<del>                                     </del>		1	<del>  ''</del>			<del></del>	1,2	
		Status Administra			1.0	<del></del>	<u> </u>	1	<u></u>	L	-	<del></del>	1,2	<u> </u>
		Andrew Control of the Land		1										

78,700

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



See Pages 4 for Instru	etions.								
l. General Information	for the Month/	Year of: June, 200	7	<u> </u>	• •				
A. Public Water System	(PWS) Informa	ation	-						
	Sky Crest						PWS Identification Number:	3351205	
PWS Type:	✓ Community	Non-Transient Non-Comm	unityT	ransient Non-Con	nmunity		Consecutive		
Number of Service Connecti	ons at End of Monti	h: 123		100			Population Served at End of Mont	h: 308	
PWS Owner:	Aqua Utilities Florie	da			1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	11			
	Brian Heath			and the state of		Conta	ct Person's Title: Area	Manager	
Contact Person's Mailing Ac	ldress:	PO Box 490310			City: Lees		State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			٠.	Conta	et Person's Fax Number: (352)	787-6333	
Contact Person's E-Mail Add		beheath@aquaamerica.co	o <u>m</u>						
B. Water Treatment Pla	nt Information								
	Sky Crest						Plant Telephone Number:	(352) 787	0980
	36815 Skycrest Blv				City: Fruit	land	State: Florida	Zip Code:	34731
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day O				126,000	·				
Plant Category (per subsecti	on 62-699.310(4), F	.A.C.): V					ass (per subsection 62-699.310(4)		
Licensed Operators		Name	100000000000000000000000000000000000000	License Class	License N	Vumber	Day(s) /	Shift(s) Worked	學自己對文學之
Lead/Chief Operators				С	681	3	Days 1st Shift		
<ul><li>「対象を表現している」というできます。</li></ul>	Marty Neal			C	1002	27	Days 1st Shift		
	John Worrell			С	659	7	Days 1st Shift		
								w	
	<del></del>		······		<u> </u>				
<b>一种人类的</b>								<del></del>	<u> </u>
THE STATE OF SERVICE	<del></del>				<u> </u>				
A STATE OF THE STATE OF					<u> </u>				<u></u>
10.2336									
								***	
· 大学、李····································			· · · · · · · · · · · · · · · · · · ·		<u> 1</u>	·			
II. Certification by Lead	/Chief Onerato	T.							
		t operator licensed in Florida,	am the lead/chie	of anomator of th	a water tree	tment n	lant identified in now I of th	is somet. I soutif	i dhad dha
information provided in	n this renort is to	tue and accurate to the best of	ann uie ieachenie	st oberator of m	e water trea	anent p	ant identified in part I of the	us report. 1 cerui	y that the
intolliation provided in	n uns report is u	de and accurate to the best of	my knowledge a	nd benet. I cer	uny usanam	arınkıng	water treatment chemicals	used at this plant	conform to NSF
international Standard	ou or other appi	icable standards referenced in	subsection 62-5	55.320(3), F.A.	C. I also ce	rtify tha	it the following additional o	perations records	for this plant
were prepared each day	y that a licensed	operator staffed or visited thi	s plant during the	month indicate	ed above: ()	l) recon	ds of amounts of chemicals	used and chemic	al feed rates; and
(2) if applicable, appro	priate treatment	process performance records	. Furthermore, I	agree to provide	e these addi	tional o	perations records to the PW	S owner so the P	WS owner can
retain them together w	rith copies of this	s report, at a convenient locat	ion for at least te	n years.					
1/1	<u> </u>	フィッフ			•				
- 11W 92		7-6-07	Will Fontaine	:				C-6813	
Signature and Date			Printed or Ty	ped Name				License N	umber

PWS	ID:		3351205		Plant Name:	Sky Crest								
Ш.	Daily Data	for the Mo	onth/Year o	ef:	June, 2007			-						
				ation/Removal		hlorina =	O: 1 : D:	., .	<del></del>					
	Itraviolet R			(Describe):	. J <del>V</del> Picc C	morate j	Chlorine Dio	xode 1	Ozone	Combi	ned Chloru	ne (Chloramines	•)	
<b>-</b>				· · ·							ننم .			
Type	of Disinted	tant Residu	al Maintair	ied in Distrib	ution System:	▼ Fræ Chlo				Chloramines		Chlorine Dioxi		
		<b>新疆</b>			CT Calculations,	or UV Dose, 1	o Demostate	Four Lo	g Virus Ina	ctivation, i	Applicat	leteral, sym		
A 5.0				10 W 12	A CAMPAGE	CT Cal	culations	150	外。主领	の主義	STATE OF	V.Dose → x		
	自身整体		4.2	A SA		action was a second	200	1.00	S. Walter	经保证额	<b>30</b> 20 20	Minimum UV		the second of the second
	1 3 3 29 2	的影響的	18-48-4	150000000	\$ 500 min	12	Daniel	表验证		12.2	ren nan	3500 8 10	PARTIES	A CONTRACTOR OF THE PARTY OF TH
14.40	1968年	1200	3 3 7 7 7 7	<b>微电路地</b> 台	Lowest Residual	Contact Time (II	Before of at	4.00	2 100	11200	44.275	<b>"是为证的</b> "	Lowest Residual	A PROPERTY OF THE PARTY OF THE
<b>100</b>	Days Plant	文多安的	Net Quantity	The state of the	Disinfectant	vat Ca	First *	1	A MATERIAL PROPERTY AND A MATE	2200	Lowest	\$ <b>550</b> 2735第	Disinfectant	
	Staffed or	<b>第124</b>	of Finished	13777	Concentration (C)	Measurement	Gustomer	200	2 1 W 2 2	Minimum	Operating	17 TO 18 18 18 18 18 18 18 18 18 18 18 18 18	Concentration at	Emergency of Abnormal Operating
Day o	f Visited by		Water \		Before of at First	Point During	During Peak	Temp of		STOT 7	UV Dose	Minimum UV	Remote Point in	Conditions Repair of Maintenance Work.
200	Opciator.	Litronia highli	e riouucicu, s	TEAK TIUW	L. Cozourer Dufting.	Peak Flow	-le Flow mgr	Z.WAUGI,	prior water,	Required.	2.35 X 3.35	Doze vennuen'	Distribution	that Involves Taking Water System-
Mont	h (Place "X")			Rate, gpd.	Peak Flow, mg/L		min/L	°C	if Applicable	.mg-min/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>		Components Out of Operation
	X X	24,0		erski,	1.8								1.6	<u> </u>
2.1	10 ·	24.0	25,500		<u> </u>		<u> </u>							
3.02	* · · · ·	24.0	25,500		ļ			ļ						
:44 :51	X X	24.0 24.0	25,500 29,800	···	1.3	ļ	<del> </del>	·	<u> </u>	<u> </u>		ļ	1.1	
4.6	å x	24.0	33,900		1.8	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del> </del>	<del> </del>		<b></b>	<b></b>	1.0	
2.7	X	24.0	22,200		1.6	<del> </del>	+	· · · ·				<u> </u>	1.3	
81	X	24.0	30,400	<u> </u>	1.2	<del> </del>	1.	<del></del>	<u> </u>			<del> </del>	1.0	
2594	4	24.0	28,100			<u> </u>		· · · · · · · · · · · · · · · · · · ·						
× 40	Ž.	24.0	28,100	· .		<u> </u>					1.	ļ · · · · · ·		
5.446	X	24.0	28,100		1.1						,		0.8	
- 12		24.0	17,000		1.0								0,8	i, marayi
32135		24.0	39,800		1,4						9.1		0.9	F - Company
23,3143		24.0	20,200		1.4								1.0	
:¥15;		24.0	19,400		1.5	<b></b>	<del>.  </del>	ļ	<u> </u>			<u>}</u>	1.2	
2e16	2	24.0	30,267 30,267				<u> </u>		<del> </del>	*	<del> </del>			
Feet 84	β X	24.0	30,267	<del> </del>	1,5	<del> </del>	<del> </del>	<del> </del>	ļ <u>.</u>		<u> </u>	<u> </u>	1.2	
15:10	X X	24.0	21,000	<del>                                     </del>	1.6	<del></del>	1	<del> </del>	<del> </del>		<del> </del>		1.2	
19 20	x x	24.0	33,900	<del> </del>	1.3		<del>  -                                   </del>	1	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		1,2	
-\c21	X	24.0	17,000		1.3	<del>                                     </del>	1		<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>	1.2	
3 V 22 A	X X	24.0	36,300		1.6		<del>1</del>	····	<del>                                     </del>	-	<del>                                     </del>		1.4	
· •23:	*	24.0	25,300											
:-24	P	24.0	25,300						,	100				
⇒ 25 <sub>2</sub>	χ X	24.0	25,300		1.5								1.3	
>'∴26		24.0	28,100		1.8		ļ	ļ				i.	1.1	
, 27		24.0	37,200	<del>                                     </del>	1.2		<del> </del>	ļ	ļ				0.9	
* 28		24.0	32,200	<del> </del>	1.2	ļ	<b></b>	<b>.</b>	ļ	<del> </del>			1.0	
29°		24.0	14,700	<del> </del>	1,2	<del> </del>	<del> </del>	<del> </del>	ļ		<u> </u>		1.0	
30		24.0 24.0	27,500	-	<u> </u>	<del>                                     </del>	+	<del> </del>		ļ <u></u>	<del> </del>	ļ		
31 Total		24.0	779,300	<del> </del>	<del>!</del>	<u> </u>	<u> </u>	<u> </u>	·	<u> </u>	I	L	I	
	ige	The second of the second	26,026	1 .										·
Maxim	num			-										

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



See Pages 4 for Instructions.					
1. General Information for the Month/Year of:	July, 2007				
A. Public Water System (PWS) Information					
PWS Name: Sky Crest	· · · · · · · · · · · · · · · · · · ·			PWS Identification Number:	3351205
	ient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connections at End of Month:	123			al Population Served at End of Mon	th: 308
PWS Owner: Aqua Utilities Florida		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Contact Person: Brian Heath			Co	ntact Person's Title: Area	n Manager
Contact Person's Mailing Address: PO Box 490310	· · · · · · · · · · · · · · · · · · ·		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	<del></del>			ntact Person's Fax Number: (352	787-6333
	uaamerica.com		· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Plant Information					
Plant Name: Sky Crest		and the second second		. Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blvd.			City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	d Water Purcha	sed Finished Water	<u> </u>		
Permitted Maximum Day Operating Capacity of Plant, gallons per	lay:	126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Pian	t Class (per subsection 62-699.310(4	I), F.A.C.): D
Licensed Operators 2014	me 🚓	License Class	License Numb	er Day(s)	/ Shift(s): Worked
Lead/Chief Operators Will Fontaine		C	6813	Days 1st Shift	
Other Operators Marty Neal		C	10027	Days 1st Shift	
John Woπell		С	6597	Days 1st Shift	<u> </u>
			1		
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licen	sed in Florida, am the lea	ad/chief operator of th	e water treatmen	t plant identified in part I of t	his report. I certify that the
information provided in this report is true and accurate	to the best of my knowl	edge and belief. I cer	tify that all drink	ing water treatment chemicals	s used at this plant conform to NSF
International Standard 60 or other applicable standard	referenced in subsection	n 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					
(2) if applicable, appropriate treatment process perform					
retain them, together with copies of this report, at a co				F	The state of the s
		ame tott koma.			
Mm /2 2-8-0)	>				
		Fontaine			C-6813
Signature and Date	Printe	ed or Typed Name			License Number

PWS ID: 3351205 Plant Name: Sky Crest														
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 (Chlorimes)														
Ultraviolet Radiation Cother (Describe):														
T	f Dining.	ane Darie			ution System:	D Free Chie	ine —	Combine	d Chlorine (	Chloremines	· -	Chlorine Dioxi		
7000	TO SHITTED	POLITICAL LANGE	INTERIOR TO THE	ieu iii Distribi	Lowest Residual Disinfectant Concentration (C) Detore of at Paris Customer During Peak Flow, mg/L	IA LIGG CUIO	सम्बद्धाः सम्बद्धाः स्टब्स्स्ट		e Chioline (	CAROTAININES	) I	Chiorine Dioxi	ue Fusional de 7 é a.	Emergency of Apportual Operating Conditions, Repair on Maintenance Works That Involves Taking Water System
2	1. 物外心		1. 2. 10 10 10 10 10 10 10 10 10 10 10 10 10	THE TANKS OF	I. Calculations,	or UV Dose, t	o Demostate	rour-Lo	g.V.rus,Ina	ctivation, il	Applicab	le de la la la la la la la la la la la la la	<b>在一个人的</b>	at the first of the Police
4.4	2000年代	The state of			(A) (A) (A) (A) (A)	CT Calc	ulations 🔏 🔆	3 - 30	40000000000000000000000000000000000000	CARETON	District U	V:Dose?() / ∠ ∴	<b>2.43等是</b> 。第	
13				14 m 10 m 10 m			Lowest CT	2.11				200		
		A AND CO		THE RESERVE OF THE PERSON OF T		Disinfectant -	Provided					100		
		100			Lowest Residual	Contact Time (T	Before or at			78	3.00.00	3 Y 18 12 15	Lowest Residual	
- 1	Days Plant		Net Quantity		Disinfectant	at C	a Fusi	数減さ		<b>维克</b> 二次	Lowest		Disinfectant	
10 to	Staffed or	100 / G 👺	of Finished		Concentration (C)	Measurement	Customer		4-14	Minimum	Operating		Concentration at	Emergency of Abnormal Operating.
35, 01	A Talled DA	<b>大海</b> 岛 8	y Valet	() (1000年)	Before or at First	Point During	During Peak	<b>公理</b>	A TOWN	O. S. City	UN Dose,	Minimum	Remote Point in	Conditions, Repair or Maintenance Work
Vont		TOUR PLANT	Froducted.	Par	Peak Flow man	reak riow	THOW ME	**************************************	TO WATER	Kequired,	177		Listroution	Emergency of Abnormal Operating Conditions, Rapair on Maintenance Work that Involves Taking Water System Components Out-of Operation
(2)	A STANFORD	24.0	27,500	" Medaros Bhories .	- Courtion tinger	* 5 / Timmines ( ) %	Architetta P. 2.8	4.13 A 56	Prix zhhiteante	e*véR_ertris,†?	Secychi	32 tirak-200 central	Saleinvin TA	Section in the second section of the second section of the second section of the second section of the second section of the second sec
100	×	24.0			1.4						·		1.2	
	x	24.0	_		1.9	<del></del>	<u> </u>						1.5	
368 368	Х	24.0			1.2								1.1	
1	Х	24.0	15,500		1.1								0.8	
<b>366</b>	Х	24.0			1.5								1.3	
1/2/201		24.0												
148727		24.0	23,367											
200	X	24.0			1.3								1.2	
<b>多三条</b>	X X	24.0 24.0	23,800 30,700	,	1.6		<u> </u>	3.1.22					1.1	
\$12.5°	x	24.0			1.1								0.7	
3136	X	24.0			1.5		· · · · · ·						1.1	
14 14	•	24.0	18,567			······································			<del></del>				1.1	
少15%。		24.0	18,567								, , , , , , , , , , , , , , , , , , , ,		·· · · · · · · · · · · · · · · · · · ·	
(1 <b>46</b> ; )	Х	24.0	18,567		1.1	<del></del> .	-:				•		0,8	
17/2	Х	24.0	25,400		1.8	· · · · · · · · · · · · · · · · · · ·							0.7	
学生	х	24.0	23,200		1.5								1.4	
-=19×1	Х	24.0	26,700		1.4								1.1	
20 💸	X	24.0			1.3								1.1	
(包)代		24.0					<b></b>							
722	7.	24.0	19,767					,			•			
23-N -24-5	X	24.0 24.0	19,767 17,100		1.2		<u> </u>				<del></del>		0.9	
25 1	X	24.0			1.3		ļi			<u> </u>		· · · · · · · · · · · · · · · · · · ·	0.9	
26	- X	24.0			1.1	·	<del> </del>					·	1.0	
27	- <del>X</del>	24.0			1.1								0.9	
28-		24.0			1.1		-						1.0	
29		24.0				<del></del>						<del></del>		
30.7	Х	24,0	21,800		1.1								0.7	
3100	X	24.0			1.5								0.7	
Total	and the same		669,400							<u></u>		<u> </u>		
Avectag		2. 西沙路	21,594	1										

