

LAKE COUNTY

**Quail Ridge
Ravenswood
Silver Lake Estates
Skycrest**

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

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

04313 MAY 22 8

FPSC-COMMISSION CLERK

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980	
Plant Address:	37713 Quail Ridge Circle			City:	Eustis	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked		
Head/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		

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

DOCUMENT NUMBER-DATE

04313 MAY 22 08

Page 1

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Visited by Operator (X/)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	14,000		0.8								0.7		
2	X	24.0	18,000		1.5								1.0		
3	X	24.0	14,000		1.6								1.3		
4	X	24.0	15,000		1.5								1.3		
5	X	24.0	18,000		1.6								1.3		
6	X	24.0	16,000		1.5										
7		24.0	17,000												
8	X	24.0	17,000		1.5								1.3		
9	X	24.0	13,000		1.5								1.2		
10	X	24.0	13,000		1.5								1.3		
11	X	24.0	16,000		1.6								1.3		
12	X	24.0	16,000		1.6								1.1		
13	X	24.0	13,000		1.5										
14		24.0	17,000												
15	X	24.0	17,000		1.5								1.3		
16	X	24.0	18,000		1.5								1.3		
17	X	24.0	12,000		1.5								1.2		
18	X	24.0	17,000		1.6								1.3		
19	X	24.0	13,000		1.5								1.3		
20	X	24.0	18,000		1.5										
21		24.0	18,000												
22	X	24.0	18,000		1.5								1.3		
23	X	24.0	14,000		1.5								1.2		
24	X	24.0	10,000		1.5								1.1		
25	X	24.0	17,000		1.5								1.2		
26	X	24.0	13,000		1.3								1.1		
27	X	24.0	13,000		1.4										
28		24.0	18,000												
29	X	24.0	18,000		1.5								1.3		
30	X	24.0	16,000		1.3								1.0		
31	X	24.0	15,000												
Month Total			482,000												
Average			15,548												
Minimum			18,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information


PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980	
Plant Address:	37713 Quail Ridge Circle			City:	Eustis	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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	
Licensed Operators:	Name	License Class	License Number	Day(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		

II Certification by Lead/Chief Operator

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

 3-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	15,000		1.5								1.3	
2	X	24.0	11,000		1.4								1.1	
3	X	24.0	12,000		1.4									
4		24.0	16,000											
5	X	24.0	16,000		1.3								1.0	
6	X	24.0	15,000		1.3								0.9	
7	X	24.0	16,000		1.4								1.2	
8	X	24.0	19,000		1.4								1.2	
9	X	24.0	13,000		1.4								1.1	
10	X	24.0	15,000		1.4									
11		24.0	18,000											
12	X	24.0	18,000		1.4								1.1	
13	X	24.0	13,000		1.4								1.1	
14	X	24.0	13,000		1.4								1.1	
15	X	24.0	15,000		1.3								1.1	
16	X	24.0	13,000		1.4								1.2	
17		24.0	18,000											
18	X	24.0	18,000		1.3									
19	X	24.0	19,000		1.3								1.1	
20	X	24.0	20,000		1.5								1.3	
21	X	24.0	16,000		1.4								1.1	
22	X	24.0	14,000		1.5								1.1	
23	X	24.0	22,000		1.5								1.3	
24	X	24.0	14,000		1.5									
25		24.0	23,500											
26	X	24.0	23,500		1.5								1.3	
27	X	24.0	19,000		1.4								1.2	
28	X	24.0	14,000		1.4								1.2	
29		24.0												
30		24.0												
31		24.0												
Total			459,000											
Average			14,806											
Maximum			23,500											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	
Other Operators	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Signature and Date: Will Fontaine 4-9-07

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	15,000		1.6								1.2		
2	X	24.0	16,000		1.5								1.3		
3		24.0	17,000												
4	X	24.0	17,000		1.5										
5	X	24.0	26,000		1.3								1.2		
6	X	24.0	16,000		1.2								1.0		
7	X	24.0	14,000		1.2								0.9		
8	X	24.0	18,000		1.4								1.2		
9	X	24.0	27,000		1.4								1.2		
10		24.0	19,500												
11	X	24.0	19,500		1.4										
12	X	24.0	27,000		1.3								1.0		
13	X	24.0	19,000		1.3								1.1		
14	X	24.0	17,000		1.3								1.0		
15	X	24.0	36,000		1.3								1.1		
16	X	24.0	20,000		1.3								1.0		
17	X	24.0	15,000		1.5										
18		24.0	22,000												
19	X	24.0	22,000		1.4								1.1		
20	X	24.0	19,000		1.4								1.2		
21	X	24.0	16,000		1.5								1.3		
22	X	24.0	23,000		1.4								1.3		
23	X	24.0	26,000		1.4								1.3		
24	X	24.0	20,000		1.5										
25		24.0	31,000												
26	X	24.0	31,000		1.5								1.3		
27	X	24.0	17,000		1.5								1.3		
28	X	24.0	24,000		1.5								1.2		
29	X	24.0	29,000		1.5								1.3		
30	X	24.0	25,000		1.5								1.3		
31	X	24.0	25,000												
Total			669,000												
Average			21,581												
Maximum			36,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	96			Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge Circle			City:	Bustis State: Florida Zip Code: 34788
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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
Licensed Operators	Name	License Class	License Number	Day(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	

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 5-4-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operators (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions/Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm		Minimum UV Dose Required, mW-sec/cm	
		24.0	18,000											
	X	24.0	18,000		1.4								1.2	
	X	24.0	20,000		1.3								1.1	
	X	24.0	22,000		1.4								1.0	
	X	24.0	24,000		1.4								1.1	
	X	24.0	17,000		1.3								1.0	
	X	24.0	17,000		1.3									
		24.0	22,000											
	X	24.0	22,000		0.7								0.5	
	X	24.0	15,000		1.6								1.2	
	X	24.0	13,000		1.6								1.3	
	X	24.0	21,000		0.9								0.7	
	X	24.0	15,000		1.5								1.1	
	X	24.0	18,000		1.5									
		24.0	18,000											
	X	24.0	18,000		0.8								0.6	
	X	24.0	36,000		2.2								2.0	
	X	24.0	21,000		2.2								2.0	
	X	24.0	16,000		1.6								1.5	
	X	24.0	23,000		1.6								1.4	
	X	24.0	14,000		1.5									
		24.0	24,000											
	X	24.0	24,000		1.6								1.4	
	X	24.0	17,000		1.6								1.3	
	X	24.0	16,000		1.6								1.4	
	X	24.0	26,000		1.6								1.4	
	X	24.0	17,000		1.6								1.4	
	X	24.0	24,000		1.4									
		24.0	24,000											
	X	24.0	24,000		1.4								1.2	
		24.0												
			604,000											
			19,484											
			36,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	96			Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 06-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	24,000		1.5									1.3	
2	X	24.0	20,000		1.5									1.3	
3	X	24.0	22,000		1.5									1.2	
4	X	24.0	28,000		1.5									1.3	
5	X	24.0	19,000		1.4										
6		24.0	26,000												
7	X	24.0	26,000		1.4									1.2	
8	X	24.0	32,000		1.3									1.0	
9	X	24.0	24,000		1.5									1.2	
10	X	24.0	21,000		1.4									1.2	
11	X	24.0	26,000		1.7									1.4	
12	X	24.0	28,000		1.5										
13		24.0	22,000												
14	X	24.0	22,000		1.6									1.4	
15	X	24.0	16,000		1.6									1.3	
16	X	24.0	20,000		1.7									1.5	
17	X	24.0	19,000		1.6									1.4	
18	X	24.0	24,000		1.6									1.4	
19	X	24.0	13,000		1.5										
20		24.0	29,000												
21	X	24.0	29,000		1.6									1.4	
22	X	24.0	27,000		1.6									1.4	
23	X	24.0	18,000		1.6									1.5	
24	X	24.0	26,000		1.5									1.3	
25	X	24.0	17,000		1.6									1.5	
26	X	24.0	16,000		1.6										
27		24.0	25,000												
28	X	24.0	25,000		1.6									1.4	
29	X	24.0	33,000		1.6									1.4	
30	X	24.0	24,000		1.6									1.4	
31	X	24.0	23,000												
Total			724,000												
Average			23,355												
Maximum			33,000												

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information


PWS Name:	Quail Ridge	PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	96	Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Will Fontaine	C	6813
Other Operators	Marty Neal	C	10027
	John Worrell	C	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 (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 7-6-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	33,000		1.6								1.5		
2	X	24.0	18,000		1.5										
3		24.0	19,500												
4	X	24.0	19,500		1.6								1.4		
5	X	24.0	22,000		1.7								1.5		
6	X	24.0	19,000		1.6								1.4		
7	X	24.0	25,000		1.5								1.4		
8	X	24.0	22,000		1.5								1.3		
9	X	24.0	15,000		1.5										
10		24.0	20,000												
11	X	24.0	20,000		1.5								1.4		
12	X	24.0	20,000		1.5								1.3		
13	X	24.0	15,000		1.4								1.4		
14	X	24.0	20,000		1.3								1.4		
15	X	24.0	17,000		1.6								1.2		
16		24.0	19,000												
17	X	24.0	19,000		1.5										
18	X	24.0	27,000		1.7								1.3		
19	X	24.0	22,000		1.5								1.3		
20	X	24.0	16,000		1.6								1.5		
21	X	24.0	20,000		1.5								1.4		
22	X	24.0	19,000		1.3								1.0		
23	X	24.0	18,000		1.3										
24		24.0	23,500												
25	X	24.0	23,500		1.3								1.0		
26	X	24.0	15,000		1.3								1.0		
27	X	24.0	25,000		1.5								1.3		
28	X	24.0	20,000		1.4								1.3		
29	X	24.0	27,000		1.4								1.2		
30	X	24.0	19,000		1.4										
31		24.0													
Total			618,000												
Avg			19,935												
Max			33,000												

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

I. General Information for the Month/Year of:	July, 2007
--	-------------------

PWS Name: Quail Ridge		PWS Identification Number: 3354867	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 96		Total Population Served at End of Month: 240	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Started or Visited by Operator (Place in OC)	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²			
		24.0	23,000												
2	X	24.0	23,000		1.6								1.0		
3	X	24.0	26,000		1.4								1.1		
4	X	24.0	17,000		1.5								1.0		
5	X	24.0	25,000		1.4								1.1		
6	X	24.0	18,000		1.4								1.0		
7	X	24.0	18,000		1.3										
8		24.0	23,000												
9	X	24.0	23,000		1.5								1.0		
10	X	24.0	21,000		1.5								1.1		
11	X	24.0	26,000		1.5								1.1		
12	X	24.0	23,000		1.3								1.0		
13	X	24.0	26,000		1.3								1.0		
14	X	24.0	19,000		1.1										
15		24.0	19,000												
16	X	24.0	19,000		1.3								1.1		
17	X	24.0	13,000		1.4								1.2		
18	X	24.0	17,000		1.4								1.3		
19	X	24.0	19,000		1.4								1.3		
20	X	24.0	17,000		1.3								1.1		
21	X	24.0	18,000		1.3										
22		24.0	21,000												
23	X	24.0	21,000		0.6								0.4		
24	X	24.0	24,000		1.2								1.0		
25	X	24.0	17,000		1.3								1.2		
26	X	24.0	20,000		1.4								1.0		
27	X	24.0	14,000		1.1								1.0		
28	X	24.0	19,000		1.1										
29		24.0	17,000												
30	X	24.0	17,000		0.9								0.7		
31	X	24.0	22,000												
Total			625,000												
Average			20,161												
Maximum			26,000												

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

I. General Information for the Month/Year of:	August, 2007
--	---------------------

PWS Name: Quail Ridge		PWS Identification Number: 3354867	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 96		Total Population Served at End of Month: 240	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

[illegible]