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

31,100



See Pages 4 for Instructions.				
I. General Information for the Month/Year of: Aug	ust, 2007			
A. Public Water System (PWS) Information				
PWS Name: Sky Crest			PWS Identification Number:	3351205
PWS Type:	Community Transient Non-Comm		Consecutive	
Number of Service Connections at End of Month: 123			Population Served at End of N	Month: 308
PWS Owner: Aqua Utilities Florida		· · · · · · · · · · · · · · · · · · ·		
Contact Person: Brian Heath		Contac	ct 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			ct Person's Fax Number: (	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaameri	ca.com			
B. Water Treatment Plant Information				
Plant Name: Sky Crest			Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blvd,		City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		ass (per subsection 62-699.3)	
Licensed Operators Name	License Class	License Number	Dáy(	s) // Shift(s) Worked
Lead/Cnief Operator: Will Fontaine	C	6813	Days 1st Shift	
Other Operators in Marty Neal	c	10027	Days 1st Shift	
John Worrell	c	6597	Days 1st Shift	
				·
11. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Fle	orida, am the lead/chief operator of the	water treatment p	lant identified in part I o	of this report. I certify that the
information provided in this report is true and accurate to the be	est of my knowledge and belief. I cert	ify that all drinking	g water treatment chemic	cals used at this plant conform to NSF
International Standard 60 or other applicable standards reference	ced in subsection 62-555.320(3), F.A.C	<ol><li>I also certify that</li></ol>	it the following addition	al operations records for this plant
were prepared each day that a licensed operator staffed or visite	ed this plant during the month indicated	d above: (1) record	ds of amounts of chemic	als used and chemical feed rates; and
(2) if applicable, appropriate treatment process performance rec	ords. Furthermore, I agree to provide	these additional or	perations records to the	PWS owner so the PWS owner can
retain them, together with copies of this report, at a convenient		•1		an may be to be extended while
	to an in the interior			
Min / 9-7-07	WHITE Paracles		,	
	Will Fontaine		<u> </u>	C-6813
Signature and Date	Printed or Typed Name			License Number

PWS II	):		3351205	-	Plant Name:	Sky Crest				-				
III. D	aily Data	for the Mo	onth/Year o	of:	August, 2007									
				ation/Removal:		hlorine 🗀	Chlorine Diox		Ozone	F 0-1-1	Oh 1	ne (Chloramines		
	raviolet Ra	-	Other			morate 1 (	CHIOLETE DIOX	age I	Ozone	i Comon	nea Chiorir	e (Culoramine)	;)	
T	6 Diain 6.	B 11			ution System:	F7 r ou	·	Obina	d Chlorine (C	~Llaaia-a	<del></del>	Chlorine Dioxi		
Type C	TOISINIEC	tant Residi	iai Maintain	led in Distrib	ution System:	Free Chlor	ine i i	Combine	u Chionne (C	nioramines	) I	Chiorine Dioxi	GE	THE CONTROL SERVICES SERVICES OF THE SERVICES
1.0	5 4574	5 6 8 6	A CHETY IN		T Calculations,	or UV Dose, to	Demostate	Four-Lo	g Virus Ina	ctivation, it	Applicab	le*	文字49年至	
3	() 建设计	4.4		经基础的		CT Căle	ulations 🐍 📆	direction in	影解字数符	行动。特别	教法はU	V.Dose		
1. 29 Start C			1797	N. Web 118	The state of	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4		<b>******</b>	是被软型		14 15 3 94	
			200			Disinfectant	Provided	是資本		1.00			100	
					Löwest Residual	Contact Time (T)	Before or at	<b>第</b>	1279				Lowest Residual	
	Days Plant		Net Quantity	S 5 5 7 10	Disinfectant	arc-	First				Lowest	5 A	Disinfectant	
	Staffed or		of Finished	10000000000000000000000000000000000000	Concentration (C)	Measurement	Çustomer 🖫			Minimum	Operating		Concentration at	A (Emergency or Abnormal Operating
Day of	Visited by	1.3	Water		Before or at First	Point During	During Peak	Temp of	ar Arms	CT	UV Dose	Minimum UV	Remote Point in	Conditions Repair of Maintenance Work :
, 4the	¿Operator	Hours plant	Producted	Peak Flow	Customer During	Peak Flow,	Flow, mg-	water	pH of Water,	Required &	M.V.	Dose Required	Distribution.	that Involves Taking Water System ()
Month	(Place, X.)	in Operation	e ≪ gal ∷	Rate, gpd	Peak Flow, mg/L	minutes	min/Lise	್್೦್ಯ	it Applicable	mg-mit/L	ansec/cm 🛴	mW-sec/cm	System mg/L	Binergenet of Abnormal Operating Conditions Repair of Maintenance Work that Jivolves Taking Water System Components Out of Operation
(1514) 4(2 s)	X								<u> </u>	· · · · ·				<u> </u>
ARY 93	X X	24.0			1.2	<del> </del>	ļ				<u> </u>		0.9	
14.344 34.65 41.542 34.652		24.0 24.0		<u> </u>	1.3	ļ	<u> </u>						0.8	
AND THE		24.0		<del> </del>	ļ	<del> </del>							ļ ————	
1 602	х	24.0		<del></del>	1.0								0.8	
17.	×	24.0		<del></del>	0.9				<b></b>				0.8	
1.78 Bris	Х	24.0			0.9	<u> </u>							0.7	
~ 69×	Х	24.0	14,300		1.0							· ···· - · · · · · · · · · · · · · · ·	0.7	
性10學	Х	24.0	23,700		1.0								0.6	
湖場		24.0	27,600											
4-12-ja		24.0												
913	X	24.0			1.0								0.8	
**(4.7	X	24.0			1.0								0.8	
15	Х	24.0		<u> </u>	1.5								1.2	
16.	X	24.0			1.1									
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21.	- <u>^</u> -	24.0		<del></del>	1.3			<del></del>				<del> </del>	0.8	
22	<del></del>	24.0		<del>                                     </del>	1.0	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·						0.7	
23	$\frac{\hat{x}}{x}$	24.0		1	1.0								0.8	
. 24	X	24.0			1.0								0.7	
√25∵		24.0					····					<del></del>		<del></del>
. 26		24.0	28,467											
27	X	24.0			1.0								0.6	
28	Х	24.0			1.9								1.1	
29	Х	24.0		ļ	1.2		ļ		<u> </u>			ļ	L,O	
30	Х	24.0			2.0								1.3	
(31	Х	24.0		<b></b>	2.1	<u> </u>	<u> </u>	l <u></u>	L	L	<u></u>	l	1.7	
	14.1.12.1.1	and the state of		4									•	
Avgera	e.	1.11. 1.25	26,165	1										

52,900

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



See Pages 4 for Instructions. General Information for the Month/Year of: September, 2007 A. Public Water System (PWS) Information 3351205 PWS Name: PWS Identification Number: Sky Crest PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive 308 Number of Service Connections at End of Month: 123 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager 34749 Zip Code: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida (352) 787-6333 (352) 787-0980 Contact Person's Telephone Number: Contact Person's Fax Number: beheath@aguaamerica.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** (352) 787-0980 Plant Name: Sky Crest Plant Telephone Number: Zip Code: 34731 Plant Address: 36815 Skycrest Bivd. City: Fruitland State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Licensed Operators Name License Class | License Number i Pilipila ap 1000年1月1日 1000年1月1日 1000年1月 Bead/Chief Operator Will Fontaine 6813 Days 1st Shift С С Other Operators: Marty Neal 10027 Days 1st Shift 6597 John Worrell 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. = 10-5-07 Will Fontaine C-6813 Printed or Typed Name License Number Signature and Date

PWS I														
	aily Data	for the Mo	mth/Year o	Ti.	September, 2007									
Means	of Achievin	g Four-Log	Vieus Innetity	ation/Removal		Lineine co								
L- 11	traviolet Ra	Mistian	VIIUS IIIBOUV	(Describe):	. W Fite Ci	UIOTILIE   (	Chlorine Dio	ade l	Ozone	Combi	ned Chlorir	ne (Chloramines	1)	
Ε-					<del></del>		. –							
1 ype	of Disinted	tant Residu	ial Maintair	ied in Distrib	ution System:	₩ Free Chlor			d Chlorine (			Chlorine Dioxi		
144.00	2 7 A			\$ 20 Mar. (	CT-Calculations,	or UV Dose, to	Demostate	Four-Lo	og Virus Ina	ctivation, i	f Applicab	le********	345-7945 T	
1			7 W. S.	(1)	<b>广州</b> 有自身,但1977年	CT Calc	ulations	""	er (Krais)	Section 1	l ∵₃ U	V Doše		
2.5				4 . T. F. F.	Lowest Residual Disinfectant Concentration (C) Before of al First Customer During	1000000000000000000000000000000000000	***		<b>中国基金</b>	A STATE OF THE STA		A MARKETON		
							Lowest C1		ar in the state of			Minimum UV		
1.8.7					T Avvert Decidual	Carterinae	t Danie	E E S	1000			J. # 254	Lowest Residual	
3	Dave Plant	<b>建</b> 成基金	Net Ousunity		Disinfectant	V Spares	628.	<b>深</b> 从之。			Lowest	<b>的</b> 套往返兵	Disinfectant	
4	Staffed or		of Finished	3. 多种植物	Concentration (C)	Measurement	Customer	38 S		Minimum	Operating	3.347	Concentration at	Emergency or Abnormal Operating
Davoi	Visited by	2833	Water	1 to 100 15	Before of at First	Point During	During Peak	Temp of	Yan a	CT	UV Dose,	Minimum UV		Conditions Repair of Maintenance Work
if they	Operator	Hours plant	Producted.	Peak Flow	Customer During	Peak Flow	Flow mg	Water;	pH of Water.	Required	mW-	Dose Required:	Distribution	that Involves Taking Water System
Month	(Place "X")	in Operation	gál	Rate, gpd.	Peak Flow, mg/L	mittutes	mih/L	°°C	if Applicable	mg-min/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup> /	System, mg/L	Components Out of Operation
/ 祥 / 藝		24.0	27,567									l		<u> </u>
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<b>1933</b>	X	24.0			1.6								1.3	
<b>144</b>	X	24.0	24,100		2.1		L						1.8	
120	X	24.0	33,700	<u> </u>	1,1			<u> </u>	ļ <u> </u>			ļ	1.0	
*6	X	24.0	32,100		1.7				ļ. <u></u>			<u> </u>	1.5	
神经	X	24.0	21,700		1.3				ļ		ļ	ļ	1.1	
1.8 M		24.0 24.0	25,667			<u> </u>			<u> </u>	·	·	<u> </u>	ļ	
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UL	X	24.0	17,600		1.8		<del>                                     </del>	<del> </del>	<del> </del>			· · · · · · · · · · · · · · · · · · ·	0.8	
125	X	24.0	48,200		1.1		<del>  · · · · · · · · · · · · · · · · · </del>	<del> </del>	<del> </del>			<del></del>	0.6	
13等	Х	24.0	10,600		1.1	· · · · · · · · · · · · · · · · · · ·			1				0,7	
3145	Х	24.0	31,200		1.3	<del></del>			<del> </del>				0.9	
*:15°		24.0	26,667				1							
~16#		24.0	26,667											
/17	Х	24.0	26,667		1.3				l				1.0	
18′ -,	Х	24.0	26,700		1.3								1.0	
. 19 1	Х	24.0	24,500		1.2							\	0.8	
20: -		24.0	17,850		<u> </u>	<u> </u>	ļ		<u> </u>		<u> </u>			
74(21/.4	Х	24.0	17,850	<u> </u>	1.3	<b></b>	ļ	ļ	<b></b>	<u> </u>	ļ		0.9	
÷22		24.0 24.0	22,067	<del> </del>			<del> </del>	<del> </del>	ļ				<u> </u>	
23	1	24.0	22,067 22,067		0.9		<del></del>	<b></b>	<del>                                     </del>	<del> </del>			0,7	
25%	X	24.0	23,200	<del>                                     </del>	1.7	<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>	-		0.7	<del></del>
26	X	24.0	30,300		1.2	<del> </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>		<del> </del>		0.9	<u> </u>
27	X	24.0	14,600	<del> </del>	1.3	<del> </del>	<b>-</b>	<del> </del>	<del> </del>				1.1	<del></del>
28	X	24.0	17,000	<del> </del>	1.6	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	·····	1.1	
29		24.0	19,770	<del> </del>	1	<del> </del>	<del> </del>	-	<del> </del>		<del>                                     </del>			
30	<del> </del>	24.0				<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	<del></del>	<del> </del>	
31		24.0			† ·	<b>-</b>	<del></del>			<del> </del>	<del> </del>	<del>                                     </del>	<del></del>	
	ALL A STREET		697,100	<del> </del>	<del></del>	•	<del></del>			<del></del>			·	
	<del></del>	· · · · · · · · · · · · · · · · · · ·	22.762	1										