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

C-6813
License Number

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

PWS Identification Number:		3354867		Plant Name:		Quail Ridge							
III. Daily Data for the Month/Year of:				August, 2007									
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)													
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
Day of Month	Days Plant Treated by Operator (Place X's)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	19,000		1.4							1.2	
2	X	24.0	17,000		1.2							1.0	
3	X	24.0	14,000		1.4							1.1	
4		24.0	15,500										
5	X	24.0	15,500		1.3								
6	X	24.0	24,000		1.4							1.2	
7	X	24.0	17,000		1.4							1.3	
8	X	24.0	21,000		1.3							1.0	
9	X	24.0	18,000		1.3							1.3	
10	X	24.0	19,000		1.2							1.0	
11	X	24.0	17,000		1.2								
12		24.0	20,500										
13	X	24.0	20,500		1.3							1.0	
14	X	24.0	23,000		1.2							1.0	
15	X	24.0	18,000		0.6							0.3	
16	X	24.0	19,000		1.3							0.9	
17	X	24.0	21,000		1.3							1.0	
18	X	24.0	20,000		1.3								
19		24.0	22,000										
20	X	24.0	22,000		1.3							0.8	
21	X	24.0	21,000		1.3							1.0	
22	X	24.0	16,000		1.2							0.8	
23	X	24.0	25,000		1.3							1.2	
24	X	24.0	24,000		1.3							0.9	
25	X	24.0	16,000		1.5								
26		24.0	20,500										
27	X	24.0	20,500		1.5							0.9	
28	X	24.0	17,000		1.4							0.9	
29	X	24.0	16,000		1.6							1.0	
30	X	24.0	30,000		1.5							1.2	
31	X	24.0	19,000										
Total			608,000										
Average			19,613										
Maximum			30,000										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

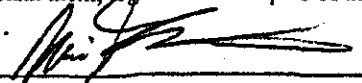
PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	96			Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	C
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

 10-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	17,000		1.7										
2		24.0	19,500												
3	X	24.0	19,500		1.5								1.2		
4	X	24.0	22,000		1.5								1.3		
5	X	24.0	14,000		1.5								1.2		
6	X	24.0	26,000		1.5								1.2		
7	X	24.0	17,000		2.7								1.8		
8	X	24.0	17,000		2.2										
9		24.0	23,500												
10	X	24.0	23,500		2.1								1.5		
11	X	24.0	16,000		2.0								1.6		
12	X	24.0	15,000		2.3								1.8		
13	X	24.0	22,000		1.7								1.5		
14	X	24.0	14,000		2.1								1.6		
15	X	24.0	18,000		2.0										
16		24.0	20,500												
17	X	24.0	20,500		1.8								1.6		
18	X	24.0	21,000		1.7								1.4		
19	X	24.0	14,000		1.5								1.1		
20	X	24.0	19,000		1.6								1.3		
21	X	24.0	19,000		1.6								1.4		
22	X	24.0	13,000		1.7										
23		24.0	21,000												
24	X	24.0	21,000		1.4								1.2		
25	X	24.0	20,000		1.4								1.1		
26	X	24.0	15,000		1.4								1.0		
27	X	24.0	23,000		1.4								1.2		
28	X	24.0	18,000		1.4								1.1		
29	X	24.0	16,000		1.3										
30		24.0	18,000												
31		24.0													
Total			563,000												
Average			18,161												
Maximum			26,000												

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

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

PWS Name:	Quail Ridge	PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	96	Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

[illegible]

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

C-6813
License Number

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

PWS Identification Number:		3354867		Plant Name:		Quail Ridge									
III. Daily Data for the Month/Year of:				October, 2007											
Means of Achieving Four-Log Virus Inactivation/Removal:															
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System:															
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CFC Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Customer's Peak Flow (mg/L)	Minimum Contact Time (T) at Lowest Residual Disinfectant Concentration (minutes)	Flow Rate (Q) at Customer's Peak Flow (gpm)	Temperature of Water (°C)	pH of Water, if Applicable	Minimum CT Requirement (min/L)	Operating UV Dose (mW-sec/cm ²)	Lowest UV Dose Required (mW-sec/cm ²)	UV System, mg/L		
1	X	24.0	18,000											1.1	
2	X	24.0	23,000											1.0	
3	X	24.0	14,000											0.9	
4	X	24.0	22,000											1.2	
5	X	24.0	18,000											1.3	
6	X	24.0	15,000												
7		24.0	20,000												
8	X	24.0	20,000											1.3	
9	X	24.0	20,000											1.2	
10	X	24.0	21,000											1.0	
11	X	24.0	33,000											1.0	
12	X	24.0	9,000											1.0	
13	X	24.0	28,000												
14		24.0	21,000												
15	X	24.0	21,000											0.9	
16	X	24.0	16,000											0.9	
17	X	24.0	12,000											0.8	
18	X	24.0	16,000											0.8	
19	X	24.0	26,000											0.8	
20	X	24.0	11,000												
21		24.0	24,000												
22	X	24.0	24,000											0.8	
23	X	24.0	22,000											0.7	
24	X	24.0	20,000											0.8	
25	X	24.0	21,000											1.0	
26	X	24.0	32,000											1.0	
27	X	24.0	23,000												
28		24.0	29,000												
29	X	24.0	29,000											0.9	
30	X	24.0	19,000											1.0	
31	X	24.0	18,000												
Total			645,000												
Average			20,806												
Maximum			33,000												

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

I. General Information for the Month/Year of:	November, 2007
--	-----------------------

Public Water System (PWS) Information			
PWS Name:	Quail Ridge	PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	96	Total Population Served at End of Month:	240
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		
		Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Date of Month	Days Plant Started or Returned to Operation (Y/N)	Hours plant in Operation	Net Quantity of Finished Water Produced (mgd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Impaired the Water System Components or the Distribution System
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (min/L)	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required (mg min/L)	Lowest Operating UV Dose (mW sec/cm ²)	Minimum UV Dose Required (mW sec/cm ²)			
	X	24.0	24,000		1.3								0.9		
	X	24.0	11,000		1.3								1.0		
	X	24.0	20,000		1.3										
		24.0	25,000												
	X	24.0	25,000		1.2								0.9		
	X	24.0	17,000		1.2								0.9		
	X	24.0	20,000		1.3								1.0		
	X	24.0	16,000		1.0								0.7		
	X	24.0	13,000		1.4								1.2		
		24.0	18,000												
	X	24.0	18,000		1.8										
	X	24.0	20,000		1.9								1.5		
	X	24.0	16,000		1.5								1.2		
	X	24.0	11,000		1.5								1.2		
	X	24.0	21,000		1.5								1.0		
	X	24.0	18,000		1.5								1.1		
	X	24.0	9,000		1.5										
		24.0	18,500												
	X	24.0	18,500		1.7								1.2		
	X	24.0	17,000		1.6								1.2		
	X	24.0	11,000		1.7								1.3		
	X	24.0	21,000		1.7								1.2		
	X	24.0	11,000		1.6								1.2		
	X	24.0	18,000		1.5										
		24.0	21,000												
	X	24.0	21,000		1.5								1.2		
	X	24.0	13,000		1.7								1.2		
	X	24.0	11,000		1.7								1.2		
	X	24.0	26,000		1.5								1.1		
	X	24.0	21,000		1.3								1.0		
		24.0													
			530,000												
			17,097												
			26,000												

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

See Pages 4 for Instructions.

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

Signature and Date 1-9-08

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	19,000		1.3										
2		24.0	20,000												
3	X	24.0	20,000		1.5								1.1		
4	X	24.0	12,000		1.4								1.1		
5	X	24.0	14,000		1.6								1.2		
6	X	24.0	9,000		1.5								1.2		
7	X	24.0	22,000		1.5								1.1		
8	X	24.0	15,000		1.5										
9		24.0	17,000												
10	X	24.0	17,000		1.4								1.1		
11	X	24.0	13,000		1.4								1.1		
12	X	24.0	15,000		1.3								1.0		
13	X	24.0	15,000		1.3								1.0		
14	X	24.0	13,000		1.5								1.1		
15	X	24.0	19,000		1.1										
16		24.0	15,000												
17	X	24.0	15,000		1.3								0.9		
18	X	24.0	13,000		1.2								0.8		
19	X	24.0	16,000		1.2								0.8		
20	X	24.0	7,000		1.2								0.8		
21	X	24.0	13,000		1.1								0.8		
22	X	24.0	15,000		1.1										
23		24.0	15,000												
24	X	24.0	15,000		1.3								1.0		
25		24.0	14,000												
26	X	24.0	14,000		1.1								0.7		
27	X	24.0	11,000		1.2								0.8		
28	X	24.0	20,000		1.5								1.1		
29	X	24.0	16,000		1.5										
30		24.0	17,000												
31	X	24.0	17,000												
			473,000												
			15,258												
			22,000												

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

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

PWS ID: 3354867 Plant Name: Quail Ridge

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

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

Polymer Dose ppm = Acrylamide Level, %[†] =

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

Polymer Dose ppm = Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* 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.

1. General Information for the Month/Year of:	January, 2006
---	---------------

PWS Name: Quail Ridge										PWS Identification Number: 3354867									
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive																			
Number of Service Connections at End of Month: 77										Total Population Served at End of Month: 270									
PWS Owner: Aqua Utilities Florida																			
Contact Person: Brian Heath										Contact Person's Title: Area Manager									
Contact Person's Mailing Address: PO Box 490310										City: Leesburg		State: Florida				Zip Code: 34749			
Contact Person's Telephone Number: (352) 787-0980										Contact Person's Fax Number: (352) 787-6333									
Contact Person's E-Mail Address: beheath@aquaamerica.com																			

[illegible]

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

C-6813
License Number

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

III. Daily Data for the Month/Year of: January, 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	15,500												
2	X	24.0	15,500		1.5								1.3		
3	X	24.0	22,000		1.7								1.6		
4	X	24.0	12,000		1.8								1.6		
5	X	24.0	18,000		1.7								1.5		
6	X	24.0	13,000		1.6								1.3		
7	X	24.0	14,000		1.6										
8		24.0	15,500												
9	X	24.0	15,500		1.6								1.3		
10	X	24.0	19,000		1.7								1.5		
11	X	24.0	14,000		1.7								1.4		
12	X	24.0	15,000		1.7								1.4		
13	X	24.0	12,000		1.7								1.3		
14	X	24.0	14,000		1.7										
15		24.0	14,500												
16	X	24.0	14,500		1.7								1.4		
17	X	24.0	17,000		1.7								1.5		
18	X	24.0	10,000		1.6								1.3		
19	X	24.0	19,000		1.6								1.4		
20	X	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		
25	X	24.0	10,000		1.6								1.4		
26	X	24.0	18,000		1.7								1.3		
27	X	24.0	13,000		1.5								1.3		
28		24.0	16,000												
29	X	24.0	16,000		1.5										
30	X	24.0	13,000		1.5								1.3		
31	X	24.0	12,000												
Total			461,000												
Average			14,871												
Maximum			22,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge Circle			City:	Eustis
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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
Licensed Operators	Name	License Class	License Number	Days/Shifts Worked	
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	
	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

3354867

Quail Ridge

February, 2006

☒ **Free Chlorine**

☐ Chlorine Dioxide☐ Ozone:☐ Combined Chlorine (Chloramines)

Other (Describe):

☒ **Free Chlorine**

Combined Chlorine (Chloramines)

Chlorine Dioxide

G.I. Calculations for 24.0 to Demonstrate that 24.0 is a safe distribution rate															
Day of Week	Day of Operation	24.0	24.0	Flow Rates										24.0	24.0
				Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate	Flow Rate		
1	X	24.0	13,000			1.4								1.3	
2	X	24.0	17,000			1.4								1.3	
3	X	24.0	14,000			1.4								1.3	
4	X	24.0	12,000			1.4									
5		24.0	13,500												
6	X	24.0	13,500			1.2								1.0	
7	X	24.0	13,000			1.4								1.1	
8	X	24.0	14,000			1.3								1.1	
9	X	24.0	12,000			1.2								0.9	
10	X	24.0	12,000			1.3								0.9	
11	X	24.0	13,000			1.3									
12		24.0	16,500												
13	X	24.0	16,500			1.3								1.1	
14	X	24.0	13,000			1.2								1.0	
15	X	24.0	14,000			1.2								1.1	
16	X	24.0	14,000			1.3								1.0	
17	X	24.0	12,000			1.3								1.0	
18	X	24.0	18,000			1.3									
19		24.0	15,000												
20	X	24.0	15,000			1.3								1.1	
21	X	24.0	16,000			1.5								1.2	
22	X	24.0	13,000			1.5								1.1	
23	X	24.0	17,000			1.6								1.4	
24	X	24.0	13,000			1.5								1.2	
25	X	24.0	15,000			1.5									
26		24.0	16,500												
27	X	24.0	16,500			1.3								1.1	
28	X	24.0	13,000			1.4								1.2	
29		24.0													
30		24.0													
31		24.0													
Total			401,000												
Average			12,935												
Maximum			18,000												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge	PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	77	Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida	Contact Person's Title:	Area Manager
Contact Person:	Brian Heath	City:	Leesburg
Contact Person's Mailing Address:	PO Box 490310	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Contact Person's Fax Number:	(352) 787-6333

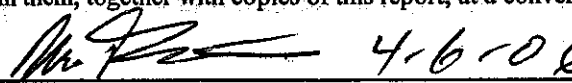
B. Water Treatment Plant Information

Plant Name:	Quail Ridge	Plant Telephone Number:	352-787-0980
Plant Address:	37713 Quail Ridge Circle	City:	Eustis
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	468,000	Zip Code:	32726
Plant Category (per subsection 62-699.310(4), F.A.C.):	Class V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator	Name	License Class	License Number	Days Shifts Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

 4-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

3354867

Quail Ridge

March 2006

☒ **Free Chlorine**

☐ Chlorine Dioxide

□ Ozone

☐ Combined Chlorine (Chloramines)

☐ Other (Describe):

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com					

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980	
Plant Address:	37713 Quail Ridge Circle			City:	Eustis	State: Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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	
Licensed Operator:	Name:	License Class	License Number	Day(s) Shift(s) Worked		
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift		
Other Operator:	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	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.