48,200

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



S Name: Sky Crest		and the state of t		PWS Identification Number:	3351205
'S Type:				Consecutive	
mber of Service Connections at End of Month				al Population Served at End of Month:	308
S Owner: Aqua Utilities Flor	rida				
ntact Person: Brian Heath				ntact Person's Title: Area Ma	
ntact Person's Mailing Address:	PO Box 490310			State: Florida ntact Person's Fax Number: (352) 78	Zip Code: 34749
ntact Person's Telephone Number: ntact Person's E-Mail Address:	(352) 787-0980 beheath@aguaamerica.co			nuact Person's Fax Number: (352) 78	
ater Treatment Plant Informatio		<b>2011</b>	<u>, and the consequences of the consequence</u>	A CONTROL OF THE CONT	·
nt Name: Sky Crest	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			Plant Telephone Number:	(352) 787-0980
nt Address: 36815 Skycrest Bl	<del></del>			State: Florida	Zip Code: 34731
pe of Water Treatment by Plant:	✓ Raw Ground Water	Purchased Finished Water	Ony, sections.	A RAPAGE TO A STATE OF THE STAT	Lip Godes 5 770 A
mitted Maximum Day Operating Capacity of					The second of the second
nt Category (per subsection 62-699.310(4), F				nt Class (per subsection 62-699.310(4), F	.A.C.): D.
icensed Operators		License		en days) 48	
ad/Chief Operator Will Fontaine	and the same and the same of the same	Sign Side Communication of the	· · · · · · · · · · · · · · · · · · ·	Days Ist Shift	
her Operators :: 👍 Marty Neal	And the stage that the stage of	Page - Page CA でんごう	10027	Days 1st Shift	right bet
John Worrell		្នាក់ត្រាក្សីរុ <b>ក្សី C</b> ទែលប្ <b>និ</b> ត្	6597	Days 1st Shift	
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			one of the second		
			THE CHATTER SE		
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WS ID			3351205		Plant Name:	Sky Crest								
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cans o	f Achieving	Four-Log V	irus Inactiva	tion/Removal:	▼ Free (	hlorine [	Chlorine Diox	cido l'	Ozone	Combi	ned Chlorir	e (Chloramines	•)	
" Ult	raviolet Ra	diation	Other	(Describe):		•								
me of	f Disinfect	ant Besidus		_	tion System:	Free Chlo	rine T	Combine	d Chlorine (	Chloramines	) [	Chlorine Dioxi	de	
, po o		2015 24 2909			E R Calculations							ATTEN MORE	E865年108770	
. ]		13-37	The state of		C. I. CHICUISI IOUS	TOTAL CECI	STATE PROPERTY	THE REAL PROPERTY.	New Transaction		E SECURIT	APV CONTRACTOR		
- [	5					STATE OF CHE	Control of the Contro	AND THE REAL PROPERTY.		SERVICE PROPERTY	THE REPORT OF			
					loads.		Lovest CT	No.	4000	IN SECURITY OF				
	2.3		The state of the s			Disinfectant	Provided						Self-rest Mr	
- 2		3		於於蒙古著	Lowest Residual	Contact Time (T	Before or at							
	Days Plant		Net Quantity		Disinfectant	JAL MC			100		<b>MANAGE</b>	Manimum V Look Rectural	STATE OF THE PARTY.	
· 1	Staffed or		of Finished		Concentration (C)		Customer.			Marine Marine			COOCETTATION	eler Emergency or Abnormal Operating
ay of	Visited by	7-54	Water		Before of all first		During Peak		<b>外发光</b>			er ook parities i		Conditions: Repair of Maintenance Wo Chattering Vater System
the		Hours plant		Peak Flow	Customer During	Peak Flow	flow, bug	Loan				DOM TO THE		Components Out of Operation
lonth	(Place "X")	ia Operation 24.0	19,770	skate, gpd:##	Peak Flow, mg/L	il	M. min/Leas	Ancar Value	1 PAPPUCADE		2 300 011 201	SAMPLE SOCIETY	1.0	
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3	X	24.0	24,300		1.3		V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	25.75	43.00 × 787	8 (% - K. )		(10)	0.9	
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<b>.5</b> 7	<del>x</del>	24.0	14,600	9 (	113			E 771	8 T. T. S. / S	14 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	42.00	A	0.8	
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8	х	24.0		Y. 4.	中国なる。			-33	· 自然是最高	Constitution 1			0.8	
9.0	Х	24:0	18,300		- 1 S	g (t		in.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		3. " 3.8		0.9	/
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113		24.0	23,300		Standard Control		4	(1) (1) (1)	2000年11月	e 52/3/3/	31	9 1.	A MARKETAN	
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31 <b>6</b> ≥		24.0	28,600					-	A STATE OF		A Marie Alle Commen	64	1:0	
173	Х	24.0	28,600		1.			District Assets	27. NEWS 16		17 A. 12		1.0	
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20 7		24.0	19,467	10.50	- 1/6 LA			7	Section Spirit	1. 1. 1. V	45 - V 10 15	Marie Control	14769648	
22	x	24.0	19,467	1	*71:		2 St. 19. 22 27 C.	\$18. W.S.	10 Mer.	4 (B) Ball (1)	G03* (1.20)		1 37 W 207	
23	<del>  ^ </del>	24.0	23,450	# 1 F 1			1 V 7 1 12 12	13459	10 To 10 To	3 10 100	<b>保护</b> 27 00		2 -	REPRESENTATION OF THE PROPERTY
24	х	24.0			1	e first of the	A. 一. 为基础	\$ 1.78 TOPS	March 19. A.			Section of the second	0.9	
254	·	24.0			110		1 14 3 Jan	377 E	1474 A 15 B	13.77 N 12	A 1998		<b>《新聞教》(1987)</b>	
26	X	24.0				<b>9</b> 2341 (** 1527)	X - 2 - 2 - 24 - 5	1548 (YE	2 45			Section 2	0.9	
27%		24.0			100000		Aries Zara	132 S	- A S	<b>建筑线,</b> 外。	a 2. 8 用:	0 -		Millian were to the comment
28		24.0			A CALL SAME	A STREET	GETTO SHE	(a) 32, V	1. 1 m	PROPERTY.	Car San Ash	Property 28		المساحب المساحب المساور والمساور والمساور
29		24.0		10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10	i i i i i i i i i i i i i i i i i i i	En la sont	5. 公司召请6		194 J. F. F.	2000年195日中	15-17	S (20) 14		
30,	X	24.0				3. 2007 2000 C	0.47.384	200	20.2			BORT ASSAUL		
*31 <sup>2</sup>	X	24.0	27,200		4.	r.	3 3 6	T.	10 E 30 F	er Astrick	A & 3	184 3 3 1 1 1 2	0.8	(4) (4) (4) (4)
oul's	7 C 14 F	温温性の子を	730,970											
VCCZ		Tab Party	23,580	1										

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

69,600



See Pages 4 for Instructions

General Information for the Month/Year of:	November, 2007	·	<u>, e *</u>	·	<u> </u>	
A. Public Water System (PWS) Information PWS Name: Sky Crest		***		PWS Identification 1	Number:	3351205
The state of the s	Non-Community	Translent Non-Com	munity	Consecutive		
Number of Service Connections at End of Month:	123			Population Served at 1	and of Month:	308
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath			Conta	ect Person's Title:	Area Manage	
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: Florida .	Lange	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		e e e	Conta	ct Person's Fax Numb	er: (352) 787-63	33
Contact Person's E-Mail Address: beheath@aquaa	merica.com					
3. Water Treatment Plant Information						
Plant Name: Sky Crest	Harrist St. Commencer			Plant Telephone Nur	nber:	(352) 787-0980
Plant Address: 36815:Skycrest Blvd.		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	City: Fruitland	State: Florida		Zip Code: 34731
Type of Water Treatment by Plant:	ater Purchased	Finished Water			-	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		126,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			lass (per subsection 6		
Dicensed Operators Name	<b>在中央的基本的</b> 。在中央	License Class	License Number	<b>。许知说</b> 为宋 365	Day(s)WShift(	s) Workedaean easaid
Scall Chief Operators Will Fontaine		]C	6813	Days 1st Shift	e Alte de La Grand de la Colonia de la Colonia de la Colonia de la Colonia de la Colonia de la Colonia de la C	
Othics Operators Marty Neal		C	10027	Days 1st Shift	1 11 E. E. 1	
John Worrell		C	6597	Days 1st Shift		
					<u> </u>	
					<u> </u>	and the second of the second o
	Hat India a part of				<u> </u>	
						A. 744
	or.				<u> </u>	
	<u> </u>	<u> </u>		<u> </u>		
1 Contification by Level Chief Operator						
I. Certification by Lead/Chief Operator	1 . T211.1	11.6		1	T C:1:	
I, the undersigned water treatment plant operator licensed						
information provided in this report is true and accurate to			•	<del>-</del>		_
International Standard 60 or other applicable standards ref	ferenced in subsection 62	2-555.320(3), F.A.(	C. I also certify th	at the following ac	iditional operati	ons records for this plant
were prepared each day that a licensed operator staffed or	visited this plant during	the month indicate	d above: (1) recor	rds of amounts of	chemicals used a	nd chemical feed rates; a
(2) if applicable, appropriate treatment process performance	ce records. Furthermore	. I agree to provide	these additional o	perations records	to the PWS own	er so the PWS owner car
retain them, together with copies of this report, at a conver						,, ,,,236
1/)_						
12.60)	Will Fonts	ine				C-6813
Signature and Date		Typed Name	<u> </u>		<del></del>	
Siknamic and Date	Finited Of	1 Abon Laurie				License Number

PWS	ID:		3351205		Plant Name:	Sky Crest								
III.	Daily Data	for the M	outh/Year o	ıf:	November, 2007									
				ation/Removal		plorine F	Chlorine Diox	T	Ozone		1011	(0) 1	`	
	Itraviolet F			(Describe):	.     1100 0	morate ) (	Culorine Diox	age t	Ozone	1 Combine	ea Chiorii	e (Chloramines	i)	
-			-	· -		<b>7</b> 7 211	,	0 1:	4.01.1	Chloramines)	-	Chlorine Dioxi	•	
Type	OI DISINIE				ution System:	▼ Free Chlor			•				de	
100				interesting	I Calculations,	or UV Dose, to	) Demostațe	Four-Lo	g Virus Ina	ctivation, if	Applicab	le de la la la la la la la la la la la la la		
					<b>建设</b> 特别的	CT Calc	ulauons 💝 😘	<b>30</b>	FERT TO	510 SAIR		V Dose :		
200	in E		100	<b>国际投资</b>	<b>对于</b> 4.2000分		Lower C							
	470			25. KH		The second state	<b>在第一个中心</b>					A 12/2 2 2 4		100
		0.00	Net Quantity of Finished		Lowest Residual	Contact Time (T)	Before or at		<b>经</b> 总数据	10 2 3 4 1	10 A	4943	Lowest Residua	
	e Days Plan	1	Net Quantity	使其代表的	Disinfectant				2000	Minimum	Lowest		Disinfection	
Day o	Staffed o		of Funished	A PARTY	Concentration (C)	Measurements Point During	- Customer	46.0		Minimum	Operating		Concentration at Remote Point in	er amar proposition (Constitute)
Dayio	k Visited b		Water		Before or, at First ;	Point Durling	During Reak	lemp of		COMP.	UV/Dose:	Minimum UV	Remote Point in	##Sonditions (Repairtor Maintenance Works)
	Operator			Peak Flow		Peak Flow	Flowing	W. St.	pH of Water,	Required.	WID V	Dose Required,	Distribution	e no obtiento o care trine Walley Sciences ( Care component our of operation)
None None	Place "X"			Rate, gpd	Peak Flow, mg/L	munutes 1/2		ではいるが	11 Applicable			mW-sec/cm		
が発	k x	24.0		*** *** *** *** *** *** *** *** *** **	1.2					<del>  </del>	F 10 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>	0.7	Security (1984) 1984 1986 1986 1986 1986 1986 1986 1986 1986
18 (¢	A	24.0		5	1,2			3 T	<del></del>	<del>                                     </del>			0.7	Mark (M.), Mark (S.), S. S. S. S. S. S. S. S. S. S. S. S. S.
		24.0								· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	Х	24.0			1.0		7.5	,					0.8	
继续		24.0	21,800	September 1	1.5		Same Magazia							क करोत्र १, १९६६ मध्य राजन देशकार १००० विकास १००० विकास १००० व
<b>100</b>		-24.0	28,500	est to the	1.2	5.50	111 Jan 11 13	a Novago	1.5		50 M. J.		1.0	
		24.0		18			r jedynatra.	· · · · · ·	1.1.2	4 4	124 × 111	e.	1.14	
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Te 108		24.0	<del></del>										the sage	
+418	<u> </u>	24.0		· · · · · · · · · · · · · · · · · · ·			gar i garan	#1, 4		<u> </u>	<u> 1981   198</u>		a takya y	uzaki ing pangangan dan dan dan dan dan dan dan dan dan d
1	X.	24.0	<del></del>		- 0.9			7 - 17 - NA	· . · . ·		•		0.7	्राप्टेक्ट्रिक्ट्रेस्ट्रिक्ट्रेस्ट्रिक्ट्रेस्ट्रिक्ट्रेस्ट्रिक्ट्रिक्ट्रेस्ट्रिक्ट्रिक्ट्रिक्ट्रिक्ट्रिक्ट्रिक्ट
<b>建建</b>	& X	24.0 24.0			1.0	***	e and the second	ja sa r	Agriculture	<del></del>				i salt jattu tigajet jaka kiri tita italija sa jiri ka
15) A	X	24.0			1.3					<del>                                     </del>			0.8	
14164		24.0			1.0				7	<del></del>			0.7	
200		24.0									<del></del>	- :		
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W108	X	24.0	28,267		1.9						inger in the		1.7	The state of the s
13120H	ti l	24.0	25,950				100	17 1 m // s						
900	Х	24.0			2.1		1.580 Pulitur	4. 1815			. 15.	1 1	2.0	terretti erik erik erik erik erik erik erik eri
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/X/236	X	24.0			1.7		1000				<u> </u>		1.5	
3024		24.0				•	1 1 11 14			<del> </del>				
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220		24.0			2.0	<del></del>				<del>                                     </del>	<del>,,-</del>	,	1.0	
100		24.0	<del></del>		1.4.					<del>   </del>	1 1 1		1.2	
तड़ा र		24.0		1		, 1 g				<del>                                     </del>				
THE	NEW TON								•			· · · · · · · · · · · · · · · · · · ·		
7.	A PROPERTY		24.935	1										

48,767

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



See Pages 4 for Instructions.	Polymer Page 3 Due	in December					
I. General Information for the M	onth/Year of: De	cember, 2007					
A. Public Water System (PWS) In			···				
PWS Name: Sky Crest	normation	<u> </u>			PWS Identification Num	mber: 3351205	
PWS Type:	unity Non-Transient Nor	-Community	Transient Non-Com	munity I	Consecutive		
Number of Service Connections at End of			710,1310.12 11017 0011		Population Served at End	d of Month: 308:30	
	es Florida					the second of the second	11.00.101.00.
Contact Person: Brian Heath				Conta	ct Person's Title:	Area Manager	s de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
Contact Person's Mailing Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code	
Contact Person's Telephone Number:	(352) 787-0980	the englishment			ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaame	rica.com					
B. Water Treatment Plant Inforn	ation						
Plant Name: Sky Crest					Plant Telephone Numb	er: (352).787	/-0980
Plant Address: 36815 Skyc	est Blvd.			City: Fruitland	State: Florida	Zip Code	34731
Type of Water Treatment by Plant:	✓ Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day Operating Cap	acity of Plant, gallons per day:		126,000				
Plant Category (per subsection 62-699.3		V			lass (per subsection 62-6		
Licensed Operators		<b>《黄鹤传》</b> (1917)	License Class	License Number		Day(s)://Shift(s):Worked	
Lead/Chief Operation Will Fontain	e		С	6813	Days 1st Shift	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	<u> </u>
Other Operators: Marty Neal	<u> </u>		С	10027	Days 1st Shift		V v
John Worrel	<u> </u>		C	6597	Days 1st Shift		
	<u></u>			l ,		1.74	
				·			
	<u> </u>					# 1	
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	<u> </u>				<u> </u>		·
					<u> </u>		
	·		<u> </u>	<u> </u>	<u> </u>		
II. Certification by Lead/Chief O							
		1 1 1 1 1 1 1 1 1			* * * * * * * * * * * * * * * * * * * *	× 0.11	
I, the undersigned water treatmen							
information provided in this repo							
International Standard 60 or other							
were prepared each day that a lic							
(2) if applicable, appropriate trea				these additional o	perations records to	the PWS owner so the l	PWS owner can
retain them, together with copies	of this report, at a convenien	t location for at least	ten years.				
101							
Men /s	- 1-9-08	Will Fontai	ne			C-6813	
Signature and Date		Printed or 7	Vped Name			License h	Jumber

Manual Analysis Park   Manual Analysis   December 2007	PWS I	WS ID: 3351205   Plant Name:   Sky Crest													
Mass of Achieving Four-Log Virus Institution (Profeedings)	III. E	aily Data	for the Mo	mth/Year o	of:	December, 2007							_	<del></del>	
Utrovice Radiation							alorine 🗀 /	Thloring Dio	vide 1		Combi	and Chlorie	a (Chlosomines		
Type of Disinfectant Residual Maintained in Distribution System:			-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			auc i	OZOIIC ,	1 COLLIDIA	neu Cinoi ii	e (Cilioralitules	,	
Company   Comp	-					ution Sustam:	Free Chlor	- F	Combine	d Chlorine (C	"hloremines"	\ <u></u>	Chlorine Dioxi	de	
	2 P. M.	January 1									•			d-la material	
Company   Comp		7.5			COMMON AL	T. Calculations	OTAL V. DOSE, TO	Demostate	COULTX	g virus ma	cuvation, 11	Applicati			
Control   Cont		9			4	TOTAL			Tagas per Cala-	artinas abada (19		1 4 7 1 <b>0</b>	V Dose Tag		
Part   Part		1	7 N N A					Lowest CT	330		STEEL STEEL		2.0		
Month   The XX   Topeston   Ed.   Case pa   Peak Flor, mg   minute   minu	1	<b>D</b> S23	4.4		SAME NAMES	<b>国际的信息</b> 第	> Disinfectant	Provided	35.00	13.4.31	4 54	7.6. X.5.	A COLUMN	3.00	
Month   The XX   Topeston   Ed.   Case pa   Peak Flor, mg   minute   minu	<b>A4</b>	新海龙型	19-19-31-32	Bullet and	<b>建全体的</b>	Lowest Residual	Contact Time (T)	Before or at	2	34384E3	A CONTRACTOR	<b>对报场</b> 外生	<b>来办外来选择</b>	Lowest Residual	
Month   The XX   Topeston   Ed.   Case pa   Peak Flor, mg   minute   minu	27	Days Plant	作為的是	Net Quantity	10 6 THE	Disinfectant	at C	First	是苏多	W/WW.			7 % # T # 1	Disinfectant?	
Month   The XX   Topeston   Ed.   Case pa   Peak Flor, mg   minute   minu	Tologo		是物口聲	ord-misned		Concentration (C)	Measurement	Customer	Temp of	1452 B			Minimum IIV	Concentration at	A Principal Control of the Control o
Montr   Place   No.   Place   State   Place    the		Hours plant	Producted	Peak Flow	Customer During	Peak Flow	Flow me-	Water	pH of Water			Dose Required	Distribution	A hat involves laking Water System	
24.0   36.933   24.0   36.933   24.0   36.933   25.0	* *** ***				Rate gpd.	Peak Flow, mg/L	minutes 🐳	min/L+	°c :	it Applicable	mg-min/L	sec/cm <sup>2</sup>	mW-sec/cm	System, mg/L	Components Out of Operation 14
1875   X	建建设											• •		:	
Sept   X   24.0   35,650   2.0   1.7   26,672   X   24.0   35,650   2.0   1.7   26,772   X   24.0   35,650   2.0   1.7   26,772   X   24.0   35,633   3   3   3   3   3   3   3   3   3			24.0	36,933			·								
24.0   39,550   2.0   1.7   1.6   39,550   2.0   1.7   39,550   2.1   1.6   39,550   2.1   1.6   39,550   2.1   1.6   39,550   2.1   3,583   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3,583   3   3,583   3   3,583   3   3,583   3   3,583   3			24.0	36,933		0.9			-					0,6	
(	44.3			<del> </del>					3.35						
株別	78.5	X X			<u> </u>	2.0								1.7	
24.0   35,833	****	7.E			<u> </u>					<del> </del>	L .				
### 24.0 33,833	1100	<u> </u>				2.1		· · · · · · · · · · · · · · · · · · ·						1.0	
2008년   X   24.0   35,833   1.8   0.7     24.0   37,550   1.7   1.3     25.3   X   24.0   38,200   1.7   1.2     25.3   X   24.0   38,200   1.7   1.2     25.3   X   24.0   38,000   1.7   1.2     25.3   X   24.0   36,000   1.7   1.2     25.3   X   24.0   36,000   1.0   1.5     25.4   X   24.0   21,700   1.5   1.5     25.4   X   24.0   47,550   1.5   1.9     25.2   X   24.0   47,550   1.3   1.9     25.2   X   24.0   27,350   1.6   1.3     25.2   X   24.0   27,350   1.6   1.3     25.2   X   24.0   36,000   1.4   1.2     25.2   X   24.0   36,000   1.1     25.2   X   24.0   27,350   1.6   1.3     25.2   X   24.0   36,000   1.4   1.2     25.2   X   24.0   36,500   1.4   1.2     25.2   X   24.0   36,500   1.1     25.2   X   24.0   36,500   1.3     25.2   X   24.0   36,500   1.4     25.2   X   24.0   36,500   1.5     25.2   X   24.0   36,500   1.5	J-1912)	N .			<b></b>	<del>                                     </del>				<del>                                     </del>			<del></del>	-	
Second   S		. x				1.8						٠.		0.7	
24.0   38,200   1.7   1.2   1.2   1.2   1.2   1.2   1.2   1.2   1.2   1.3   1.2   1.3			24.0	37,550				1. 1. 1. 1.	7.						
1.7	13c12	X				1.7		_						1.3	
24.0   36,000		8									·				the state of the s
(	F#147	X			<u> </u>	1.7								1.2	
X   24,0   36,000   1.0   0.5	* 21.599 - 24.625	<u> </u>										<u> </u>			<u> </u>
Section   Sect						10	<u> </u>		ļ	<del> </del>		ļ	<del></del>	0.5	
24.0					<del>                                     </del>				· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del> </del>	· .	0.3	
X						1			<del>                                     </del>			·	···		
X   24.0   30,900   1.3   1.0   1	: 120 ¢	X				2.1								1,9	
X   24.0   27,350   1.6   1.3   1.2	·/21%	X			[	1.3								. 1.0	
1.4       1.2         1.25       24.0       36,500       1.1         2.66       X       24.0       36,500       1.1         2.27       24.0       35,000       1.5         2.28       X       24.0       35,000       1.3         2.29       24.0       35,967       1.4         2.30       X       24.0       35,967       1.4	~ 22	1	<u> </u>					1							
1.1   1.							* * *	_ 100							
24.0   36,500   1.1   0.7   1.2   1.3						1.4	<u></u>			<u> </u>			<u> </u>	1.2	
24.0   35,000						• 1		+ 3 +	<del></del>			ļ.——		^~	
注意					<del> </del>	1.1	<del> </del>		<del> </del>	<del> </del>	ļ,	<del>                                     </del>		0.7	
24.0   35,967   1.6   1.4	1000	<del>                                     </del>			<del></del>	15			<del> </del>		-	<del></del>	<del> </del>	12	
<b>24.0</b> 35,967 <b>363数</b> X 24.0 35,967 1.6 1.4	x 1294	<u> </u>			<del> </del>	1.3	<u> </u>		<del> </del>	<del> </del>		<del>                                     </del>	<u> </u>	1	
(36) X 24.0 35,967 1.6 1.4							<u> </u>		1	1					
74 50 NEW 2015 C. C. T. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	3316	X			1	1.6		-						1.4	
Total 1,131,200	Total:	K-MAC MAKE		1,131,200											

48,900

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

W	S ID:	3351205	Plant Name:	Sky Crest		
V.	Summary of Use of Poly	mer Containing Acrylan	nide, Polymer	Containing I	Spichlorohydrin, and Tro	n or Manganese Sequestrant for the Year: * 2007
A.	is any polymer containing the me	onomer acrylamide used at the	water treatment pla	ant?	No Yes, and	the polymer dose and the acry lamide level in the polymer are as
	Polymer Dose ppm =				Acrylamide Level, %1=	
B.	Is any polymer containing the me polymer are as follows:	onomer <u>epichlorohydrin</u> used al	t the water treatme	nt plant?	☑ No ☐ Ye	s, and the polymer dose and the epichlorohy drin level in the
	Polymer Dose ppm =				Epichlorohydrin Level, %'=	
C.	Is any iron or manganese seques	trant used at the water treatmen	t plant?	☑ No	Yes, and the type of se	equestrant, sequestrant dose, ect., are as follows:
	Type of Sequestrant (polyphosph	nate or sodium silicate):				
	Sequestrant Dose, mg/L of phosp	ohate as PO <sub>4</sub> or mg/L of silicate	as SiO <sub>2</sub> =		-	
	If sodium silicate is used, the am	ount of added plus naturally oc	curring silicate, in	mg/L as SiO <sub>2</sub> =		

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

<sup>&</sup>lt;sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See Pages 4 for Instructions.	•		•		·
. General Information for the Mo	onth/Year of: January, 2006				
A. Public Water System (PWS) Inf		<u></u>			
PWS Name: Sky Crest	OI MACON			PWS Identification Number:	3351205
PWS Type:	nity Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connections at End of				Population Served at End of Month:	: 431
PWS Owner: Agua Utilities		<del></del>		oparation out too at any	
Contact Person: Brian Heath			Conta	ct Person's Title: Area N	/Anager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		<u>;</u>		787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
. Water Treatment Plant Informa					
Plant Name: Sky Crest				Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycre	st Blvd.		City: Fruitland	State: Florida	Zip Code: 32731
Type of Water Treatment by Plant:	✓ Raw Ground Water P	urchased Finished Water			
Permitted Maximum Day Operating Capa	city of Plant, gallons per day:	126,000			
Plant Category (per subsection 62-699.310	O(4), F.A.C.): V		Plant C	lass (per subsection 62-699.310(4),	F.A.C.): D
Licensed Operators	Name	License Class	License Number	Day(s) / S	Shift(s) Worked
Lead/Chief Operator: Will Fontaine		C	6813	Days 1st Shift	
Other Operators: Marty Neal	· · · · · · · · · · · · · · · · · · ·	c	10027	Days 1st Shift	
John Worrell		c	6597	Days 1st Shift	
		<u> </u>			
ANT THE PARTY OF T					
Certification by Lead/Chief Ope					
	plant operator licensed in Florida, am t				
information provided in this repor	t is true and accurate to the best of my k	nowledge and belief. I cert	ify that all drinking	g water treatment chemicals	used at this plant conform to No
International Standard 60 or other	applicable standards referenced in subs	ection 62-555.320(3), F.A.	<ol><li>I also certify the</li></ol>	at the following additional o	perations records for this plant
were prepared each day that a lice	nsed operator staffed or visited this plan	t during the month indicate	d above: (1) recor	ds of amounts of chemicals 1	used and chemical feed rates; a
(2) if applicable, appropriate treats	ment process performance records. Furt	hermore, I agree to provide	these additional o	perations records to the PW	S owner so the PWS owner can
	of this report, at a convenient location fo			•	
1/1-	<del>-</del>	•			·
11.	- Z- ODCUMENT NUMBER 04313 MAY	Will Fontaine	í		C-6813
Signature and Date	11.512 uav	QQ. Ø - T.		<del></del>	License Number
orginature and Date	U4313 MAI	Thick or Typed Name			Piceuse Mannet

Manuary Actions for Line Supplies   For Line   For Choire   Chlorine Dioxide   For Choire   Chlorine Dioxide   For Choire   Chlorine Dioxide   For Choire   Chlorine Dioxide   For Ch	PWS II														
Type of Distributes Residual Maintained in Distribution System:	III. D	aily Data	for the Mo	onth/Year (	of:	January, 2006			<del>.</del>						
Type of Distributes Residual Maintained in Distribution System:	Means	of Achievin	g Four-Log	Virus Inactiv	ation/Removal	Free C	hlorine [ c	Thlorine Dio	vide [	Ozone	Combin	ned Chlorin	e (Chloramines	)	
Page   Page	ſ		-			•	, ,	onio mo Dio	,	0.00	, сошол	nod Oniora		,	
Day Plant   Net Quality   Distriction   Di	Type o	f Disinfec	tant Residu	al Maintain	ed in Distrib	ution System:	▼ Free Chlor	ine 「	Combine	d Chlorine (0	Chloramines	) [	Chlorine Dioxic	de	
Day Plant   Day Plant   Distriction   Dist	,,,		38 1 1 1 1 1 T						Four-Lo	v Vinis Ina	ctivation. if	Applicable	e*	Ga At Tara sa	
Day   Plant   Standard   Content														<b>1</b>	
Description   Description					14 130 34	1 2 2 7 7 7 7 7 7 7 7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A STATE OF THE STA			day .	3 KG 1 37 .			
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Dysp   Part   Safe		\$					Disinfectant	Provided						Howart Besidue	
Prince   P		Dave Plant			10000000000000000000000000000000000000	Lowest Residual	Contact Time (1)	Before of at			The state of the s	Lowest			
Prince   P			4.25 4	of Finished		Concentration (C)	Measurement.	Customer	10 mg/g	8 4 1 3 3 4	Minimum	Operating			
Prince   P	Day of	Visited by			No.	Before or at First		During Peak		是林城	CT :				
1		Operator	Hours plant	Producted,	Peak Flow	Customer During			Water,	pH of Water,	Required;				
10   10   10   10   10   10   10   10		(Place "X")			Rate, gpd.	Peak Flow, mg/L	minutes	min/L	°C =	if Applicable	mg-min/L	sec/cm²	mW-sec/cm²	System, mg/L	Components Out of Operation
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9324         24.0         21,133         1.1         1.		Х.			<u> </u>	1.4			<del>                                     </del>	<del> </del>	<u> </u>	<u> </u>		1.1	
X   24.0   21,133   1.4		<del></del>			<b> </b>	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del>                                     </del>	ļ	<del>                                     </del>		<del> </del>	
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- 28 c     24.0     21,933		Х	24.0	17,800							·				
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<sup>•</sup> Refer to the instructions for this report to determine which plants must provide this information.