Will Fontaine 5-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

III. Daily Data for the Month/Year of: April, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Plant Name	Hours per Day	Flow (MGD)	Water Produced (MG)	Calculations for Free Chlorine to Demonstrate Four-Log Virus Inactivation, if Applicable										Remarks
					Free Chlorine Residual (mg/L) before entering distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	Free Chlorine Residual (mg/L) at end of distribution system	
1	X	24.0	18,000		1.4										
2		24.0	30,500												
3	X	24.0	30,500		0.8									0.6	
4	X	24.0	21,000		1.2									0.8	
5	X	24.0	24,000		1.4									1.3	
6	X	24.0	23,000		1.3									1.2	
7	X	24.0	29,000		1.3									1.1	
8	X	24.0	26,000		1.3										
9		24.0	23,500												
10	X	24.0	23,500		1.3									1.1	
11	X	24.0	12,000		1.3									1.0	
12	X	24.0	31,000		1.3									1.0	
13	X	24.0	27,000		1.4									1.2	
14	X	24.0	19,000		1.3									1.2	
15	X	24.0	31,000		1.4										
16		24.0	27,500												
17	X	24.0	27,500		1.4									1.2	
18	X	24.0	22,000		1.3									1.1	
19	X	24.0	18,000		1.3									1.2	
20	X	24.0	27,000		1.2									1.1	
21	X	24.0	21,000		1.2									1.0	
22	X	24.0	15,000		1.2										
23		24.0	23,000												
24	X	24.0	23,000		1.2									1.0	
25	X	24.0	18,000		1.2									0.9	
26	X	24.0	22,000		1.4									1.2	
27	X	24.0	26,000		1.2									1.0	
28	X	24.0	23,000		1.2									1.0	
29	X	24.0	24,000		1.5										
30		24.0	24,000												
31		24.0													
Total			710,000												
Average			22,903												
Maximum			31,000												

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

1. General Information for the Month/Year of:

May, 2006

PWS Name: Quail Ridge			PWS Identification Number: 3354867		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 77			Total Population Served at End of Month: 270		
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: bheath@aquaaamerica.com					

[illegible]

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

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number:

3354867

Plant Name:

Quail Ridge

III. Daily Data for the Month/Year of:

May, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:

☒ Free Chlorine

Chlorine Dioxide

☐ Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Type of Disinfection	Disinfectant	Dose (mg/l)	Contact Time (min)	Temperature (°C)	pH	Residual Chlorine (mg/l)	Microbial Count (CFU/ml)	Log Reduction (%)
X	24.0	20,000		1.6				1.3
X	24.0	22,000		1.5				1.4
X	24.0	22,000		1.5				1.4
X	24.0	20,000		1.5				1.3
X	24.0	22,000		1.6				1.4
	24.0	20,000						
X	24.0	24,000		1.5				
X	24.0	30,000		1.5				1.4
X	24.0	20,000		1.5				1.3
X	24.0	27,000		1.8				1.6
X	24.0	24,000		1.7				1.5
X	24.0	14,000		1.5				1.3
X	24.0	22,000		1.5				
	24.0	22,000						
X	24.0	22,000		1.5				1.3
X	24.0	20,000		1.4				1.3
X	24.0	16,000		1.4				1.2
X	24.0	18,000		1.4				1.2
X	24.0	23,000		1.4				1.3
	24.0	24,500						
X	24.0	24,500		1.3				
X	24.0	36,000		1.3				1.2
X	24.0	19,000		1.3				1.1
X	24.0	22,000		1.3				1.1
X	24.0	27,000		1.2				0.9
X	24.0	28,000		1.3				1.1
X	24.0	21,000		1.3				
	24.0	26,000						
X	24.0	26,000		1.1				1.0
X	24.0	23,000		0.8				0.7
X	24.0	27,000						
	720,000							
	23,226							
	36,000							

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

I. General Information for the Month/Year of:	June, 2006
---	------------

PWS Name:		Quail Ridge		PWS Identification Number:		3354867	
PWS Type:		<input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community	
				<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:				77			
Total Population Served at End of Month:				270			
PWS Owner:		Aqua Utilities Florida					
Contact Person:		Brian Heath				Contact Person's Title:	
						Area Manager	
Contact Person's Mailing Address:		PO Box 490310		City:		Leesburg	
				State:		Florida	
Contact Person's Telephone Number:		(352) 787-0980		Contact Person's Fax Number:		(352) 787-6333	
Contact Person's E-Mail Address:		beheath@aquaamerica.com					

[illegible]

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

7.7-06

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867				Plant Name: Quail Ridge									
III. Daily Data for the Month/Year of: June, 2006													
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)													
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide													
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced gal.	CT Calculations				UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²		
1	X	24.0	19,000		1.4							1.2	
2	X	24.0	17,000		1.3							1.0	
3	X	24.0	14,000		1.3								
4		24.0	19,500										
5	X	24.0	19,500		0.9							0.7	
6	X	24.0	8,000		1.2							0.8	
7	X	24.0	24,000		1.1							1.0	
8	X	24.0	24,000		1.2							1.0	
9	X	24.0	16,000		1.3							1.1	
10	X	24.0	19,000		1.3								
11		24.0	21,000										
12	X	24.0	21,000		1.3							1.1	
13	X	24.0	11,000		1.2							0.9	
14	X	24.0	13,000		1.0							0.8	
15	X	24.0	14,000		1.0							0.7	
16	X	24.0	18,000		1.0							0.8	
17	X	24.0	13,000		1.5								
18		24.0	22,500										
19	X	24.0	22,500		1.3							1.1	
20	X	24.0	16,000		1.9							1.0	
21	X	24.0	14,000		2.2							2.2	
22	X	24.0	17,000		2.0							1.8	
23	X	24.0	18,000		1.6							1.5	
24	X	24.0	23,000		1.5								
25		24.0	16,000										
26	X	24.0	16,000		1.7							1.4	
27	X	24.0	13,000		1.7							1.3	
28	X	24.0	15,000		1.8							1.5	
29	X	24.0	19,000		1.6							1.4	
30	X	24.0	14,000		1.3							1.1	
31		24.0											
Total			517,000										
Average			16,677										
Maximum			24,000										

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name: Quail Ridge		PWS Identification Number: 3354867	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 77		Total Population Served at End of Month: 270	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Quail Ridge		Plant Telephone Number: 352-787-0980	
Plant Address: 37713 Quail Ridge Circle		City: Eustis	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788	
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	

Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

8-3-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number:		3354867		Plant Name:		Quail Ridge									
III. Daily Data for the Month/Year of:				July, 2006											
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Month	Day Plant Operates (X)	Hours plant Operates	Volume of Water Produced (gallons)	CT Calculations of Free Chlorine Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Concentration of Disinfectant Residual in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involve Taking Water System Components Out of Operation
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration Before or After Chlorination (mg/L)	Disinfectant Contact Time at this Concentration (min)	Lowest Residual Disinfectant Concentration Before or After Chlorination (mg/L)	Disinfectant Contact Time at this Concentration (min)	Volume of Water Treated (gallons)	Minimum Free Chlorine Residual (mg/L)	Operating Free Chlorine Dose (mg/L)	Minimum Free Chlorine Dose (mg/L)			
7	X	24.0	16,000		1.2										
		24.0	21,500												
8	X	24.0	21,500		0.7								0.5		
	X	24.0	19,000		1.4								1.0		
9	X	24.0	17,000		1.4								1.0		
	X	24.0	17,000		1.3								1.0		
10	X	24.0	16,000		1.2								0.8		
	X	24.0	16,000		1.3										
11		24.0	17,500												
	X	24.0	17,500		1.4								1.1		
12	X	24.0	18,000		1.4								1.3		
	X	24.0	12,000		1.5								1.3		
13	X	24.0	16,000		1.5								1.3		
	X	24.0	14,000		1.5								1.2		
14	X	24.0	15,000		1.4										
		24.0	23,500												
15	X	24.0	23,500		1.4								1.2		
	X	24.0	16,000		1.4								1.1		
16	X	24.0	13,000		1.3								1.0		
	X	24.0	20,000		1.5								1.1		
17	X	24.0	16,000		1.3								1.1		
	X	24.0	19,000		1.5										
18		24.0	24,000												
	X	24.0	24,000		1.3								1.1		
19	X	24.0	18,000		1.3								1.1		
	X	24.0	14,000		1.3								1.0		
20	X	24.0	20,000		1.2								1.0		
	X	24.0	27,000		1.6								1.5		
21	X	24.0	16,000		1.6										
		24.0	25,500												
22	X	24.0	25,500												
	Total		579,000												
23	Average		18,677												
	Maximum		27,000												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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.): C		
	Name	License Class	License Number	Days 1st Shift	
	Will Fontaine	C	6813	Days 1st Shift	
	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 9-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

3354867

Quail Ridge

August, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

[illegible]

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: September, 2006

A. Public Water System (PWS) Information

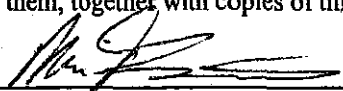
PWS Name:	Quail Ridge	PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77	Total Population Served at End of Month:	270
PWS Owner:	Aqua-Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Evesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Quail Ridge	Plant Telephone Number:	352-787-0980	
Plant Address:	37713 Quail Ridge Circle	City:	Eustis	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	468,000	Zip Code:	34788	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Operator Name	Name	License Class	License Number	Day(s) Shift(s) Worked
Will Fontaine		C	6813	Days 1st Shift
Marty Neal		C	10027	Days 1st Shift
John Worrell		C	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.

Signature and Date:  10-6-06

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

3354867

Quail Ridge

September, 2006

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Other (Describe):

 **Free Chlorine**

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

*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:

October 2006

A. Public Water System (PWS) Information

Public Water System (PWS) Information									
PWS Name: Quail Ridge					PWS Identification Number: 3354867				
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive									
Number of Service Connections at End of Month: 17					Total Population Served at End of Month: 270				
PWS Owner: Aqua America Florida									
Contact Person: Brian Heath					Contact Person's Title: Area Manager				
Contact Person's Mailing Address: PO Box 490340					City: Leesburg		State: Florida		Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980					Contact Person's Fax Number: (352) 787-6333				
Contact Person's E-Mail Address: bheath@aquaaamerica.com									

B. Water Treatment Plant Information

[illegible]

II Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

3354867

Quail Ridge

October, 2006

 **Free Chlorine**

Chlorine Dioxide

Ozone

☐ Combined Chlorine (Chloramines)

☐ Other (Describe):

☒ Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

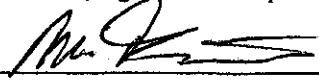
B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

 12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

III. Daily Data for the Month/Year of: November, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Calculations for C _T Dose to Demonstrate Four-Log Virus Inactivation, if Applicable														
Month	Day	Hours plant in operation	Quantity of finished water produced, gal/min	C _T Calculations				C _T Calculations				Minimum C _T Dose		
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C), mg/L	Disinfectant Contact Time (T), min	Disinfectant Measurement Point During Peak Flow	Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C), mg/L	Disinfectant Measurement Point During Peak Flow	Disinfectant Measurement Point During Peak Flow	Minimum C _T Dose, min/mg/L	Minimum C _T Dose, min/mg/L	Minimum C _T Dose, min/mg/L
	X	24.0	17,000		1.5								1.2	
	X	24.0	21,000		1.5								1.3	
	X	24.0	20,000		1.5								1.3	
	X	24.0	13,000		1.5									
		24.0	22,000											
	X	24.0	22,000		1.5								1.1	
	X	24.0	12,000		1.4								1.1	
	X	24.0	12,000		1.2								1.0	
	X	24.0	19,000		1.3								1.0	
	X	24.0	18,000		1.2								1.1	
		24.0	20,000											
	X	24.0	20,000		1.2									
	X	24.0	18,000		1.4								1.1	
	X	24.0	22,000		1.3								1.2	
	X	24.0	11,000		1.5								1.2	
	X	24.0	17,000		1.6								1.3	
	X	24.0	16,000		1.6								1.4	
	X	24.0	12,000		1.5									
		24.0	18,500											
	X	24.0	18,500		1.4								1.2	
	X	24.0	13,000		1.5								1.2	
	X	24.0	12,000		1.6								1.3	
	X	24.0	12,000		1.4								1.2	
	X	24.0	16,000		1.5								1.3	
		24.0	17,000											
	X	24.0	17,000		1.5									
	X	24.0	23,000		1.5								1.3	
	X	24.0	14,000		1.5								1.2	
	X	24.0	14,000		1.5								1.2	
	X	24.0	13,000		1.5								1.3	
		24.0												
			500,000											
			16,129											
			23,000											

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name:	Quail Ridge			PWS Identification Number:	3354867			
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive							
Number of Service Connections at End of Month:	77			Total Population Served at End of Month:	270			
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager			
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333			
Contact Person's E-Mail Address:	beheath@aquaamerica.com							

B. Water Treatment Plant Information

Plant Name:	Quail Ridge			Plant Telephone Number:	352-787-0980			
Plant Address:	37713 Quail Ridge Circle		City:	Buflis	State:	Florida	Zip Code:	34788
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water							
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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			
PLANT OPERATORS	NAME	PLANT CLASS	PLANT NUMBER	PLANT SHIFT				
	Will Fontaine	C	6813	Days 1st Shift				
	Marty Neal	C	10027	Days 1st Shift				
	John Worrell	C	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.

Signature and Date: [Signature] 1-5-07

Printed or Typed Name: Will Fontaine

License Number: C-6813

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

PWS Identification Number: 3354867 Plant Name: Quail Ridge

III. Daily Data for the Month/Year of: December, 2006

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

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

Date	Time	Flow (MGD)	pH	Free Chlorine (mg/L)				Combined Chlorine (mg/L)				Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Ultraviolet Radiation (mJ/cm ²)	Other (Describe)
				Raw Water	Filtered Water	Disinfectant	Residual	Raw Water	Filtered Water	Disinfectant	Residual					
X	24:0	14,000				1.6						1.6				
X	24:0	15,000				1.4						1.4				
	24:0	18,000														
X	24:0	18,000				1.4						1.4				
X	24:0	11,000				1.5						1.5				
X	24:0	16,000				1.6						1.6				
X	24:0	14,000				1.5						1.5				
X	24:0	20,000				1.4						1.4				
X	24:0	15,000				1.5						1.5				
	24:0	19,500														
X	24:0	19,500				1.4						1.4				
X	24:0	13,000				1.5						1.5				
X	24:0	11,000				0.5						0.5				
X	24:0	17,000				1.5						1.5				
X	24:0	15,000				1.5						1.5				
X	24:0	11,000				1.4						1.4				
	24:0	20,500														
X	24:0	20,500				1.5						1.5				
X	24:0	13,000				1.5						1.5				
X	24:0	21,000				1.6						1.6				
X	24:0	15,000				1.5						1.5				
X	24:0	15,000				1.5						1.5				
X	24:0	17,000				1.5						1.5				
	24:0	15,000														
X	24:0	15,000				1.4						1.4				
X	24:0	18,000				1.5						1.5				
X	24:0	10,000				1.4						1.4				
X	24:0	16,000				1.4						1.4				
X	24:0	11,000				1.5						1.5				
X	24:0	15,000				1.5						1.5				
	24:0	14,000														
		481,000														
		15,516														
		21,000														

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

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

PWS ID: 3354867 Plant Name: Quail Ridge

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

Polymer Dose ppm =	Acrylamide Level, % [†] =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
--------------------	---

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

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

* 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.



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

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,

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

GOVERNING BOARD

David G. Graham, CHAIRMAN JACKSONVILLE	Ann T. Moore, SECRETARY BUNNELL	Duane L. Ottenstroer, TREASURER JACKSONVILLE	Susan N. Hughes PONTE VEDRA
Michael Ertel OMEDO	Hersey "Herky" Huffman ENTERPRISE	Arlen N. Jumper FORT MCCOY	William W. Kerr MELBOURNE BEACH
			W. Leonard Wood FERNANDINA BEACH

DOCUMENT NUMBER - DATE

04313 MAY 22 8

FPSC-COMMISSION CLERK

PERMIT NO. 4545

DATE ISSUED: October 17, 2007

PROJECT NAME: Quail Ridge Estates

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 10.0 million gallons per year (mgd) of ground water from the Floridan aquifer 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): 18S 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

By: _____


Dwight Jenkins
Division Director

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

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.
9. 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.

10. 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.

Notice Of Rights

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@sjrwmd.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 emailing the notice of final 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 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.

Notice Of Rights

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 www.sjrwmd.com. 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.
6. 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.
9. 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).

Notice Of Rights

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 filing 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 filing 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.

Notice Of Rights

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 ^{22nd} 17th day of October, 2007.

Gloria Lewis

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

<u>Lake County -- PW</u>	<u>PWS ID Number</u>
Fern 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 June 29, 2007**. (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

DOCUMENT NUMBER - DATE

04313 MAY 22 00

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name QUAIL RIDGE ESTATES County Lake PWS ID # 3354867
Plant Location 33713 Quail Ridge Circle, Eustis, FL 32726 Phone (352) 435-4028
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
This Survey Date 04/11/07 Last Survey Date 04/28/04 Last C.I. Date 8/24/99

PWS TYPE & CLASS

- ☒ Community (5C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
WC35-178565, 6/5/90, cleared 12/5/90

- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required

Operator(s) & Certification Class-Number

Will Fontaine C-6813 Lead/Chief Operator

See MOR for complete list of operators

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required Visit Actual Visit

Days/wk: Required 5 + 1 Actual 5 + 1

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☐ No ☒ Yes ☐ N/A

Population and the number of service connections

reported on MORs differs from Department records

Number of Service Connections 96

Population Served 240 Basis Operator

Average Day (from MORs) 18,347 gpd

Max. Day (from MORs) 36,000 gpd 03/07

Max-day Design Capacity 468,000 gpd

WRITTEN PROGRAMS

O & M Manual Yes Located Water treatment plant

Written Preventive Maintenance Program Yes

Flushing Plan ☒ Yes ☐ No Records No

Valve Maint Plan ☒ Yes ☐ No Records No

Emergency Response Plan ☒ Yes ☐ No ☐ N/A

Comments

RAW WATER SOURCE

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

AUXILIARY POWER SOURCE

- ☐ Yes ☐ None ☒ Not Required
Source

Capacity of Standby (kW)

Switchover: ☐ Automatic ☐ Manual

Standby Plan: ☐ Yes ☐ No

Hrs Operated Under Load

What equipment does it operate?

☐ Well pumps

☐ High Service Pumps

☐ Treatment Equipment

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk

Comments

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

None at this time

For control of what deficiencies?

N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type 8" Water Specialties

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections None observed

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

DDBP Monitoring Plan: ☒ Yes ☐ No ☐ N/A

Distribution System Map ☒ Yes ☐ No ☐ N/A

Written Cross-connection Control Program:

Inadequate

Comments Flow meter last calibrated 03/24/05 by

Central Florida Controls, Inc.

GROUND WATER SOURCE

Well Number (FLUWID No.)	1 (AAC3238)			
Year Drilled	1989			
Depth Drilled	340'			
Drilling Method	Rotary combo			
Type of Grout	Neat cement			
Static Water Level	62'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (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			
SET BACKS	Septic Tank	>200'		
	Reuse Water	N/A		
	WW Plumbing	N/A		
	Other Sanitary Hazard	None observed		
PUMP	Type	Vertical turbine		
	Manufacturer Name	Goulds		
	Model Number	10RJHO-6		
	Rated Capacity (gpm)	650		
	Motor Horsepower	60		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Fence			
Well Vent Protection	Yes			

COMMENTS Provide information for all items marked "unknown."

CHLORINATION (Disinfection)Type: ☐ Gas ☒ HypoMake Stenner Capacity * gpd

Chlorine Feed Rate #1 – 3.5 stroke #2 – 10 stroke

Avg. Amount of Cl₂ gas used N/AChlorine Residuals: Plant 1.16 Remote 1.27Remote tap location 37617 Quail Ridge CircleDPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used DailyInjection Points Prior to hydropneumatic tankBooster Pump Info N/AComments *2 hypochlorinators, #1 – 5 gpd and #2 – 17 gpd

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

AERATION (Gases, Fe, & Mn Removal)Type Capacity Aerator Condition Bloodworm Presence Visible Algae Growth Protective Screen Condition Comments **STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated

(B) Bladder (C) Clearwell

Tank Type/Number	H/I		
Capacity (gal)	6,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/62		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Dates of last cleaning and inspection are unknown.**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

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, www.frwa.net, 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 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 annually) 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.]

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 *Donnell D. Owens*

Title Environmental Specialist I

Date 05/10/07

Approved by *Paul D. Dutton*

Title Environmental Manager

Date 05/17/07

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: 3354867

Business Name: _____

PWS Name: **QUAIL RIDGE ESTATES**

Owner(s) Name: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Danielle D. Owens, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated April 11, 2007, the following actions were done to correct the listed deficiencies:

**Deficiency
Item No.**

Corrective Action Done

Date Done

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____

(Please Type or Print)



Aqua 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.

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

Utilities Florida

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

Plant: fern terrace

Month/Year: April 2007

FLUSHING:

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

AUA

Utilities Florida.

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

Plant: April 2007
Month/Year: April 2007

FLUSHING:

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

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

A

U A

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 2007

FLUSHING:

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

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida

Plant: April 2007
Month/Year: Morningview

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

[illegible][illegible]

AUA

Utilities Florida.

WATER FLUSHING & BREAK REPAIRS RECORD

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

Plant:

Month/Year:

FLUSHING:

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

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, mains, hydrants, tanks, etc.)

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida

Plant: Skullcap

Month/Year: Apr 2007

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

[illegible][illegible]

Utilities Florida

Plant: Valencia tangerine
Month/Year: April 2007

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

[illegible][illegible]

Utilities Florida

Plant: Western Skunk
Month/Year: April 2007

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

WATER BREAK REPAIR RECORD:[illegible]



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

FPSC-COMMISSION CLERK
8-77/WH/0018
DOCUMENT NUMBER-DATE
3100-0380N INEN0000

See page 4 for instructions

I. General Information for the Month/Year of: **January-07**

A. Public Water System (PWS) Information

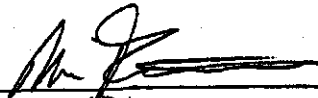
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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 Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 2-9-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: January-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lower Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	8,300		1.5								1.4		
2	X	24 hrs	9,100		1.5								1.3		
3	X	24 hrs	8,900		1.6								1.5		
4	X	24 hrs	8,200		1.4								1.3		
5	X	24 hrs	9,700		1.4								1.3		
6		24 hrs	16,100												
7		24 hrs	16,100												
8	X	24 hrs	16,200		1.4								1.3		
9	X	24 hrs	5,400		1.3								1.2		
10	X	24 hrs	9,900		1.4								1.3		
11	X	24 hrs	6,900		1.3								1.2		
12	X	24 hrs	8,900		1.4								1.2		
13		24 hrs	15,300												
14		24 hrs	15,300												
15	X	24 hrs	15,300		1.4								1.3		
16	X	24 hrs	11,000		1.4								1.2		
17	X	24 hrs	7,400		1.5								1.2		
18	X	24 hrs	7,700		1.5								1.4		
19	X	24 hrs	12,300		1.5								1.4		
20		24 hrs	9,100												
21		24 hrs	9,100												
22	X	24 hrs	9,200		1.5								1.3		
23	X	24 hrs	9,600		1.4								1.2		
24	X	24 hrs	8,300		1.4								1.3		
25	X	24 hrs	7,800		1.5								1.3		
26	X	24 hrs	7,600		1.5								1.4		
27		24 hrs	8,200												
28		24 hrs	8,200												
29	X	24 hrs	8,200		1.4								1.2		
30	X	24 hrs	8,500		1.5								1.3		
31	X	24 hrs	10,800		1.5								1.4		
Total			312,600												
Average			10,084												
Maximum			16,200												

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



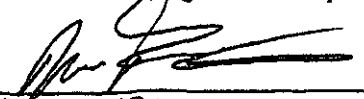
MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: February-07				
A. Public Water System (PWS) Information				
PWS Name:	Ravenswood	PWS Identification Number:	3351062	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	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	City:	Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	352/787-0980	Contact Person's Fax Number:	352/787-6333	
Contact Person's E-Mail Address:	beheath@aquaaamerica.com			
B. 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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operator:	John Worrell	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. 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.