	structions.							
General Informat	ion for the Mont	th/Year of: February	, 2006			# 4		
Public Water Syst	tem (PWS) Infor	mation		-				·
PWS Name:	Sky Crest						PWS Identification Number:	3351205
PWS Type:	✓ Community	y Non-Transient Non-Comi	nunityT	ransient Non-Con	nmunity	,	Consecutive	
Number of Service Con		·	West English			Total	Population Served at End of Month	e 431
PWS Owner:	Aqua Utilities Fl	lorida						
Contact Person:	Brian Heath				1	Conta	ct Person's Title: Area	Manager
Contact Person's Mailir	ig Address:	PO Box 490310	Bully, Service		City:	Leesburg	State: Florida	Zip Code: 34749
Contact Person's Teleph	one Number:	(352) 787-0980		APA A G	1.	Conta	ct Person's Fax Number: (352)	787-6333
Contact Person's E-Mai	l Address:	beheath@aquaamerica.c	:om				1. 實際學生體 在計算。	
Water Treatment	Plant Informati	on						
Plant Name:	Sky Crest						Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest I	Blyd			City:	Fruitiand	State: Florida	Zip Code: 32731
ype of Water Treatmen	nt by Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
ermitted Maximum Da	ay Operating Capacity	y of Plant, gallons per day:		126,000	do y			
lant Category (per sub			2.0	,			lass (per subsection 62-699.310(4)	
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en Chortina	Will Fontaine			C		6813	Days 1st Shift	
yahar Ortakarana	Marty Neal			C -		10027	Days 1st Shift	
	John Worrell			C		6597	Days 1st Shift	
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41 616						ituu kariu A		
Certification by L								

PWS ID:	3351205	Plan	nt Name:	Sky Crest								
III. Daily Data	for the Month/Year o	Feb	ruary, 2006				-					
	ng Four-Log Virus Inactiva		▼ Free Ch	lorine $\Box$ (	Chlorine Diox	ide F	Ozone	Combi	ned Chlorin	e (Chloramines	`	
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Tyne of Disinfer	ctant Residual Maintaine	·	n System:	<b>▼</b> Free Chlori	ine F	Combine	d Chlorine (0	Chloramines	) [	Chlorine Dioxi	de	•
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	591,700	,,										
Vails 3	19,087			•					•			

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



WS Name:	Sky Crest	一种有些各种多种的			20) (10)		PWS Identification Number:	3351205
WS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	nunity		Consecutive	
umber of Service Co	onnections at End of Mon	nth: 123			This less than	Total	Population Served at End of Month:	431
WS Owner:	Aqua Utilities Flor	rida - Tara - Ta	A STATE OF THE STA	<b>产作主<b>为的</b>(</b>		1111111		
ontact Person:	Brian Heath		7 V. 100 (1) 1 (1)		and grant to the second			fanager
ontact Person's Mail		PO Box 490310			City: Lees		State: Florida	Zip Code: 34749
ontact Person's Tele		(352) 787-0980		to <b>utalit</b> ical		Conta	ct Person's Fax Number: (352) 7	87-6333
ontact Person's E-M		beheath@aquaamerica.c	<u>com</u>	i e company de	W. T.		<b>通信的</b> 表示。	
	it Plant Information							
lant Name:	Sky Crest						Plant Telephone Number:	(352) 787-0980
ant Address:		vd.			City: Fruit	land	State: Florida	Zip Code: 32731
ype of Water Treatm		✓ Raw Ground Water	Purchased i	Finished Water				
ermitted Maximum J	Day Operating Capacity o	of Plant, gallons per day:		126,000 人造	*		SCHOOL STATE	
	ubsection 62-699.310(4), I	F.A.C.):			The same and same and same and same and same and same and same and same and same and same and same and same and		lass (per subsection 62-699.310(4),	
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PWS ID: 3351205 Plant Name:	Sky Crest		<b>%(+</b> )	
III. Daily Data for the Month/Year of: March, 2006			· ·	
	e Chlorine Chlorine Diox	side Combin	ned Chlorine (Chloramines)	
Ultraviolet Radiation Cother (Describe):	, Ciliotitic Diox	, Ozono i Combin	on onorme (onormines)	•
Type of Disinfectant Residual Maintained in Distribution System	▼ Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide	
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48,400	•			

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



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instructions.					
. General Information for the Mon	th/Year of: April 2006				<u> 28 (                                  </u>
A. Public Water System (PWS) Info	rmation				
PWS Name: Sky Crest			4 Aug. 787.	PWS Identification Number:	3351205
PWS Type:		☐ Transient Non-Comm	nunity	Consecutive	
Number of Service Connections at End of M	·			Population Served at End of Month:	431
PWS Owner: Aqua Utilities F					受到2000年, <b>没有是是</b> 以表演是一位,是一个
Contact Person: Brian Heath	THE RESERVE OF THE PARTY OF THE		Con	tact Person's Title: Area N	lanager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Con	tact Person's Fax Number: (352)	87-6333
Contact Person's E-Mail Address:	beheath@aquaamerica:com		A MARKET TO STATE OF		
B. Water Treatment Plant Informati	ion				
Plant Name: Sky Crest		。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	entral C	Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest			City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:		Purchased Finished Water			
Permitted Maximum Day Operating Capacit		126,000	<b>在</b> 教育。	4. 于二种主义是"基础"的第一人的	
Plant Category (per subsection 62-699.310(4				Class (per subsection 62-699.310(4),	
II (ranged (i) positions	Spin6	Liteansie Class	Breense Mirinbe	And because of the party of the	hiii(s)iyorkete
Hazel Cinter Octobros Will Fontaine		CAN'T THE	6813	Days 1st Shift	
Office (Operations) Marty Neal		C	10027	Days 1st Shift	
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Certification by Lead/Chief Oper		an in a second and a case of the second contracting con-	The second secon		
	lant operator licensed in Florida, am t				
· · · · · · · · · · · · · · · · · · ·	is true and accurate to the best of my k				
	pplicable standards referenced in subs				
	sed operator staffed or visited this plan				
	ent process performance records. Furt		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 fo	r at least ten years.	•• **		
1.62		e e e e e e e e e e e e e e e e e e e			
Me	5.5.06	Will Fontaine			C-6813
Signature and Date		Printed or Typed Name			License Number

Page 1

PWS ID: 3351205	Plant Name: S	ky Crest			u digitalis.	
III. Daily Data for the Month/Year	of: April, 2006		X # CAV			
Means of Achieving Four-Log Virus Inactiv	•••	orine Chlorine Dio	xide   Ozone	Combined Chi	lorine (Chloramines)	
<b>F</b>	er (Describe):				<u> </u>	· ·
Type of Disinfectant Residual Maintai	<u> </u>	Free Chlorine			Chlorine Dioxide	
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49,600	·J					•

Page 2

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

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See Pages 4 for Instructions. General Information for the Month/Year of: 11.4 May, 2006 A. Public Water System (PWS) Information 3351205 Sky Crest PWS Identification Number: PWS Name: Consecutive ✓ Community Non-Transient Non-Community Transient Non-Community PWS Type: Total Population Served at End of Month: Number of Service Connections at End of Month: 123 10 March PWS Owner: Aqua Utilines Florida Contact Person's Title: Area Manager Contact Person: Brian Hoath 34749 City: Leesburg State: Florida Zip Code: PO Box 490310 Contact Person's Mailing Address: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's Telephone Number: befieath@aguagmerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: Sky Crest 36815 Skycrest Blvd Fruitland State: Florida Zip Code: 34731 City: Plant Address: Purchased Finished Water Type of Water Treatment by Plant: ✓ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000 D. Plant Class (per subsection 62-699,310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): The second contract of 6813 Days 1st Shift With Fontaine Days 1st Shift 10027 Agar Dagaungia Marry Neal Days 1st Shift John Womell -- 1 4 7 1 1 1 1 . . . L. Begange 6597 A 4. 1 13 6 7 40.4 عرفا والمنافقات Sec. 25. H 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. 6-5-06 C-6813 Will Fontaine License Number Signature and Date Printed or Typed Name

PWS ID:	3351205		Plant Name:	Sky Crest						<del></del>		· · · · · · · · · · · · · · · · · · ·	
III. Daily Data for the M	onth/Year of		May, 2006	<del></del>									
Means of Achieving Four-Log				hlorine [	Chlorine Dio	xide	Ozone	Combi	ned Chlori	ne (Chloramines	)		
Ultraviolet Radiation	Other (		,,	<b></b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	020	, 0011101					
Type of Disinfectant Resid		· -	ution System	Free Chlo	rine 「	Combine	ed Chlorine (	Chloramines	) [	Chlorine Dioxi	de		
Type of Disinfectant Resid	dat Mantanic	A IN DISTITU	eligateingen		=					No.		The second secon	क्ष्यास्य । जन्मका । स्वतः द्वारामग्रहः । व
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	36,490							,					
Secretarian	58,400												

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



See Pages 4 for Instructions.				<u> </u>
. General Information for the Month/Year of: June, 2006				
A. Public Water System (PWS) Information		•		
PWS Name: Sky Crest		•	PWS Identification Number:	3351205
PWS Type:	Transient Non-Com	munity 🔲	Consecutive	
Number of Service Connections at End of Month: 123		Total 1	Population Served at End of Month:	431
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Conta	ct Person's Title: Area Mana	ger
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	-	Conta	ct Person's Fax Number: (352) 787-	6333
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>				
3. Water Treatment Plant Information				
Plant Name: Sky Crest	·		Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blvd.		City: Fruitland	State: Florida	Zip Code: 34731
	nased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):			lass (per subsection 62-699.310(4), F.A.	
	License Class	License Number	Day(s) / Shif	t(s) Worked
Lead/Chief Operator Will Fontaine	C ·	6813	Days 1st Shift	
Other Operators Marty Neal	C	10027	Days 1st Shift	
John Worrell	С	6597	Days 1st Shift	
H TOWART TOWARD TO CO.				
A Marie Control of th				
	•			
1 Certification by Lead/Chief Operator				
	1/ 1 ' C C.1			T
I, the undersigned water treatment plant operator licensed in Florida, am the line and the line	ead/cnier operator of the	water treatment p	lant identified in part I of this re	port. I certify that the
information provided in this report is true and accurate to the best of my know	viedge and belief. I certi	ty that all drinking	water treatment chemicals used	at this plant conform to NSF
International Standard 60 or other applicable standards referenced in subsecti	on 62-555.320(3), F.A.C	. I also certify that	it the following additional opera	tions records for this plant
were prepared each day that a licensed operator staffed or visited this plant de	uring the month indicated	l'above: (1) recore	ds of amounts of chemicals used	and chemical feed rates; and
(2) if applicable, appropriate treatment process performance records. Further		these additional of	perations records to the PWS ow	vner so the PWS owner can
retain them, together with copies of this report, at a convenient location for at				
7-7-06				
1/1/2 11106 Wil	l Fontaine		•	C-6813
Signature and Date Print	ted or Typed Name			License Number

PWS II	); .		3351205		Plant Name:	Sky Crest	•	•						
III. D	aily Data	for the Mo	onth/Year o	of:	June, 2006		. ,		<del></del>					
				ation/Removal		olorine I (	Chlorine Diox	ido l	Ozone			(Chlamannin an	<b>N</b> .	<u> </u>
	traviolet Ra			(Describe):	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SHOUTHE DIO	aue i	Ozone	1 Combi	nea Chiorii	ne (Chloramines	)	
F				· -	ution System:		<u></u>	Combine	d Chlorine (0	hloromines	\	Chlorine Dioxi		
Type	I Distilled	Lant Neside	iai iviailitati	Icu iii Disu ib					- ·	-				Programme Report Date (1997)
東京	1000000000000000000000000000000000000		Net Quantity of Finished Water	And the second	T Calculations,	or U.V. Dose, to	) Demostate	Four-Lo	g Virus ina	ctivation, ii	Applicab	iet samme og		
160.20		11 C 12 A 1		* ***		GT Calc	ulations				TANKS U	V Dose	3.扩展处理	
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***	7	55%的过程	REFER	1	A PARTY OF	Disinfectant	Provided &		神の文章を		788 CV		题 2000年	
in Alexander			<b>第</b> 性引诱	1	Lowest Residual	Contact Time (T)	Before or at				1907 4		Lowest Residual	
1999	Days Plant		Net Quantity		25. Disinfectant	at C Measurement	First				Lowest		Disinfectant	
1	Staffed or		of Finished		Concentration (C)	Measurement	Customer			Minimum	Operating		Concentration at	
the	Visited by		Producted.	1.44	Before or at First: Customer During	Point During Peak Flow,	During Peak	Viveter	pH of Water,	CIVER CANAN	mW-	Minimum UV  Dose Required,	Remote Point in	
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يدُو17ي <i>ن</i>		24.0	36,967						-					
##18 <b>*</b> ¥		24.0	36,967											
2019年	Х	24.0	36,967		1.0								0.7	
- 620 河	X	24.0	27,400		1.2								0.8	
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AVOARAG			29 077	l	-									

56,200

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



See Pages 4 for I			<u> </u>	
General Informa	ation for the Month/Year of: July, 2006			
. Public Water Sv	stem (PWS) Information			
PWS Name:	Sky Crest		PWS Identification Number:	3351205
PWS Type:	✓ Community	Transient Non-Community	Consecutive	
Number of Service Co	onnections at End of Month:	To	tal Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida		新疆(1970年) (1984年)	
Contact Person:	Brian Heath	Co	ntact Person's Title: Area Man	ager
Contact Person's Mail	ing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tele		Co	ntact Person's Fax Number: (352) 787-	6333
Contact Person's E-M				
. Water Treatmen	t Plant Information		•	
Plant Name:	Sky Crest		Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd	City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatm		chased Finished Water		
	Day Operating Capacity of Plant, gallons per day:	126,000		
	bsection 62-699.310(4), F.A.C.):		t Class (per subsection 62-699.310(4), F.A	
			en <b>villemas atala</b> day(s). Asin	t(s) Worked a range and the
	Will Fontaine	C 6813	Days Ist Shift	
Oline Oregratic	No. of the second secon	C 10027	Days 1st Shift	The state of the s
	John Worrell	C6597	Days 1st Shift	
				and the second s
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<b>是一种,在199</b> 年的				
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Certification by	Lead/Chief Operator			
	water treatment plant operator licensed in Florida, am the	lead/chief operator of the water treatmen	t plant identified in part I of this re	port. I certify that the
	ded in this report is true and accurate to the best of my kno			
	dard 60 or other applicable standards referenced in subsect			
	ch day that a licensed operator staffed or visited this plant d			
	appropriate treatment process performance records. Further		l operations records to the PWS ov	vner so the PWS owner can
retain them, toget	her with copies of this report, at a convenient location for a	it least ten years.		
	6-200			
John J	8-3-06 W	ill Fontaine		C-6813
Signature and Date	Pri	inted or Typed Name		License Number

PWS ID:			3351205		Plant Name:	Sky Crest								
III. Daily I	)ata i	for the Ma	nth/Year	of:	July, 2006		•				-	<u> </u>		
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Type of Dis	illi CC	ant Residu	ai iviailitali	<u></u>										
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Victor I			23,552											
Mayron	THE RESERVE	100000000000000000000000000000000000000	47 100	1										

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



See Pages 4 for Instructions.