 3-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: February-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	8,600		1.6								1.4		
2	X	24 hrs	8,900		1.7								1.6		
3		24 hrs	9,300												
4		24 hrs	9,400												
5	X	24 hrs	9,400		1.4								1.2		
6	X	24 hrs	7,500		1.5								1.3		
7	X	24 hrs	10,000		1.5								1.3		
8	X	24 hrs	7,700		1.5								1.3		
9	X	24 hrs	8,900		1.5								1.4		
10		24 hrs	9,700												
11		24 hrs	9,700												
12	X	24 hrs	9,700		1.5								1.3		
13	X	24 hrs	9,700		1.5								1.4		
14	X	24 hrs	6,800		1.4								1.2		
15	X	24 hrs	11,000		1.4								1.3		
16	X	24 hrs	7,900		1.5								1.3		
17		24 hrs	8,000												
18		24 hrs	8,000												
19	X	24 hrs	8,000		1.3								1.1		
20	X	24 hrs	10,000		1.3								1.1		
21	X	24 hrs	9,400		1.3								1.2		
22	X	24 hrs	9,200		1.2								0.9		
23	X	24 hrs	9,900		1.3								1.1		
24		24 hrs	10,500												
25		24 hrs	10,500												
26	X	24 hrs	10,600		1.4								1.2		
27	X	24 hrs	10,000		1.4								1.3		
28	X	24 hrs	9,500		1.4								1.3		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			257,800												
Average			9,207												
Maximum			11,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

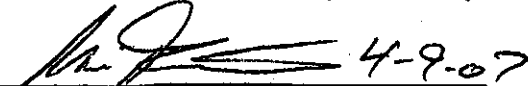
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: March-07

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*																
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations									UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2				
1	X	24 hrs	10,400		0.8									0.7		
2	X	24 hrs	11,200		1.4									1.2		
3		24 hrs	11,100													
4		24 hrs	11,100													
5	X	24 hrs	11,200		1.5									1.4		
6	X	24 hrs	9,400		1.4									1.3		
7	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													
11		24 hrs	11,400													
12	X	24 hrs	11,400		1.4									1.2		
13	X	24 hrs	13,700		1.4									1.3		
14	X	24 hrs	8,800		1.4									1.2		
15	X	24 hrs	13,300		1.4									1.3		
16	X	24 hrs	10,300		1.4									1.3		
17		24 hrs	10,400													
18		24 hrs	10,400													
19	X	24 hrs	10,500		1.4									1.2		
20	X	24 hrs	11,200		1.4									1.3		
21	X	24 hrs	9,100		1.5									1.3		
22	X	24 hrs	8,600		1.4									1.3		
23	X	24 hrs	15,400		1.4									1.3		
24		24 hrs	13,200													
25		24 hrs	13,200													
26	X	24 hrs	13,300		1.4									1.2		
27	X	24 hrs	13,600		1.4									1.3		
28	X	24 hrs	12,400		1.4									1.3		
29	X	24 hrs	15,400		1.3									1.2		
30	X	24 hrs	15,100		1.3									1.2		
31		24 hrs	16,000													
Total			359,300													
Average			11,590													
Maximum			16,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-07**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. 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
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: April-07

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

Type of Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	16,100										1.1		
2	X	24 hrs	16,100		1.3								1.2		
3	X	24 hrs	16,200		1.3								1.3		
4	X	24 hrs	21,100		1.4								1.2		
5	X	24 hrs	8,300		1.4								1.1		
6	X	24 hrs	17,900		1.3										
7		24 hrs	14,400												
8		24 hrs	14,500												
9	X	24 hrs	14,500		1.4								1.2		
10	X	24 hrs	8,900		1.1								1.2		
11	X	24 hrs	8,600		1.3								1.1		
12	X	24 hrs	7,600		1.3								1.1		
13	X	24 hrs	11,000		1.2								1.1		
14		24 hrs	10,300												
15		24 hrs	10,300												
16	X	24 hrs	10,400		1.2								1.1		
17	X	24 hrs	10,900		1.3								1.2		
18	X	24 hrs	13,300		1.3								1.2		
19	X	24 hrs	12,500		1.3								1.2		
20	X	24 hrs	9,900		1.4								1.2		
21		24 hrs	14,200												
22		24 hrs	14,300												
23	X	24 hrs	14,300		1.2								1.1		
24	X	24 hrs	12,900		1.2								1.1		
25	X	24 hrs	13,800		1.2								1.1		
26	X	24 hrs	16,900		1.2								1.0		
27	X	24 hrs	15,600		1.3								1.1		
28		24 hrs	14,600												
29		24 hrs	14,600												
30	X	24 hrs	14,700		1.2								1		
31		24 hrs													
Total			398,700												
Average			13,290												
Maximum			21,100												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-07

A. Public Water System (PWS) Information

PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	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. 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 6-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number:

3351062

Plant Name: Ravenswood

III. Daily Data for the Month/Year of:

May-07

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	18,100		1.3								1.1		
2	X	24 hrs	19,100		1.3								1.2		
3	X	24 hrs	12,900		1.3								1.2		
4	X	24 hrs	17,800		1.3								1.2		
5		24 hrs	15,800												
6		24 hrs	15,800												
7	X	24 hrs	15,800		1.3								1.2		
8	X	24 hrs	17,400		1.3								1.2		
9	X	24 hrs	27,700		1.4								1.3		
10	X	24 hrs	16,700		1.3								1.1		
11	X	24 hrs	13,400		1.3								1.2		
12		24 hrs	17,700												
13		24 hrs	17,800												
14	X	24 hrs	17,800		1.3								1.1		
15	X	24 hrs	11,500		1.3								1.1		
16	X	24 hrs	15,900		1.2								1.0		
17	X	24 hrs	13,500		1.2								1.1		
18	X	24 hrs	12,700		1.2								1.1		
19		24 hrs	17,300												
20		24 hrs	17,300												
21	X	24 hrs	17,400		1.2								1.0		
22	X	24 hrs	15,000		1.2								1.1		
23	X	24 hrs	27,900		1.2								1.1		
24	X	24 hrs	13,900		1.1								1.0		
25	X	24 hrs	18,700		1.1								0.9		
26		24 hrs	18,000												
27		24 hrs	18,100												
28	X	24 hrs	18,100		1.1								1		
29	X	24 hrs	18,300		1.1								1		
30	X	24 hrs	28,300		1.2								1.1		
31	X	24 hrs	18,500		1.3								1.2		
Total			544,200												
Average			17,555												
Maximum			28,300												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-07**

A. Public Water System (PWS) Information

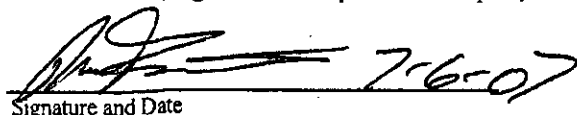
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: June-07

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Response Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at G Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	15,700		0.6								0.5		
2		24 hrs	10,800												
3		24 hrs	10,800												
4	X	24 hrs	10,800		0.8								0.7		
5	X	24 hrs	13,400		1.3								1.1		
6	X	24 hrs	13,700		1.5								1.4		
7	X	24 hrs	7,900		1.5								1.4		
8	X	24 hrs	11,800		1.4								1.3		
9		24 hrs	11,500												
10		24 hrs	11,600												
11	X	24 hrs	11,600		1.4								1.3		
12	X	24 hrs	8,700		1.6								1.4		
13	X	24 hrs	7,800		1.7								1.5		
14	X	24 hrs	7,900		1.8								1.6		
15	X	24 hrs	10,500		1.7								1.7		
16		24 hrs	10,600												
17		24 hrs	10,600												
18	X	24 hrs	10,700		1.7								1.7		
19	X	24 hrs	10,500		1.4								1.4		
20	X	24 hrs	9,900		1.3								1.2		
21	X	24 hrs	8,700		1.4								1.2		
22	X	24 hrs	10,800		1.3								1.2		
23		24 hrs	16,030												
24		24 hrs	16,030												
25	X	24 hrs	16,030		1.2								1.1		
26	X	24 hrs	13,100		1.4								1.1		
27	X	24 hrs	23,800		1.4								1.4		
28	X	24 hrs	18,700		1.5								1.5		
29	X	24 hrs	8,900		1.4								1.1		
30		24 hrs	12,300												
31		24 hrs													
Total			361,190												
Average			12,040												
Maximum			23,800												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-07**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	C	6397	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: July-07

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations* or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	12,400												
2	X	24 hrs	12,400		1.4								1.3		
3	X	24 hrs	7,100		1.1								1.2		
4	X	24 hrs	8,800		1.2								1.1		
5	X	24 hrs	10,300		1.4								1.2		
6	X	24 hrs	6,600		1.5								1.3		
7		24 hrs	12,670												
8		24 hrs	12,670												
9	X	24 hrs	12,670		1.3								1.2		
10	X	24 hrs	14,700		1.3								1.2		
11	X	24 hrs	11,700		1.4								1.2		
12	X	24 hrs	5,100		1.3								1.3		
13	X	24 hrs	8,200		1.2								1.2		
14		24 hrs	10,000												
15		24 hrs	10,000												
16	X	24 hrs	10,100		1.1								0.9		
17	X	24 hrs	9,500		1.4								1.3		
18	X	24 hrs	8,100		1.4								1.2		
19	X	24 hrs	11,000		1.4								1.3		
20	X	24 hrs	9,200		1.5								1.3		
21		24 hrs	9,800												
22		24 hrs	9,800												
23	X	24 hrs	9,800		1.3								1.1		
24	X	24 hrs	8,300		1.4								1.3		
25	X	24 hrs	8,200		1.3								1.1		
26	X	24 hrs	8,000		1.3								1.2		
27	X	24 hrs	12,600		1.4								1.3		
28		24 hrs	10,100												
29		24 hrs	10,200												
30	X	24 hrs	10,200		1.2								1		
31	X	24 hrs	8,500		1								0.7		
Total			308,710												
Average			9,958												
Maximum			14,700												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-07**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operator	John Worrell	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. 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.

 9-7-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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 Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	9,000		1									0.9		
2	X	24 hrs	7,800		1									0.9		
3	X	24 hrs	7,900		1									0.9		
4		24 hrs	11,600													
5		24 hrs	11,600													
6	X	24 hrs	11,600		1.1									0.9		
7	X	24 hrs	8,000		1.3									1.1		
8	X	24 hrs	11,300		1.2									1.2		
9	X	24 hrs	12,100		1.5									1.3		
10	X	24 hrs	10,700		1.4									1.3		
11		24 hrs	9,670													
12		24 hrs	9,670													
13	X	24 hrs	9,670		1.4									1.3		
14	X	24 hrs	9,000		1.3									1.3		
15	X	24 hrs	10,000		1.2									1.1		
16	X	24 hrs	10,100		1.2									0.6		
17	X	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		
21	X	24 hrs	12,000		1.4									1.3		
22	X	24 hrs	16,200		1.3									1.3		
23	X	24 hrs	13,700		1.4									1.4		
24	X	24 hrs	17,700		1.4									1.3		
25		24 hrs	9,300													
26		24 hrs	9,300													
27	X	24 hrs	9,300		1.2									1.1		
28	X	24 hrs	11,000		1.5									1.3		
29	X	24 hrs	13,900		1.5									1.4		
30	X	24 hrs	8,400		1.4									1.2		
31	X	24 hrs	10,300		1.4									1.3		
Total			340,210													
Average			10,975													
Maximum			17,700													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-07**

A. Public Water System (PWS) Information

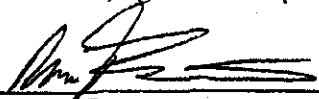
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. 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
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,800												
2		24 hrs	8,900												
3	X	24 hrs	8,900		1.4								1.2		
4	X	24 hrs	8,600		1.4								1.2		
5	X	24 hrs	12,600		1.3								1.2		
6	X	24 hrs	10,900		1.5								1.4		
7	X	24 hrs	14,400		1.5								1.4		
8		24 hrs	12,500												
9		24 hrs	12,600												
10	X	24 hrs	12,600		1.5								1.4		
11	X	24 hrs	8,000		1.4								1.1		
12	X	24 hrs	16,900		1.5								1.4		
13	X	24 hrs	7,400		1.4								1.2		
14	X	24 hrs	12,300		1.5								1.3		
15		24 hrs	13,400												
16		24 hrs	13,400												
17	X	24 hrs	13,500		1.4								1.3		
18	X	24 hrs	9,600		1.3								1.2		
19	X	24 hrs	11,100		1.4								1.3		
20	X	24 hrs	6,200		1.3								1.3		
21	X	24 hrs	8,100		1.4								1.2		
22		24 hrs	7,400												
23		24 hrs	7,500												
24	X	24 hrs	7,500		1.2								1.0		
25	X	24 hrs	7,700		1.4								1.2		
26	X	24 hrs	10,800		1.4								1.3		
27	X	24 hrs	6,300		1.3								1.1		
28	X	24 hrs	7,500		1.2								1.1		
29		24 hrs	10,100												
30		24 hrs	10,100												
31		24 hrs													
Total			305,600												
Average			10,187												
Maximum			16,900												

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	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:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Will Fontaine

Printed or Typed Name

C6813

License Number

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

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Residual at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Required to Achieve Four-Log Virus Inactivation, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Minimum Operating Free Chlorine Dose, mg/L	Minimum CT Dose Required, mg-min/L	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24 hrs	10,200		1.3								1.1	
2	X	24 hrs	5,900		1.3								1.1	
3	X	24 hrs	9,700		1.2								1	
4	X	24 hrs	5,300		1.3								1	
5	X	24 hrs	6,800		1.5								1.2	
6		24 hrs	8,300											
7		24 hrs	8,300											
8	X	24 hrs	8,300		1.3								1.1	
9	X	24 hrs	7,500		1.3								1	
10	X	24 hrs	9,900		1.4								1.2	
11	X	24 hrs	8,500		1.4								1.2	
12	X	24 hrs	7,400		1.1								0.8	
13		24 hrs	9,470											
14		24 hrs	9,470											
15	X	24 hrs	9,470		1.1								1.0	
16	X	24 hrs	6,400		1.1								0.9	
17	X	24 hrs	10,500		1								0.9	
18	X	24 hrs	5,900		1.1								0.8	
19	X	24 hrs	6,700		2								1.8	
20		24 hrs	8,000											
21		24 hrs	8,000											
22	X	24 hrs	8,000		2.1								1.8	
23	X	24 hrs	7,400		1.8								1.7	
24	X	24 hrs	7,800		1.3								1.2	
25	X	24 hrs	5,600		1.1								0.9	
26	X	24 hrs	6,900		1.3								1.1	
27		24 hrs	7,800											
28		24 hrs	7,800											
29	X	24 hrs	7,800		1.1								0.9	
30	X	24 hrs	7,800		1.1								0.7	
31	X	24 hrs	10,800		1								0.7	
Total			247,710											
Average			7,991											
Maximum			10,800											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-07**

A. Public Water System (PWS) Information

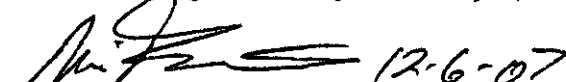
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	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:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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	Days Shift(s) Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: November-07

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of Month	Day of Week	Plant Started/Stopped by Operator (Name)	Hour Plant in Operation	Net Quantity of Finished Water Produced, gal.	CF Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration (mg/L) at Point of Distribution	Emergency or Abnormal Conditions Requiring Maintenance or Repair of Water System Components or Operations
					Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum Free-Cl. Required, mg-min/L	Lowest Opening UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration (mg/L) at Point of Distribution		
		X	24 hrs	5,300		0.9								0.7		
		X	24 hrs	10,600		1								0.8		
			24 hrs	14,900												
			24 hrs	14,900												
		X	24 hrs	14,900		1								0.6		
		X	24 hrs	11,900		1								0.8		
		X	24 hrs	14,000		0.9								0.8		
		X	24 hrs	6,600		0.9								0.7		
		X	24 hrs	8,500		1								0.8		
			24 hrs	11,000												
			24 hrs	11,000												
		X	24 hrs	11,000		1.2								1.1		
		X	24 hrs	10,800		1.1								0.7		
		X	24 hrs	11,200		1								0.9		
		X	24 hrs	7,800		1.2								0.8		
		X	24 hrs	6,200		1.1								0.7		
			24 hrs	9,370												
			24 hrs	9,370												
		X	24 hrs	9,370		1.2								0.8		
		X	24 hrs	7,400		1.2								0.8		
		X	24 hrs	11,100		1.2								0.9		
			24 hrs	8,800												
		X	24 hrs	8,800		1								0.8		
			24 hrs	10,530												
			24 hrs	10,530												
		X	24 hrs	10,530		1.1								0.8		
		X	24 hrs	8,800		1								0.8		
		X	24 hrs	10,700		1.2								0.7		
		X	24 hrs	7,600		1.2								0.8		
		X	24 hrs	8,000		1.3								0.9		
			24 hrs													
Total				301,500												
Minimum				10,050												
Maximum				14,900												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-07**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	46	Total Population Served at End of Month:	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:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators:	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

PWS ID: 3351062 Plant Name: Ravenswood

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

* 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.



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Other Operators:	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: **January-06**

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	9,600												
2	X	24 hrs	9,600		1.4								1.2		
3	X	24 hrs	12,600		1.3								1.1		
4	X	24 hrs	9,300		1.4								1.1		
5	X	24 hrs	5,700		1.4								1.3		
6	X	24 hrs	10,700		1.4								1.3		
7		24 hrs	9,400												
8		24 hrs	9,400												
9	X	24 hrs	9,400		1.3								1.1		
10	X	24 hrs	11,500		1.3								1.1		
11	X	24 hrs	8,400		1.2								1.1		
12	X	24 hrs	13,300		1.2								1.0		
13	X	24 hrs	11,700		1.2								1.0		
14		24 hrs	9,900												
15		24 hrs	9,900												
16	X	24 hrs	10,000		1.3								1.0		
17	X	24 hrs	7,400		1.2								1.0		
18	X	24 hrs	12,500		1.2								1.1		
19	X	24 hrs	10,700		1.3								1.1		
20	X	24 hrs	11,100		1.3								1.2		
21		24 hrs	11,000												
22		24 hrs	11,100												
23	X	24 hrs	11,100		1.2								1.1		
24	X	24 hrs	10,100		1.1								0.9		
25	X	24 hrs	11,500		1.2								1.1		
26	X	24 hrs	7,800		1.3								1.1		
27	X	24 hrs	11,000		1.3								1.2		
28		24 hrs	9,800												
29		24 hrs	9,900												
30	X	24 hrs	9,900		1.3								1.1		
31	X	24 hrs	10,400		1.3								1.2		
Total			315,700												
Average			10,184												
Maximum			13,300												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **February-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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	Days/Shifts Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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:

February-06

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of Month	Disinfectant	Time of Day	Flow (gpm)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Notes
1	X	24 hrs	10,100	1.3				
2	X	24 hrs	7,300	1.2				
3	X	24 hrs	9,800	1.3				
4		24 hrs	8,600					
5		24 hrs	8,700					
6	X	24 hrs	8,700	1.2				
7	X	24 hrs	11,100	1.1				
8	X	24 hrs	9,800	1.2				
9	X	24 hrs	9,100	1.3				
10	X	24 hrs	7,500	1.3				
11		24 hrs	8,500					
12		24 hrs	8,500					
13	X	24 hrs	8,500	1.2				
14	X	24 hrs	8,800	1.4				
15	X	24 hrs	12,700	1.5				
16	X	24 hrs	8,300	1.5				
17	X	24 hrs	8,400	1.8				
18		24 hrs	10,100					
19		24 hrs	10,100					
20	X	24 hrs	10,200	1.6				
21	X	24 hrs	15,800	1.4				
22	X	24 hrs	8,200	1.4				
23	X	24 hrs	11,600	1.4				
24	X	24 hrs	7,400	1.3				
25		24 hrs	8,500					
26		24 hrs	8,500					
27	X	24 hrs	8,600	1.3				
28	X	24 hrs	11,300	1.3				
29		24 hrs						
30		24 hrs						
31		24 hrs						
Total			264,700					
Average			9,454					
Maximum			15,800					

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-06**

A. Public Water System (PWS) Information

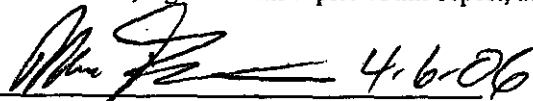
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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 Operator	Name	License Class	License Number	Day(s)/Shift(s)/Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

Plant Name:	Ravenswood
-------------	------------

March-06

	Combined Chlorine (Chloramines)
--	---------------------------------

☐ Other (Describe):

Chlorine Dioxide

DEP Form Form 62-655, 900(3) Alternate



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. 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.

 5.5.06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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:

April-06

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of Month	Hours of Operation	Flow (MGD)	Chlorine Dioxide (mg/L)	Chlorine Residual (mg/L) at Various Points in Distribution System										Notes
				At Plant	At Entry to Distribution System	At Entry to Main Line	At Entry to Branch Line	At Entry to Service Line	At Entry to Customer	At Entry to Meter	At Entry to Tap	At Entry to Valve	At Entry to Hydrant	
1		24 hrs	16,700											
2		24 hrs	16,800											
3	X	24 hrs	16,800		1.3								1.2	
4	X	24 hrs	13,000		1.3								1.1	
5	X	24 hrs	13,500		1.3								1.2	
6	X	24 hrs	15,400		1.4								1.3	
7	X	24 hrs	18,900		1.4								1.3	
8		24 hrs	14,100											
9		24 hrs	14,100											
10	X	24 hrs	14,100		1.4								1.3	
11	X	24 hrs	6,600		1.3								1.1	
12	X	24 hrs	16,700		1.3								1.2	
13	X	24 hrs	9,700		1.3								1.1	
14	X	24 hrs	22,600		1.4								1.3	
15		24 hrs	17,500											
16		24 hrs	17,500											
17	X	24 hrs	17,500		0.8								0.6	
18	X	24 hrs	11,600		1.3								1.0	
19	X	24 hrs	10,800		1.3								1.2	
20	X	24 hrs	9,900		1.3								1.0	
21	X	24 hrs	16,000		1.3								1.1	
22		24 hrs	12,600											
23		24 hrs	12,600											
24	X	24 hrs	12,600		1.3								1.1	
25	X	24 hrs	18,000		1.3								1.2	
26	X	24 hrs	11,700		1.4								1.3	
27	X	24 hrs	15,400		1.5								1.4	
28	X	24 hrs	12,600		1.5								1.4	
29		24 hrs	12,900											
30		24 hrs	13,000											
31		24 hrs												
Total			431,200											
Average			14,373											
Maximum			22,600											

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



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

See page 4 for instructions

I. General Information for the Month/Year of:

May-06

A. Public Water System (PWS) Information

PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333


B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980
Plant Address:	US Hwy 27	City:	Leesburg
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Name	License No.	License Expiration Date	Days per week
Will Fontaine	C	6813	3 Days per week
John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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:

May-06

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day	Time	Flow (gpm)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24 hrs	13,000	0.6			0.5	
X	24 hrs	13,800	1.4			1.2	
X	24 hrs	27,500	1.4			1.3	
X	24 hrs	28,500	1.5			1.4	
X	24 hrs	25,700	1.5			1.4	
	24 hrs	19,800					
	24 hrs	19,800					
X	24 hrs	19,800	1.5			1.4	
X	24 hrs	16,100	1.5			1.4	
X	24 hrs	9,900	1.5			1.3	
X	24 hrs	9,800	1.5			1.3	
X	24 hrs	10,300	1.4			1.2	
	24 hrs	16,100					
	24 hrs	16,100					
X	24 hrs	16,100	1.4			1.3	
X	24 hrs	13,800	1.4			1.3	
X	24 hrs	8,600	1.4			1.3	
X	24 hrs	12,900	1.4			1.2	
X	24 hrs	14,700	1.5			1.4	
	24 hrs	16,200					
	24 hrs	16,200					
X	24 hrs	16,300	1.5			1.4	
X	24 hrs	12,000	1.5			1.3	
X	24 hrs	11,200	1.5			1.3	
X	24 hrs	12,400	1.5			1.2	
X	24 hrs	11,700	1.5			1.3	
	24 hrs	21,700					
	24 hrs	21,700					
X	24 hrs	21,800	1.6			1.5	
X	24 hrs	19,900	1.4			1.3	
X	24 hrs	18,900	1.3			1.2	
		512,300					
		16,526					
		28,500					