See Pages 4 for I		- 17 Thursday with a	<del></del>		
. General Informa	ntion for the Month/Year of: August,	2006	<u> Magaille an Airing an</u>		
. Public Water Sv	stem (PWS) Information				·
PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	✓ Community Non-Transient Non-Com	nmunity Transient Non-Co	mmunity	Consecutive	
	onnections at End of Month: 123			Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Con	tact Person's Title: Area M	lanager
Contact Person's Maili			City: Leesburg	State: Florida:	Zip Code: 34749
Contact Person's Telep	O	AL Was A	Con	tact Person's Fax Number: (352) 7	87-6333
Contact Person's E-Ma		<u>com</u>		,1.2	
. Water Treatmen	t Plant Information				
Plant Name:	Sky Crest	· · · · · · · · · · · · · · · · · · ·		Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd	· · · · · · · · · · · · · · · · · · ·	City: Fruitland	State: Florida	Zip Code: 34731
Type of Water Treatme	ent by Plant:	Purchased Finished Water			
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	126,000	and the state of the state of		
		Yangan .		Class (per subsection 62-699.310(4),	
The Committee of the New York of the Committee of the Com	Sign Parkers	agicense clas	2 140 170 to see 1 20 m (t) 2	file Dokurs	Helicar Worldedon .
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6 10 1	NOLL CO				
	Lead/Chief Operator				
	water treatment plant operator licensed in Florid				
	ded in this report is true and accurate to the best of				
International Stand	dard 60 or other applicable standards referenced	in subsection 62-555.320(3), F.A	.C. I also certify the	hat the following additional op-	erations records for this plant
were prepared each	ch day that a licensed operator staffed or visited the	his plant during the month indicat	ted above: (1) reco	rds of amounts of chemicals u	sed and chemical feed rates; and
(2) if applicable, a	appropriate treatment process performance record	ls. Furthermore, I agree to provide	de these additional	operations records to the PWS	owner so the PWS owner can
	her with copies of this report, at a convenient loca			•	
A /	// <u> </u>				
The	P- 9-7-06	Will Fontaine		e de	C-6813
Simple	1100		· · · · · · · · · · · · · · · · · · ·		License Number
Signature and Date		Printed or Typed Name			Piccuse infuliber

PWS ID:	3351205		Plant Name:	Sky Crest									
III. Daily Data for the Mo	nth/Year	of:	August, 2006										-
Means of Achieving Four-Log				hlorina	Chlorine Dio	* 1.	<u> </u>			(611)			-
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

PWS ID:		3351205	sieli bw	Plant Name:	Sky Crest								
III. Daily Data for	the Mo	nth/Year	of:	September, 2006									
Means of Achieving Fo						Chlorine Di			<u> </u>				
Ultraviolet Radiati			r (Describe):	4. , 1000	omornic j	Chiorine Di	oxide	Ozone	J Com	oined Chlor	ine (Chloramine	s)	
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

## MONTHLY OPERATION REPORT FOR PWSS TREATING KAW GROUND WATER JR FUNCHAULD F.... BHE WATER J



See Pages 4 for Instructions.

PWS Name:	Sky Crest	· · · · · · · · · · · · · · · · · · ·		<b>ANDER 13:</b>	<u> </u>		PWS Identificat	ion Number	3	351205	
PWS Type:	✓ Commu	nity Non-Transient N	Ion-Community	Transient Non-Co	mmunity		Consecutive				
Number of Service Co	onnections at End of	Month:	123			Total	Population Serve	d at End of N	Aonth: 4.	31	
PWS Owner:		Florida:		aan, i	:1.		S. S. S. J. C. J.		<u> </u>		
Contact Person:	Brian Heath	· 1000 产种独立。		<b>能</b> 當時於			ct Person's Title:		Area Manager		
Contact Person's Mail	ling Address:	PO Box 490310			City:	Leesburg				ip Code:	34749
Contact Person's Tele		(352) 787-0980					ct Person's Fax N		352) 787-6333	<u> </u>	·
Contact Person's E-M		beheath@aquaan	nerica.com		<u> </u>	The state of the s	AMERICAN PROPERTY.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Water Treatmen							<u></u>				
Plant Name:		Marie Committee			<del></del>		Plant Telephone			52) 787-098	<del></del>
Plant Address:		st Blyd			City:	Fruitland	State: Florida	·	Z	ip Code:	34731
Type of Water Treatm		✓ Raw Ground Wat	er	Finished Water		1 2 1 1 1 1 1 1 1 1					
		city of Plant, gallons per day:		126,000	<del></del>			(2.400.0	INCO E LOS		· · · · · · · · · · · · · · · · · · ·
Plant Category (per su	obsection 62-699.310		Validada				lass (per subsection				
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	William Color								Not selected		
The second secon							•				
Certification by											

PWS ID:	3351205	Plant Name:	Sky Crest					
III. Daily Data for the M	onth/Year of:	October, 2006	ten, colored to					
Means of Achieving Four-Log			hlorine Chlo	orine Dioxide	Ozone	Combined Chlori	ne (Chloramines)	
Ultraviolet Radiation	Other (Describe):							
Type of Disinfectant Resid	• • • • • • • • • • • • • • • • • • • •		Free Chlorine	Combine	d Chlorine (	Chloramines)	Chlorine Dioxide	
Type of Distillectant Resid	ual Maintained in Distri	TOUCHON BY SECTION.				स्मिक्षे ः राजस्थाः हो ८५५० हो स्टब्स्		
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

See Pages 4 for Instructions. October, 2006 General Information for the Month/Year of: A.

PWS Name:	Sky Crest	The Property of the			PHO DE ME	PWS		iber:	3351205	<u> 18   18 208 1850</u>
PWS Type:	✓ Community	Non-Transient Non	-Community	Transient Non-C			ecutive		22.20.002.002.00	or a manage maar
	ections at End of Month:	12	rizini kirroma (224)		副作业""。		ation Served at End		431	· 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PWS Owner:	Aqua Utilities Florida		<b>以外国内性。</b>		<b>学年第</b> 3月	ile Transport State Control of the C	ante y de Heaville			\$6 - Ab 50 - SE 1
Contact Person:	Brian Heath		elec in the side	NATIONAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE		Contact Per			ger - Jeria - Valla	
Contact Person's Mailing	g Address: PC	Box490910457	<b>,种</b> 加、部分企业	TO REAL PROPERTY OF THE PROPER		Leesburg 👉 State				34749
Contact Person's Telepho	one Number: (3)	24787-0980 LC 981	Caracteria (Caracteria)		defined and	Contact Per	son's Fax Number:	(352)787-(	<b>5333</b> → 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-42 HERE 1988
Contact Person's E-Mail	Address: be	cheath@aquaame	rica.com		整理·特殊。		中的"40"等"57"高级40	5.种种的 3.种种	WEST OF STREET	
Water Treatment l	Plant Information								1 10 140 s. to war a. t.	252 252-11 1 7 17 156 560 1
Plant Name:	Sky Crest	STATE OF THE STATE	Habita Andrews	GENERAL CONTRACTOR	S. C. Carrier Contract London Lie	Laborator Date and Control Printers, Co. 4	Telephone Numbe		(352) 787-0	
Plant Address:	36815 Skycrest Blvd	<b>以作性独立为自动</b> 作	を記れている。		變料 City:	Februard State	: Florida :	<b>从沙州</b> 可2000	∉.∄ Zip Code:	34731
Type of Water Treatment	t by Plant:	Raw Ground Water	Purchas	ed Finished Water					57 - January & 1846 - 19	
	y Operating Capacity of Pla	nt, gallons per day:		126000-12	de a <b>de</b> la .			40524-04	STAPPEL STA	
Plant Category (per subs	ection 62-699.310(4), F.A.0	C.):	HAVE WELL			Plant Class (1	er subsection 62-69	9.310(4), F.A.	C.): 🐔 🚉 🗓 🐞	Mr.
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#### II. Certification by Lead/Chief Operator

ı

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.

11-3-06 Signature and Date

Will Fontaine

C-6813 License Number

Printed or Typed Name

1



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

See Pages 4 for Instructions.		AND THE RESIDENCE OF SECURITION OF SECURITIO	
1. General Information for the Month/Year of: November,	, <b>2006</b>		
A. Public Water System (PWS) Information			
PWS Name: Sky Crest		PWS Identification Number:	3351205
PWS Type:	ınity Transient Non-Com	munity Consecutive	
Number of Service Connections at End of Month: 123		Total Population Served at End of Month:	431
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area M	
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) 78	7-6333
Contact Person's E-Mail Address: beheath@aquaamerica.col	<u>m</u>		
B. Water Treatment Plant Information			
Plant Name: Sky Crest		Plant Telephone Number:	(352) 787-0980
Plant Address: 36815 Skycrest Blvd.		City: Fruitland State: Florida	Zip Code: 34731
Type of Water Treatment by Plant:	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F	
asicensed Operators and see that we have a Name was the see		The state of the s	011(S)(VOFS-0
Gene / Chief Coperator / Will Fontaine	<u> </u> c	6813 Days 1st Shift	
Other Operators 2000 Marty Neal	C   1   2   2	10027 Days 1st Shift	
John Worrell		6597 Days 1st Shift	
	The second secon		
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 n	•		
International Standard 60 or other applicable standards referenced in s			
were prepared each day that a licensed operator staffed or visited this			
(2) if applicable, appropriate treatment process performance records.		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	on for at least ten years.		
11 12 0 41	en en en en en en en en en en en en en e		G (012
Mm 12-8-06	Will Fontaine		C-6813
Signature and Date	Printed or Typed Name	•	License Number

Page 1

PWS ID	:		3351205		Plant Name:										
III. Da	ily Data	for the Mo	onth/Year o	of:	November, 2006										
Means o	f Achievin	o Four-Log	Vinus Inactiv	ation/Removal		hlorine : T '	Chlorine Diox	ide	Ozone	Combi	ned Chlori	ne (Chioramine:	a)		
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Refer to the instructions for this report to determine which plants must provide this information.



retain them, together with copies of this report, at a convenient location for at least ten years.

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ntact Person:	Brian Heath					Contact Perso	100000000000000000000000000000000000000	Area Manag		
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ntact Person's Telepho	· · · · · · · · · · · · · · · · · · ·	(352) 787-0980:				Contact Perso	n's Fax Number	: (352) 787-6	339	
ntact Person's E-Mail		beheath@aqua	america com							
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License Number

PWS ID:	3351205	Plant Name:	Sky Crest				
III. Daily Data for	the Month/Year of:	December, 20	06				
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.

WS ID:	3351205	Plant Name: Sky	/ Crest
V. Summary of U	se of Polymer Containing	Acrylamide, Polymer Cont	aining Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006
	taining the monomer acrylamide u		No Yes, and the polymer dose and the acry lamide level in the polymer are as
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B. Is any polymer con polymer are as follo	taining the monomer <u>epichlorohyd</u> ows:	rinused at the water treatment plan	1? Yes, and the polymer dose and the epichlorohy drin level in the
Polymer Dose ppm			Epichlorohydrin Level, %=
C. Is any iron or mang	anese sequestrant used at the wate	treatment plant?	No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:
Type of Sequestran	t (polyphosphate or sodium silicat	e):	
Sequestrant Dose, r	ng/L of phosphate as PO4 or mg/L	of silicate as SiO <sub>2</sub> =	
If sodium silicate is	s used, the amount of added plus no	turally occurring silicate, in mg/L	as SiO <sub>2</sub> =

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

<sup>&</sup>lt;sup>t</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500 On the Internet at www.sirwmd.com.

CERTIFIED NUMBER: 7004 0750 0003 3823 0226

August 12, 2004

Agua Utilities of Florida 6960 Professional Parkway East, Suite 400 Sarasota, FI 34240

SUBJECT: Consumptive Use Permit #2614

The District has received a copy of the Bill of Sale naming Aqua Utilities Florida as the owner of the parcel of property formerly owned by Florida Water Services.

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

Thank you for your cooperation with this matter. If you have any questions or if the District can be of further assistance, please do not hesitate to contact us.

Sincerely,

Gloria Lewis: Director

Division of Permit Data Services

**Enclosures:** 

**Permit** Conditions of Issuance Compliance Forms

Well Tags

CC: District Permit File

Lynn Minor, Data Management Supervisor

#### 40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

- (1) Transfer of Permitted Facility. Within (30) days of any sale, conveyance, or other transfer of a facility, system, or well permitted by the District, the existing permittee must notify the District, in writing, of such transfer, giving the name and address of the transferee and providing a copy of the instrument effectuating the transfer.
- (2) Transfer of Interest in Real Property. Within (30) days of any transfer of ownership or control of the real property at which any permitted facility, system, consumptive use, or activity is located the permittee must notify the District, in writing, of the transfer, giving the name and address of the new owner or person in effectuating the transfer.
- (3) Transfer of Permit. To transfer a permit, the permittee must provide the information required in subsections (1) and (2), together with a written statement from the proposed transferee that it will bound by all terms and conditions of the permit. Additionally, where applicable, the transferee must demonstrate that it is capable of constructing, operating and maintaining the permitted facility, system, consumptive use, well or activity. Once the required information has been provided, the District may transfer the permit to the transferee.

**PERMIT NO. 2614** 

ORIGINAL PERMIT ISSUED: February 23, 2000 TRANSFER PROCESS DATE: August 23, 2004

**PROJECT NAME: Skycrest** 

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 10.13 million gallons per year of ground water from the Floridan aquifer for household type uses.