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-06**

A. Public Water System (PWS) Information

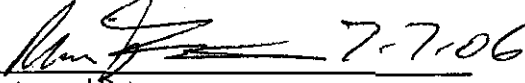
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operator	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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: **June-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	14,200		1.3								1.1		
2	X	24 hrs	14,400		1.3								1.2		
3		24 hrs	14,000												
4		24 hrs	14,000												
5	X	24 hrs	14,100		1.2								1.1		
6	X	24 hrs	16,770		1.2								1		
7	X	24 hrs	21,060		1.8								1.6		
8	X	24 hrs	15,210		1.2								1		
9	X	24 hrs	20,280		1.4								1.2		
10		24 hrs	15,600												
11		24 hrs	15,600												
12	X	24 hrs	15,600		1.5								1.3		
13	X	24 hrs	8,580		1.4								1.3		
14	X	24 hrs	8,190		1.2								1.0		
15	X	24 hrs	8,190		1								0.9		
16	X	24 hrs	10,920		1.3								1.1		
17		24 hrs	11,310												
18		24 hrs	11,310												
19	X	24 hrs	11,310		1.2								1.0		
20	X	24 hrs	11,700		1.2								1.1		
21	X	24 hrs	9,750		1.1								0.9		
22	X	24 hrs	12,870		1.4								1.2		
23	X	24 hrs	14,430		1.4								1.3		
24		24 hrs	9,750												
25		24 hrs	9,750												
26	X	24 hrs	9,750		1.3								1.1		
27	X	24 hrs	7,410		1.4								1.2		
28	X	24 hrs	11,310		1.4								1.3		
29	X	24 hrs	7,410		1.3								1.2		
30	X	24 hrs	11,700		1.3								1.2		
31		24 hrs													
Total			376,460												
Average			12,549												
Maximum			21,060												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-06**

A. Public Water System (PWS) Information

PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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 Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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:

July-06

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of Month	Day of Week	Hours of Operation	Sec. of Daily Production	Concentrations for 4 Log Virus Inactivation (if applicable)										Response Time (min)	Remarks
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)		
		24 hrs	13,130												
		24 hrs	13,130												
1	X	24 hrs	13,130	1.2										1.1	
2	X	24 hrs	10,530	1.3										1.2	
3	X	24 hrs	17,550	1.2										1	
4	X	24 hrs	13,260	1.2										1	
5	X	24 hrs	14,820	1.1										1	
6		24 hrs	11,960												
7		24 hrs	11,960												
8	X	24 hrs	11,960	1.2										1	
9	X	24 hrs	15,600	1										1.9	
10	X	24 hrs	8,970	1.3										1.0	
11	X	24 hrs	13,650	1.2										1.0	
12	X	24 hrs	11,700	1.3										1.1	
13		24 hrs	10,400												
14		24 hrs	10,400												
15	X	24 hrs	10,400	1.4										1.2	
16	X	24 hrs	9,750	1.3										1.1	
17	X	24 hrs	12,090	1.3										1.2	
18	X	24 hrs	15,600	1.3										1.2	
19	X	24 hrs	15,600	1.3										1.1	
20		24 hrs	11,440												
21		24 hrs	11,440												
22	X	24 hrs	11,440	1.3										1.2	
23	X	24 hrs	10,140	0.7										0.6	
24	X	24 hrs	14,430	1.4										1.3	
25	X	24 hrs	10,920	1.2										1	
26	X	24 hrs	8,970	1.2										1	
27		24 hrs	13,910												
28		24 hrs	13,910												
29	X	24 hrs	13,910	1.1										0.9	
Total			386,100												
Average			12,455												
Maximum			17,550												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

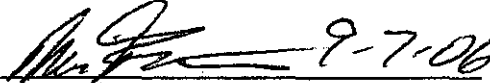
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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
Operator's Name	License Class	License Number	Days (S) / Mins (S) / Worked
Will Fontaine	C	6813	3 Days per week
John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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-06

Means of Achieving Four-Log Virus Inactivation/Removal: *



Free Chlorine



Chlorine Dioxide



Ozone



Combined Chlorine (Chloramines)



Ultraviolet Radiation



Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:



Free Chlorine



Combined Chlorine (Chloramines)



Chlorine Dioxide

Date	Time	Flow (gpm)	Total Chlorine (mg/L)	Calculations for Free Chlorine Residual (mg/L) at Various Points in Distribution System (if applicable)										Free Chlorine Residual (mg/L) at Point of Distribution	Notes on Residual or Other Conditions (e.g., Taste, Odor, etc.)
				Point of Disinfection	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling	Point of Sampling		
X	24 hrs	13,650			1.2									1	
X	24 hrs	21,060			1.4									1.3	
X	24 hrs	13,260			1.3									1.2	
X	24 hrs	14,820			1.4									1.2	
	24 hrs	17,160													
	24 hrs	17,160													
X	24 hrs	17,160			1.3									1.2	
X	24 hrs	10,920			1.2									1	
X	24 hrs	14,820			1.2									1	
X	24 hrs	15,210			1.4									1.2	
X	24 hrs	21,450			1.5									1.2	
	24 hrs	14,690													
	24 hrs	14,690													
X	24 hrs	14,690			1.2									1.0	
X	24 hrs	11,310			1.1									0.9	
X	24 hrs	15,990			1.2									1.1	
X	24 hrs	24,960			1.4									1.3	
X	24 hrs	12,870			1.2									1.0	
	24 hrs	17,940													
	24 hrs	17,940													
X	24 hrs	17,940			1.2									1.1	
X	24 hrs	9,750			1									0.8	
X	24 hrs	15,210			1.3									1.2	
X	24 hrs	11,700			1.6									1.3	
X	24 hrs	10,920			1.4									1.2	
	24 hrs	11,570													
	24 hrs	11,570													
X	24 hrs	11,570			1.6									1.4	
X	24 hrs	11,310			1.5									1.4	
X	24 hrs	12,480			1.5									1.3	
X	24 hrs	10,900			1.5									1.3	
		456,670													
		14,731													
		24,960													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-06**

A. Public Water System (PWS) Information

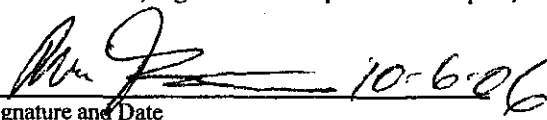
PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	43	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	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.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
	Name	License Class	License Number	Day(s) Shift(s) Worked
	Will Fontaine	C	6813	3 Days per week
	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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-06

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Date	Time	Flow (gpm)	Flow (MGD)	Concentrations of Disinfectant Residuals (mg/L)										Total Disinfectant Residual (mg/L)	Notes
				Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)		
	X	24 hrs	10,970		1.5									1.2	
		24 hrs	13,520												
		24 hrs	13,520												
	X	24 hrs	13,520		1.5									1.2	
	X	24 hrs	24,570		1.4									1.2	
	X	24 hrs	13,650		1.4									1.1	
	X	24 hrs	12,480		1.4									1.1	
	X	24 hrs	11,700		1.3									1	
		24 hrs	13,000												
		24 hrs	13,000												
	X	24 hrs	13,000		0.8									0.6	
	X	24 hrs	17,160		1.3									1.1	
	X	24 hrs	8,580		1									0.9	
	X	24 hrs	13,650		1.5									1.3	
	X	24 hrs	14,820		1.4									1.3	
		24 hrs	17,160												
		24 hrs	17,160												
	X	24 hrs	17,160		1.5									1.2	
	X	24 hrs	16,380		1.4									1.3	
	X	24 hrs	10,530		1.4									1.3	
	X	24 hrs	10,920		1.4									1.3	
	X	24 hrs	14,430		1.5									1.4	
		24 hrs	14,690												
		24 hrs	14,690												
	X	24 hrs	14,690		1.5									1.4	
	X	24 hrs	11,310		1.5									1.4	
	X	24 hrs	13,650		1.5									1.3	
	X	24 hrs	10,920		1.5									1.4	
	X	24 hrs	9,750		1.5									1.4	
		24 hrs	12,350												
		24 hrs													
Total			412,930												
Average			13,764												
Maximum			24,570												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **October-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
	Name	License Class	License Number	Days (or Shifts) Worked
	Will Fontaine	C	6813	3 Days per week
	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

3351062

Plant Name: Ravenswood

October-06

X	Free Chlorine
---	---------------

	Chlorine Dioxide
--	------------------

☐ Ozone

☐ Combined Chlorine (Chloramines)☐ Other (Describe):

X	Free Chlorine
---	---------------

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	3 Days per week
Other Operators	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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:

November-06

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Date	Day Run Start Time	Hours of Operation	Net Quantity of Water Produced, gal	On Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable										Enter, if not Applicable
				Peak Flow Rate, gpd	Free Chlorine Concentration (C) Before or During Peak Flowing/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow minutes	Lowest Ct provided Before or at First Customer During Peak Flow mg-min/L	Temp of Water at C	Free Chlorine or Applicable	Minimum Ct Required mg-min/L	Operating Free Chlorine Conc. mg/L	Minimum Free Chlorine Required mg/L	Residual Concentration mg/L	
11/1	X	24 hrs	16,000		1.4								1.3	
11/2	X	24 hrs	7,100		1.3								1.2	
11/3	X	24 hrs	20,500		1.3								1	
11/4		24 hrs	14,630											
11/5		24 hrs	14,630											
11/6	X	24 hrs	14,630		1.2								1	
11/7	X	24 hrs	9,200		1.2								0.9	
11/8	X	24 hrs	9,500		1.1								0.9	
11/9	X	24 hrs	8,100		1.1								0.9	
11/10	X	24 hrs	10,200		1.1								0.9	
11/11		24 hrs	13,700											
11/12		24 hrs	13,800											
11/13	X	24 hrs	13,800		1.2								1.1	
11/14	X	24 hrs	13,000		1.3								1.1	
11/15	X	24 hrs	13,100		1.2								1.1	
11/16	X	24 hrs	9,500		1.2								1.0	
11/17	X	24 hrs	10,300		1.4								1.2	
11/18		24 hrs	13,300											
11/19		24 hrs	13,300											
11/20	X	24 hrs	13,300		1.4								1.3	
11/21	X	24 hrs	9,200		1.3								1.1	
11/22	X	24 hrs	14,500		1.6								1.3	
11/23	X	24 hrs	11,000		1.5								1.4	
11/24	X	24 hrs	13,200		1.5								1.4	
11/25		24 hrs	13,300											
11/26		24 hrs	13,300											
11/27	X	24 hrs	13,300		1.5								1.3	
11/28	X	24 hrs	8,800		1.5								1.1	
11/29	X	24 hrs	7,900		1.4								1.2	
11/30	X	24 hrs	7,800		1.4								1.3	
11/31		24 hrs												
Total			363,890											
Average			12,130											
Maximum			20,500											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-06**

A. Public Water System (PWS) Information


PWS Name:	Ravenswood	PWS Identification Number:	3351062
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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	City:	Leesburg
Contact Person's Telephone Number:	352/787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	352/787-6333

B. Water Treatment Plant Information

Plant Name:	Ravenswood	Plant Telephone Number:	(352) 787-0980	
Plant Address:	US Hwy 27	City:	Leesburg	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	56,160	Zip Code:	34748	
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	Days/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	3 Days per week
Chief Operator:	John Worrell	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

3351062

Plant Name: Ravenswood

December-06

X	Free Chlorine	<input type="checkbox"/>	Chlorine Dioxide	<input type="checkbox"/>	Ozone	<input type="checkbox"/>	Combined Chlorine (Chloramines)
---	---------------	--------------------------	------------------	--------------------------	-------	--------------------------	---------------------------------

☐ Other (Describe): _____

X	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide
---	---------------	--	---------------------------------	--	------------------

[illegible]

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

PWS ID: 3351062 Plant Name: Ravenswood

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

* 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.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

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

307 Coolidge Ave.
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 3460
FDOH # E84418

HBEL Report Number: 2130130 Sub-Contract Lab ID: _____

Analysis Method Requested:

☒ Colliert ☐ Membrane Filtration PWS ID: 3351062

System Name: 6561 RAVENSWOOD (AUF-LAKE CO.)