#### **LOCATION:**

Site:

Skycrest

Lake County

Section(s):

27, 33, 34

Township(s):

185

Range(s):

24E

#### ISSUED TO:

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

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

### **PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated February 23, 2000

AUTHORIZED BY:

St. Johns River Water Management District

Department of Resource Management

D. ..

Dwight denkins

División Director

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2614 AQUA UTILITIES FLORIDA DATED FEBRUARY 23, 2000

- 1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

- 10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
  - (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
  - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
  - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
  - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- 11. Well Nos.1 (#9604) and 2 (#9605), as listed on the application, are equipped with individual, totalizing flowmeters. These meters must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
- 12. This permit will expire on February 23, 2020.
- 13. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:

8.670 million gallons from February, 2000 to January, 2001.

8.740 million gallons from January, 2001 to January, 2002.

8.820 million gallons from January, 2002 to January, 2003.

8.890 million gallons from January, 2003 to January, 2004.

8.960 million gallons from January, 2004 to January, 2005.

9.030 million gallons from January, 2005 to January, 2006.

9.110 million gallons from January, 2006 to January, 2007.

9.180 million gallons from January, 2007 to January, 2008.

9.250 million gallons from January, 2008 to January, 2009.

9.320 million gallons from January, 2009 to January, 2010.

9.400 million gallons from January, 2010 to January, 2011.

9.470 million gallons from January, 2011 to January, 2012.

9.540 million gallons from January, 2012 to January, 2013.

9.620 million gallons from January, 2013 to January, 2014.

9.690 million gallons from January, 2014 to January, 2015.

9.760 million gallons from January, 2015 to January, 2016.

9.840 million gallons from January, 2016 to January, 2017.

9.910 million gallons from January, 2017 to January, 2018.

9.980 million gallons from January, 2018 to January, 2019.

10.050 million gallons from January, 2019 to January, 2020.

10.130 million gallons from January, 2020 to February, 2020.

- 14. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
- 15. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state

law.

- 16. All submittals made to demonstrate compliance with this permit must include the permit number 2614 plainly labeled.
- 17. Total withdrawal from Well No.'s 1 (#9604) and 2 (#9605), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

- 18. The permittee must have the flow meters calibrated once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/ calibration.
- 19. The permittee must maintain the required flow meters on Well No.'s 1 (#9604) and 2 (#9605). In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 20. The permittee must develop a water conserving rate structure and submit it to the District for review and approval at least six months prior to the next rate case for this service area to be filed with the Florida Public Service Commission. The evaluation must include a demographic study of the service area and graphically illustrate the percentage of users per each increasing 1,000 gallon unit. A flat rate structure is not considered a water conserving rate structure.

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Middle Feeth - LABORATORY

16331 Cortez Blvd. Brooksville, FL 3460

FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL

LABORATORIES, INC. 5600 U.S. I North, Fort Planca FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

FPSC-COMMISSION CLERK

Pink Form - CLEDIT

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

307 Coolidge Ave. Lehigh Acres, FL 33936

FDOH# E85370

囡

4155 St. Johns Parkway

Sulte 1300 Senford, FL 32771

Top Form - ORIGINAL FORM # 1978 - PRINTING BY HEARN

5600 US.1 North

Fort Pierce, FL 34946

TOOH # E96080

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 500 U.S. I North, Fort Piercii Fl. 34946 Yone: (772) 465-2400, Ext. 285 | Fex: (772) 467-1584

Date issued: February 27, 2007

To:

**Brian Heath** 

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

[2127964]

Received:

2/20/07 13:00

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** 

echnical 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

FDOH # E83509

307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

FDOH # E96080 Printed: 2/27/07

Page 1 of 4

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

600 U.S. 1 North, Fort Pierce Ft. 34946 10116: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3 Received:

2/20/07 13:00

[2127964]

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>

Sample ID **Analytical Method** 

Description

Method HBEL Batch Analyte

**Quality Control Summary** Analytical issue

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2127964]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2127964001 Point of Ent				Sampled: 02/20/07 Matrix: Water		Received:	02/20/07 Net Weight I		- <del></del>
Nitrate as N Nitrite as N		0.0075 0.0022 U	mg/L mg/L	0.0030 0.0022	EPA 300.0 EPA 300.0	IC7128 IC7128		02/21/07 14:55 02/21/07 14:55		E96080 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 ABORATORIES, INC. 600 U.S. I North, Fort Plerce Ft. 34946 hone: (772) 465-2400, Ext. 285 Fex: (772) 467-584

Date issued: November 2, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

[2127043]

Received:

10/10/06 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

echnical 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: 11/2/06

Page 1 of 6

# HARBOR BRANCH ENVIRONMENTAL

## **Quality Control Summary**

Client:

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

Received:

10/10/06 13:15

[2127043]

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>

Sample ID

Analytical Method

**Description** 

2127043001

POE Grab

EPA 525.2

No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

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 505** 

**PEST4810** 

2127043001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I North, Fort Plance Pt. 34946 hone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

## **CERTIFICATE OF ANALYSIS** [2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

		Result	Units	Reporting Limit	Method	Batch	Date/Time	Date/Time	Analyst	Lab ID
	2127043001	<u>-</u>			Sampled: 10/09	0/06 16:35	Received	: 10/10/06	13:15	
Sample ID:	POE Grab				Matrix: Water			Wet Weight E		
Odor - Dechlorinated	1	1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15242	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/10/06 16:04		E8350
H [6.5-8.5]	Q	7.84	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18		E9608
Numinum	-	0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 13:56		E9608
Barium		0.019	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:58		E9608
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 13:56		E9608
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 13:56		E9608
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	METAB185		10/26/06 13:56	-	E9608
Copper		0.0069	mg/L	0.0014	EPA 200.7	META8185		10/26/06 13:56		E9608
ron		0.049	mg/L	0.025	EPA 200.7	META8185		10/26/06 13:56		E9608
Manganese		0.0070	mg/L	0.0037	EPA 200.7	META8185		10/26/06 13:56		E9608
lickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 13:56		E9608
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	METAB185		10/26/06 13:56		E9608
Sodium		6.5	mg/L	0.50	EPA 200.7	META8185		10/26/06 13:56		E9608
inc	. ,	0.610 U	mg/L	0.010	EPA 200.7	META8185		10/26/06 13:56		E9608
Intimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:11		E9608
ead		0.00061 U	mg/L	0.00061	EPA 200.9	META8182		10/20/06 11:35		E9608
elenium	_	0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:23		E9608
hallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:41		E9608
fercury			-	0.000080		META8176	10/16/06 9:34	10/17/06 13:25		E9608
hloride		12	mg/L	5.0	EPA 300.0	IC6981		10/13/06 9:25	JL	E9608
luoride		0.24	mg/L	0.011	EPA 300.0	IC8975		10/11/06 14:01		E9608
litrate as N		0.035	mg/L	0.0030	EPA 300.0	IC6975		10/11/06 14:01	JL	E9608
litrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	1C6975		10/11/06 14:01	JL	E9608
iulfate		4.0	mg/L	1.4	EPA 300.0	IC6981		10/13/06 9:25	JL	E9608
2-Dibromo-3-		0.0020 U	ug/L	0:0020	EPA 504.1	PEST4805	10/12/06 13:06	10/13/06 1:23	JL	E9608
hloropropane			-3	******				10/10/00 1/20	•-	LOUG
2-Dibromoethane		0.0047 Ú	ug/L	0.0047	EPA 504.1	PEST4805	10/12/06 13:06	10/13/06 1:23	JL	E9608
hlordane		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E9608
ndrin		0.098 U	ug/L	0.098	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E9608
amma-BHC (Lindan	ne)	0.019 U	ug/L	0.019	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E9608
leptachlor	·	0.035 U	ug/L	0.035	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E9608
leptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4810		10/16/06 23:38	JL	E9608
lethoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E9608
СВ		0.13 U	ug/L	0.13	EPA 505	PEST4810		10/16/06 23:38	JL	E9608
oxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JŁ	E9608
,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E9608
,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E9608
alapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4812		10/19/06 17:10	JL	E9608
inoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4812		10/19/06 17:10		E9608
entachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4812		10/19/06 17:10	JL	E9608
icloram		0.23 ป	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10		E9608
1,1-Trichloroethane	•	0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E9608
600 US 1 North		55 St. Johns		1300	3	07 Coolidge A	venue	16331 Cort	ez Bivo	
ort Pierce, FL 3		nford, FL 327		100		ehigh Acrès, i		Brooksville,	FL 34	
DOH # E96080 Inted: 11/2/06	FU	OH # E83509	•			DOH # E8537	O	FDOH # E8	4418	

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichioroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	υg/L	0.41	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Total Xylenes		0.48 U	ug/L	0.46	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524,2	VOC2713		10/20/06 0:15	WR	E96080
richloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:20	8 WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	s WR	E96080
Benzo(a)pyrene		U 880.0	na/r	0.068	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:20	8 WR	E96080
bis(2-ethylhexyl)phthalate	!	0.83 U	ug/L	0.83	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	B WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	UQ/L	0.66	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	s WR	E96080
Hexachlorobenzene		0.30·U	υg/L	0.30	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:20	B WR	E96080
Hexachlorocyclopentadier	ne	0.23 U	ug/L	0.23	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/08 22:20	B WR	E96080
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/08 22:28	3 WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2339		10/11/06 20:44	MU. 4	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2339		10/11/06 20:44	4 JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2341		10/16/06 13:43	3 JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2447	19/11/06 10:19	10/23/06 19:05		E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2348	10/16/06 9:24	10/31/06 11:11	1 JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27		E84129
Color		4.0	CU	1.8	SM2120 8	WCGE26407		10/11/06 14:10		E96080
Total Dissolved Solids		110	mo/L	16	SM2540 C	WCGE26409		10/12/06 18:30		E96080
Cyanide		0.0098	mg/L	0.0047	SM4500CN E	WCGE26440	10/12/06 11:30			E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26436	10/11/06 14:00	10/11/06 16:30	) GG	E96080

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

Printed: 11/2/08

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 # EB4418

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

# CERTIFICATE OF ANALYSIS [2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Anal Date/Time Date		Analyst	Lab ID
Laboratory ID; Sample ID;	2127043002 TRIP BLANI		-		Sampled: Matrix: Water	Results	Received: 10/	/10/06 /eight B	-	
1,1,1-Trichloroethai	ne	0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
1,1,2-Trichioroetha	ne	0.44 U	ug/L	0.44	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
1,2,4-Trichlorobenz	ene	0.41 U	ug/L	0.41	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
1,2-Dichlorobenzen	e	0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
1,2-Dichloropropan	e	0.40 U	ug/L	0.40	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
1,4-Dichlorobenzen	6	0.23 U	vg/L	0.23	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713	10/20	06 0:48	WR	E96080
Carbon tetrachlorid	e	0.24 U	ug/L	0.24	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
cis-1,2-Dichloroethe	en <del>e</del>	0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Tetrachioroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
. oluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
trans-1,2-Dichloroet	thene	0.35 U	ug/L	0.35	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713	10/20/	06 0:48	WR	E96080
Vinyi chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713	10/20/	06 0:48	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.

Q Sample held beyond the accepted holding time.

Printed: 11/2/08

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES. 600 U.S. ( North, Fort Plance FL 34946 hone (772) 465-2400, Ext. 285 Fax: (772)

Date issued: October 11, 2006

To:

**Brian Heath** 

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Skycrest 6421 THM/HAA5 Grab

[2126855]

Received:

9/19/06 13:00

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

echnical 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: 10/11/06

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. '600 U.S. i North, Fort Pierce Fl. 34946 hone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Skycrest 6421 THM/HAA5 Grab

Received:

9/19/06 13:00

[2126855]

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>

Sample ID

Analytical Method

Description

**Quality Control Summary** 

Method HBEL Batch Analyte

Analytical Issue

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES. INC. 1600 U.S. | North, Fort Pierce Fl. 34946 home (772) 465-2400, Ext. 235 Fee: (772) 467-584

## CERTIFICATE OF ANALYSIS [2126855]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Skycrest 6421 THM/HAA5 Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ìD
Laboratory ID: Sample ID:	2126855001 2929 South	St MRT La	ocation		Sampled: 09/18/06 Matrix: Water		Received.			
Bromodichlorometh	ane	2.8	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 16:40	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2699		09/29/06 16:40	WR	E96080
Chloroform		6.9	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 16:40	WR	E96080
Dibromochlorometh	nane	2.0	ug/L	0.30	EPA 524.2	VOC2699		09/29/06 16:40	WR	E96080
Total THMs		12	ug/L	0.50	EPA 524.2	VOC2699		09/29/06 16:40	WR	E96080
Laboratory ID:	2126855003				Sampled:	· <del></del> ····	Received	: 09/19/06	13:00	
Sample ID:	Trip Blank				Matrix: Water	Results	reported on '	Wet Weight B	asis	
Bromodichlorometh	ane	0.25 U	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 17:14	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2699		09/29/06 17:14	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2699		09/29/06 17:14	WR	E96080
Dibromochlorometh	iane	0.30 U	ug/L	0.30	EPA 524.2	VOC2699		09/29/06 17:14	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2699		09/29/06 17:14	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.

> 307 Coolidge Avenue Lehigh Acres, FL 33936 FDOH # E85370

16331 Cortez Blvd Brooksville, FL 34601 FDOH # E84418

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5500 U.S. I North, Fort Plerce FL 34946 Phone: (772) 465-2400. Ext 285 Fax: (772) 467-584

Date issued: March 6, 2006

To:

Brian Heath

Aqua Utilities Florida, Inc.

POB 490310

Leesburg, FL 34749

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

[2124928]

Received:

3/02/06 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 Bouleverd Spring Hill, FL 34607 FDOH # E84418

Printed: 3/6/06

Page 1 of 4

## HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

**Quality Control Summary** 

Client:

Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

Received:

3/02/06 13:20

[2124928]

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

#### HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC. 5600 U.S. I NOTE PIECE RE 34946 Phone U.S. I NOTE AND PIECE RE 34946 Phone U.S. I NOTE AND PIECE RE 34946

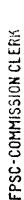
# CERTIFICATE OF ANALYSIS [2124928]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

Parameter	Qualifier	1 Result	Units	Reporting Limit	4.2	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2124928001 POE Grab				Sampled: 03/01/06 Matrix: Water		Received:			
Nitrate as N Nitrite as N		0.0098 0.0022 U	mg/L mg/L	0.0030 0.0022	G	IC6706 IC6706	<del></del>	03/3/06 12:06 03/3/06 12:06	RS RS	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.





## Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

VIA EMAIL
[PAFarris@aquaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748

OCD-PW-SS-07-0474

Lake County - PW	PWS ID Number
Fem Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

DOCUMENT NUMBER-CATE

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than <u>June 29, 2007</u>. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

KMD/ddo Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

# State of Florida Department of Environmental Protection Central District

## **SANITARY SURVEY REPORT**

Plant Name SKYCREST SUBDIVISION	CountyLake PWS ID # 3351205
Plant Location 36815 Skycrest Boulevard, Fruitland Pa	rk, FL 34731 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc	Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 3	4748
Contact Person Patrick Farris Title Env. 0	Compliance Specialist Phone (352) 435-4029
Contact Person Patrick Famis Title Env. C This Survey Date 04/11/07 Last Survey Date	04/29/04 Last C.I. Date 8/24/99
PWS TYPE & CLASS	RAW WATER SOURCE
Community (5D)	GROUND; Number of Wells 2
Non-transient Non-community	SURFACE/UDI; Source
☐ Non-Community	SURFACE/UDI; Source PURCHASED from PWS ID#
DIMO CTATILO	■ Emergency Water Source
PWS STATUS	Emergency Water Capacity
Approved system with approval number & date	
HRS #8419, 4/21/66, WC35-8419, 10/2/86	AUXILIARY POWER SOURCE
WC35-162398, 6/11/91, WC35-229460, 5/28/93	☑ Yes ☐ None ☐ Not Required
WC35-242126, 12/27/93	Source Olympian generator (propane)
☐ Unapproved system	Capacity of Standby (kW)150
CEDIACE ADEA CUADACTEDISTICS	Switchover: Automatic Manual
SERVICE AREA CHARACTERISTICS	Standby Plan: X Yes No
Subdivision	Hrs Operated Under Load 4 hrs/mo.
Food Service: Yes No No N/A	What equipment does it operate?
	☑ Well pumps _All
OPERATION & MAINTENANCE	High Service Pumps
Certified Operator:   ✓ Yes   No   Not required	▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equipment All     ▼ Treatment Equip
Operator(s) & Certification Class-Number	Satisfy average day demand? ☑ Yes ☐ No ☐ Unk
Will Fontaine C-6813 Lead/Chief Operator	Comments Audio-visual alarm and remote
See MOR for complete list of operators	telemetry in the event of a power loss.
O & M Log: ☑ Yes ☐ No ☐ Not required	
Operator Visitation Frequency	TREATMENT PROCESSES IN USE
Hrs/day: Required Visit Actual Visit  Days/wk: Required 3 Actual 5	•
Days/wk: Required 3 Actual 5	Disinfection
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	What additional treatment is needed?
MORs submitted regularly? ☑ Yes ☐ No ☐ N/A	
Data missing from MORs? 🔲 No 🛛 Yes 🔲 N/A	None at this time
Population reported on monthly operation reports	For control of what deficiencies?
differs from Department records.	<u>N/A</u>
Number of Service Connections 123	DISTRIBUTION SYSTEM
Population Served 308 Basis Operator	Flow Measuring Device Flow Meter
Average Day (from MORs) 24,906 gpd	Meter Size & Type: 4" McCrometer & 6" Precision
Max. Day (from MORs) <u>58,400 gpd 05/06</u>	Backflow Prevention Devices: ⊠ Yes ☐ No
Max-day Design Capacity <u>126,000 gpd</u>	Cross-connections None observed
WRITTEN PROGRAMS	Coliform Sampling Plan: ☑ Yes ☐ No ☐ N/A
O & M Manual Yes Located Water treatment plant	DDBP Monitoring Plan: Yes No NA
Written Preventive Maintenance Program Yes	Distribution System Map X Yes No NA
Flushing Plan Yes No Records No	Written Cross-connection Control Program:
Valve Maint Plan ⊠Yes ☐ No Records No	Inadequate
Emergency Response Plan ☑ Yes ☐ No ☐ N/A	Comments Flow meter last calibrated 04/13/05 by
Comments	Central Florida Controls, Inc.
**************************************	

PWS ID#_	3351205
Date	04/11/07

## **GROUND WATER SOURCE**

Well Num	WATER SOURCE		T		
(FLUWID		1 (AAC3230)	2 Fire (AAC3229)	·	
Year Drille	ed	Unknown	1993	<del> </del>	
Depth Dril	led	130'	290'		
Drilling Me	ethod	Unknown	Unknown		<u> </u>
Type of G		Unknown	Unknown		
Static Wat	er Level	Unknown	Unknown		
Pumping \	Nater Level	Unknown	Unknown		
Design We	ell Yield	Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown		
Strainer		Unknown	Unknown		<del></del>
Length (or	ıtside casing)	60'	126'		
Diameter (	outside casing)	6"	8 <sup>8</sup>		
Material (c	outside casing)	Black steel	Black steel		
	amination History	None	None		
Is inundati	on of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>200'	>200'		
	Other Sanitary Hazard	None observed	None observed		
	Type	Submersible	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number	2366029020	6DHHO		
	Rated Capacity (gpm)	175	500		
	Motor Horsepower	10	40		
Well casing	g 12" above grade?	No	Yes		
Well Casin	g Sanitary Seal	Yes	Yes		
	r Sampling Tap	Yes	Yes		
Above Gro	und Check Valve	Yes	Yes		
Fence/Hou		Housing	Fence		
Well Vent I	Protection	Yes	N/A		

COMMENTS The Department will continue to accept the upper terminus of the well casing unless the well is shown to be microbially or chemically contaminated. Provide information for all items marked "unknown." Well #2 is for fire/ emergency and is not considered in the design capacity calculations.

					PWS ID#	3351205
					Date	04/11/07
CHLORINATION (Di	sinfectio	n)		STORAGE FACIL	LITIES	
Type: Gas 🛛 H		•				atic (E) Elevated
Make Stenner	<u> </u>	Capacit	y <u>• gpd</u>		Clearwell	, —, —, —, —, —, —, —, —, —, —, —, —, —,
Chlorine Feed Rate #	1 <u>– 1.75</u>	stroke :	#2 - 10 stroke	Tank Type/Numb	er H/1	
Avg. Amount of Cl <sub>2</sub> ga Chlorine Residuals: I	as used	04	N/A	Capacity (gal)	5,000	
Remote tap location	Shado	w Hill I	Rd. fire hydrant	Material	Steel	
DPD Test Kit: O	n-site	<b>⊠</b> Wit	h operator	Gravity Drain	Yes	
☐ No Injection Points <u>Prio</u>			Used Daily matic tank	By-pass Piping	Yes	
Booster Pump Info N	I/A			Pressure Gauge	Yes	
Comments *2 Stenn	<u>er hypc</u>	<u>hlorinat</u>	or pumps: #1 -	Sight Glass or	Yes	
5 gpd, #2 – 40 gpd	·			Level Indicator	165	
				Fittings for	Yes	
				Sight Glass	162	
Chlorine Gas Use	YES	NO	Comments	Protected Opening	s Yes	
Requirements				PRV/ARV	PRV	
Dual System				On/Off Pressure	40/60	
Auto-switchover				Access Padlocked	Yes	
Alarms:				Height to Bottom of	of N/A	
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual				Elevated Tank		
Cl <sub>2</sub> leak detection	ō			Height to Max.	N/A	
Scale \				Water Level		
Chained Cylinders	U			Comments <u>Dates</u> are unknown.	s of last cleani	ng and inspection
Reserve Supply	T			are unknown.		
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia		Á				
Ventilation		$\Box A$				
Room Lighting				HICH SERVICE P	IIMPS	
Warning Signs				Pump Number	<u> </u>	
Repair Kits				Туре		
Fitted Wrench	U			Make		
Housing/Protection				Model		
AERATION (Gases, F	e & Mr	Remo	oval)	Capacity (gpm)		
				Motor HP		-
TypeAerator Condition		rapidoit)		Date Installed		<del></del>
Bloodworm Presence					<u>L</u> _	
Visible Algae Growth		$\overline{}$		Maintenance		
Protective Screen Cor	ndition _			Comments		
Comments						

PWS ID#	3351205
Date	04/11/07

## **DEFICIENCIES:**

1. Failure to adequately establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention* and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, <a href="https://www.frwa.net">www.frwa.net</a>, also has a cross-connection control manual for your reference

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C]

5. The maximum contaminant level for total coliform bacteria was exceeded during April 2007. For a system that collects fewer than 40 samples per month, if no more than one sample collected during a month is total coliform-positive, the system is in compliance with the maximum contaminant level for total coliforms. [Rule 62-550.310(5)(a)2, F.A.C.]

## **COMMENTS/REMINDERS:**

• Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

· Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.

Accumulated studge and bio-growths shall be cleaned routinely (i.e., at least <u>annually</u>) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect studge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

PWS ID#	3350426
Date	04/11/07

## **COMMENTS/REMINDERS (continued):**

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

Provide information for all items marked "unknown."

nspector	Nanalle D. Overs	Title Environmental Specialist	Date	05/10/07	_
Approved by	Loss Dadies	Title _Environmental Manager	Date	05/17/07	

RESPONSE FORM	Please provide any ch	nanges to the following:
PWS ID Number: 3351205	Business Name:	
PWS Name: SKYCREST S		
<u> </u>		
Mailing Address:		
Date:	·	
3319 Maguire Boulevard, Orlando, Florida 32803		
Attention: Danielle D. Owens	s, Environmental Specialist	
In response to the Departmen	it's Sanitary Survey Report for the subject public water s	vstem dated April 11, 2007, the
following actions were done to	correct the listed deficiencies:	
Deficiency		
<u>ltem No.</u>	Corrective Action Done	<u>Date Done</u>
<u> </u>		
	•	
(Attach additional sheet if nec	essary)	
(Attach additional sheet if nec		
I hereby certify to the corrector	ess of the above information:	
I hereby certify to the corrector	ess of the above information:	
ereby certify to the correctnown	ess of the above information:	



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

T: 352.787.0980 F: 352.787.6333 www.aquautiitiesflorida.com

July 2, 2007

Danielle Owens Environmental Specialist FDEP Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

#### For All Systems:

1. Failure to adequately establish and implement a cross-connection control program.

#### Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. Failure to keep records documenting that isolation valves are being exercised.

#### Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

Failure to keep records documenting that dead-end water mains are being flushed.

### Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

### Fern Terrace PWS 3350370:

1. The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.

### Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 2/12/07 and 2/13/07, both passed.

### Skycrest PWS 3351205:

1. The maximum contaminant level for total coliform bacteria was exceeded during April 2007.

#### Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 4/16/07 and 4/17/07, both passed.

#### Valencia Terrace PWS 3351421:

1. Failure to provide a self contained breathing apparatus (SCBA).

## Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

#### Grand Terrace PWS 3354697:

1. The maximum contaminant level for total coliform bacteria was exceeded during November 2006.

#### Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the **raw well sample** which was resampled on 11/6/06 and 11/7/06, both passed.

## Western Shores PWS 3351464:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

#### Silver Lake Estates PWS 3351182:

1. Failure to provide a self contained breathing apparatus (SCBA).

#### Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. Failure to submit a capacity analysis report.

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

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

Sincerely,

Patrick Farris

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

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

UA Utilities Florida

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

FLUSHING: (Inchades service hoes, mams, hydrams, tanks, etc.

Date	H20 Appear	CL2 Res.	Flush Point	Time Flushed	PST at		eter Reading	Total Gallons	Location of Flush Points	Renson Flushed
	Before	After	Size	Minutes		Start	End:	Plushed	20. 20. 10. 20. 20.	
4124	elear	1.5	Z*	15	50		J 🤫	·	bentlowich	FP
	·				100			Carlotte .		7.24
						:			roll form	
		ľ			1		-			-
		1								1.2 1. T. T.
									(2.2) (2.2)	
		<del> </del>					2 1,000			11.00
10 mg/s <sup>2</sup>										
- , .								ming weeks.		transfer in the
	-7.5% (V)		<u> </u>				<u> </u>			
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WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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UA Utilities Flòrida.

# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

FLUSHING: (Includes service lines, mains, hydranis, traks, etc.)

Date	H20 Appear:	CL2 Res.	Finsh Point	Time Flushed	PSI at		ter Reading	Total Gallons	Location of Flush Points	Reason Flushed
	Before	After	Size	Minutes		Start	End	Flushed	·	, 1,13,130
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٠.	WATER BREAK	REPAIR RECORI	Dt					
	Date	Location of Repair	Size of Line	Size of Hole	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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## WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Grand Terr
Month/Year: April 200>

FLUSHING

(includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear: Before	CL2 Res. After	Flush Point Size	Time Flushed Minutes	PSI at Flush	Hydrant Me	eter Reading	Total Gallons Flushed	Location of Flush Points	Reason. Flushed
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WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time: Leaked	Estimated Water Loss	Chuse of	<b>I</b> nitials
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# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

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WATER BREAK REPAIR RECORD:

	Date	Location of Repair	Size of Line	Size of Hole	Approx. Time Leaked	Hatimated Water Loss	Grose of Break	Initials
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# WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

FLUSHING: (Includes service lines, mains, hydranis, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at		eter Reading	Total Gallons	Location of Flush Points	Reason Flushed
	Before	After	Size .	Minutes	<u></u>	Start	End	Flushed	A RUSA I GARRA	<u> </u>
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WATER BREAK REPAIR RECORD

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	Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time. Leaked	Estimated Water Loss	Cause of Break	Initials
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Utilities Florida

## WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Silver take Estates
Month/Year: April 2007

FLUSHING:

Date	H20 Appear:	CL2 Rea.	Flush Point	Time Flushed	PST at Flush		eter Reading	Total Gallons	Location of Flush Points	Reason Flushed
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WATER BREAK REPAIR RECORD:

Date Location of Repair Size of Line or Crack Leaked Water Loss Break Initials

Leaked Water Loss Break

Utilities Florida.

## WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant SCU	λΩ	st		
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PEUSHING:
(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear:	CL2 Res	Flush Point	Time Flushed	PSI at Flush	Hydrant M	ster Reading	Total Galions	Location of Flush Points	Reason . Flushed
	Before	After	Size	Minutes	1 1401	Start	End	Phished	I	r JUSUGO
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## WATER BREAK REPAIR RECORD: Approx. Time Leaked : Size of Hole Location of Estimated. Cause of Size of Line Initials Repair or Crack Water Loss Break

UA Utilities Florida

# WATER PLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: VQ	encional	Nace
Month/Year	10012007	

Date	H20 Appear:	CL2 Res.	Flush Point	Time Flushed	PSI at		eter Reading	Total Gallons	Location of Fush Points	Reason
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WATER BREAK REPAIR RECORD:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break	Initials
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## WATER FLUSHING & BREAK REPAIRS RECORD (To be used to record water lost due to flushing or breaks)

Plant: Western Skines Month/Year: April 2007

FLUSHING:

(Includes service lines, mains, hydrants, tanks, etc.)

Date	H20 Appear:	CL2 Res.	Plush Point	Time - Flushed	PSI at Flush	1	eter Reading	Total Gallons	Location of	Reason	
	Before	After	Size	Minutes	FRUSIK	Start	End	Flushed	Flush Points	Flushed	
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WATER BREAK REPAIR RECORD:

Date Location of Repair Size of Line or Crack Leaked Water Loss Break Initials

Location of Repair or Crack Leaked Water Loss Break Initials