System Address: 4001 MAGNOLIA

City: LEESBURG System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: [Signature] Collector's Phone #: [Signature]

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12/6/07 Date/Time: 12/6/07 Date/Time: 12/6/07 12:15

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

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

Sample Collection Date(s): 12/6/07

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
<u>W1</u>	<u>Water</u>	<u>8:35</u>	<u>R</u>	<u>-</u>	<u>-</u>
<u>R1</u>	<u>4004 Palm Dr.</u>	<u>8:15A</u>	<u>D</u>	<u>1.0</u>	<u>-</u>
<u>R2</u>	<u>3728 Palm Dr</u>	<u>8:25A</u>	<u>D</u>	<u>0.9</u>	<u>-</u>

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

0.95

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other
Person performing analysis is: ☒ A certified operator (# C-6595) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

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

ATTN: PATRICK FARRIS



Page 1 of 1

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Lab Receipt Date and Time: 12/6/07 12:15

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria: ☒ On Ice ☐ Not On Ice 38°C

Sample Preservation ☒ Not Detected ☐ >0.1 mg/l

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colliert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Colliert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	Lab Sample Number
<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>2130130 00</u>
<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>1 00</u>
<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>2130130 00</u>

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid Analyst: [Signature]

Report authorized by: [Signature] Technical Director or Designee

Date: 12/9/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

1 DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)

2 Defined in Florida Administrative Code Rule 62-160

04313 MAY 22 08
FPSC-COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

100 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 15, 2007

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

Client: Aqua Utilities 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
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: 3/15/07



Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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)

Number	Sample ID	Analytical Method	Description
--------	-----------	-------------------	-------------

Quality Control Summary

Method	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

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/15/07

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2128069]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 DW NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Prep Batch	Prepared Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128069001						Sampled: 03/07/07 8:40				
Sample ID: Point of Entry Grab						Received: 03/07/07 13:00				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC7145		03/8/07 11:54	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7145		03/8/07 11:54	JL	E96080

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

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: 3/15/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: 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
Received: 10/17/06 13:31

[2127098]

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



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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)

Number	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.

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 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	Analyst	Lab ID
Laboratory ID: 2127098001						Sampled: 10/17/06 10:25		Received: 10/17/06 13:31		
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15263		10/17/06 13:45	PA	E83509
pH	Q	7.80	SU	0.200	EPA 150.1	WCGE26459		10/18/06 18:13	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8196		11/7/06 15:32	DM	E96080
Barium		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	META8196		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
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 17:26	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 19:16	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	JL	E96080
Fluoride		0.070	mg/L	0.011	EPA 300.0	IC6985		10/18/06 15:06	JL	E96080
Nitrate as N		0.011	mg/L	0.0030	EPA 300.0	IC6985		10/18/06 15:06	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6985		10/18/06 15:06	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	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 21:16	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	JL	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 (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4814	10/23/06 13:33	10/23/06 23:10	JL	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	JL	E96080
Methoxychlor		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	JL	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	11/3/06 21:06	JL	E96080
Ichloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 21:06	JL	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 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: 11/8/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

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 U	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-Dichlorobenzene		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	WR	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 U	ug/L	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 U	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 2:39	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 U	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 U	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
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Simazine		0.67 U	ug/L	0.67	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 6:19	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 19:17	JJM	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	HPLC2344		10/23/06 14:42	JJM	E96080
Endothal		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	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1035		11/7/06 17:10	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26453		10/18/06 15:20	TCL	E96080
Total Dissolved Solids		170	mg/L	16	SM2540 C	WCGE26470		10/19/06 22:00	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26500	10/20/06 12:00	10/23/06 11:25	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26461	10/18/06 14:30	10/19/06 9:09	GG	E96080

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/9/06



Page 4 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127098]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 8561 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127098002					Sampled:		Received: 10/17/06 13:31			
Sample ID: TRIP BLANK					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
1,1,2-Trichloroethane	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-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
1,2-Dichlorobenzene	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	0.40 U	ug/L	0.40	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
1,4-Dichlorobenzene	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 tetrachloride	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	10/25/06 3:12	WR	E96080		
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
Ethylbenzene	0.21 U	ug/L	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		
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2715	10/25/06 3:12	WR	E96080		
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2715	10/25/06 3:12	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.

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

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

307 Coolidge Avenue
Lakeland, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 11/9/06

Page 5 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax: (772) 467-584

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
Received: 9/14/06 13:30

[2126802]

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: 10/9/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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)

Number	Sample ID	Analytical Method	Description
--------	-----------	-------------------	-------------

Quality Control Summary

Method	HBEL Batch	Analyte
--------	------------	---------

Analytical Issue

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/9/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-584

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: 2126802001					Sampled: 09/13/06 9:55		Received: 09/14/06 13:30			
Sample ID: 3801 Palm Dr MRT Loc. Grab					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		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
Dibromochloromethane		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.

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: 10/9/06

Page 3 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: 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
Received: 3/16/06 13:45

[2125116]


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

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ravenswood 6561 NO2/NO3
Received: 3/16/06 13:45

[2125116]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

<u>Analytical Issue</u>

EPA 300.0

IC6725

2125116001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2125116001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2125116001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2125116001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

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

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.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 225 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2125116]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ravenswood 6561 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125116001					Sampled: 03/15/06 15:30		Received: 03/16/06 13:45			
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		0.0043	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 13:47	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 13:47	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.

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





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

<u>Lake County - PW</u>	<u>PWS ID Number</u>
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, 62-555, 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 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,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo

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

DOCUMENT NUMBER - DATE

04313 MAY 22 80

FPSC-COMMISSION CLERK

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, Leesburg, FL 34748 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Patrick Farris Title Environmental Compliance Specialist Phone (352) 435-4029
This Survey Date 10/24/07 Last Survey Date 10/26/04 Last Compliance Inspection Date 10/30/02

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 56,160 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Disinfection

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 46
Population Served 161 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Will Fontaine C-6813 Lead/Chief Operator

See MORs for complete list of operators

Hrs/day: Required _____ Visit _____ Actual _____ Visit _____

Days/wk: Required 3 Actual 5

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Average Day (from MORs) 11,827 gpd

Maximum Day (from MORs) 28,300 gpd 05/07

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Neptune

Date Last Calibrated 03/22/05

RAW WATER SOURCE

☒ GROUND; Number of Wells 1

☐ PURCHASED from PWS ID # _____

☐ Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source MPSG20 (propane)

Capacity of Standby (kW) 20

Switchover: ☒ Automatic ☐ Manual

Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

☒ Well Pumps _____

☐ High Service Pumps _____

☒ Treatment Equipment _____

Satisfy avg. daily demand? ☒ Yes ☐ No ☐ Unknown

Audio-visual alarm? ☒ Yes ☐ No

Comments _____

PLANS AND MAPS

Coliform Sampling Plan ☒ Yes ☐ No ☐ N/A

D/DBP Monitoring Plan ☒ Yes ☐ No ☐ N/A

Lead and Copper Plan ☒ Yes ☐ No ☐ N/A

Distribution System Map ☒ Yes ☐ No ☐ N/A

Emergency Response Plan ☒ Yes ☐ No ☐ N/A

Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual ☒ Yes ☐ No

Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Isolation Valve Exercise ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Comments _____

CROSS CONNECTION CONTROL

BFPAs N/A # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Inadequate Date Updated 08/07

Comments Section 11- Implementation Schedule not provided in written plan.

PWS ID # 3351062
 Date 10/24/07

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAH6667)			
Year Drilled	1966			
Depth Drilled	104'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	84'			
Diameter (outside casing)	6"			
Material (outside casing)	Black iron			
Well Contamination History	Unknown			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	> 100'		
	Reuse Water	N/A		
	WW Plumbing	> 100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Franklin		
	Model Number	2821139310		
	Rated Capacity (gpm)	65		
	Motor Horsepower	5		
Well casing 12" above grade?	No			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS The Department will continue to accept the well casing upper terminus, as it currently exists, unless the well is shown to be microbially or chemically contaminated.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 5 gpd
Chlorine Feed Rate 50%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.33 Remote 1.47
Remote tap location 3728 Palm Drive
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments _____

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

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Visible Algae Growth _____
Protective Screen Condition _____
Frequency of Cleaning _____
Date Last Inspected/Cleaned _____
Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Effluent piping		
Date of Inspection	12/2004		
Date of Cleaning	12/2004		

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

DEFICIENCIES:

1. **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.]


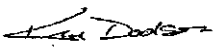
COMMENTS/REMINDERS:

- 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  Title Env. Specialist I Date 11/09/07
Approved by  Title Environmental Manager Date 11/27/07



Aqua Utilities Florida, 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@aquaaamerica.com. Thank you.

Sincerely,

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

1. General Information for the Month/Year of:	January, 2007
---	---------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1134		Total Population Served at End of Month: 3,402	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

[illegible]

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

C-6813
License Number

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

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

CT Calculations on UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal./d.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mJY-sec/cm ²	Minimum UV Dose Required, mJY-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	820,000		1.5								1.3	
2	X	24.0	580,000		1.5								1.2	
3	X	24.0	820,000		1.6								1.4	
4	X	24.0	1,110,000		1.6								1.5	
5	X	24.0	600,000		1.5								1.3	
6	X	24.0	860,000		1.5									
7		24.0	720,000											
8	X	24.0	720,000		1.6								1.4	
9	X	24.0	430,000		1.6								1.4	
10	X	24.0	800,000		1.6								1.5	
11	X	24.0	930,000		1.6								1.5	
12	X	24.0	510,000		1.5								1.3	
13	X	24.0	990,000		1.5									
14		24.0	860,000											
15	X	24.0	860,000		1.5								1.3	
16	X	24.0	530,000		1.5								1.3	
17	X	24.0	860,000		1.5								1.3	
18	X	24.0	1,010,000		1.6								1.5	
19	X	24.0	620,000		1.5								1.4	
20	X	24.0	970,000		1.5									
21		24.0	880,000											
22	X	24.0	880,000		1.6								1.4	
23	X	24.0	530,000		1.6								1.4	
24	X	24.0	750,000		1.6								1.4	
25	X	24.0	850,000		1.5								1.3	
26	X	24.0	410,000		1.5								1.2	
27	X	24.0	840,000		1.6									
28		24.0	710,000											
29	X	24.0	710,000		1.5								1.2	
30	X	24.0	460,000		1.6								1.3	
31	X	24.0	810,000		1.6								1.4	
Total			23,430,000											
Average			755,806											
Maximum			1,110,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

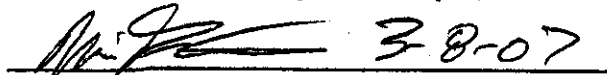
PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	1134			Total Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V				
Licensed Operators	Name		License Class	License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator:	Will Fontaine		C	6813	Day(s) / Shift(s) Worked
Other Operators:	Marty Neal		C	10027	Days 1st Shift
	John Worrell		C	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.


Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	940,000		1.6								1.4		
2	X	24.0	470,000		1.5								1.3		
3	X	24.0	600,000		1.5										
4		24.0	620,000												
5	X	24.0	620,000		1.5								1.2		
6	X	24.0	400,000		1.5								1.2		
7	X	24.0	830,000		1.5								1.4		
8	X	24.0	820,000		1.5								1.3		
9	X	24.0	610,000		1.6								1.4		
10	X	24.0	910,000		1.6										
11		24.0	850,000												
12	X	24.0	850,000		1.6								1.4		
13	X	24.0	450,000		1.6								1.4		
14	X	24.0	600,000		1.5								1.3		
15	X	24.0	810,000		1.5								1.3		
16	X	24.0	500,000		1.6								1.4		
17		24.0	750,000												
18	X	24.0	750,000		1.5										
19	X	24.0	350,000		1.5								1.2		
20	X	24.0	900,000		1.6								1.3		
21	X	24.0	1,040,000		1.5								1.3		
22	X	24.0	1,120,000		1.6								1.5		
23	X	24.0	670,000		1.6								1.4		
24	X	24.0	960,000		1.5										
25		24.0	975,000												
26	X	24.0	975,000		1.5								1.3		
27	X	24.0	600,000		1.5								1.2		
28	X	24.0	1,160,000		1.6								1.4		
29		24.0													
30		24.0													
31		24.0													
Total			21,130,000												
Average			681,613												
Maximum			1,160,000												

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

I. General Information for the Month/Year of:	March, 2007
---	-------------

PWS Name: Silver Lakes Estates			PWS Identification Number: 3351182		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 1134			Total Population Served at End of Month: 3,402		
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com					

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	1,270,000		1.6									1.4	
2	X	24.0	670,000		1.5									1.4	
3		24.0	725,000												
4	X	24.0	725,000		1.5										
5	X	24.0	640,000		1.6									1.4	
6	X	24.0	540,000		1.5									1.3	
7	X	24.0	980,000		1.6									1.5	
8	X	24.0	1,140,000		1.5									1.4	
9	X	24.0	730,000		1.5									1.2	
10		24.0	1,165,000												
11	X	24.0	1,165,000		1.5										
12	X	24.0	940,000		1.5									1.2	
13	X	24.0	600,000		1.5									1.3	
14	X	24.0	910,000		1.5									1.2	
15	X	24.0	1,450,000		1.5									1.2	
16	X	24.0	650,000		1.5									1.3	
17	X	24.0	820,000		1.7										
18		24.0	920,000												
19	X	24.0	920,000		1.5									1.3	
20	X	24.0	600,000		1.6									1.4	
21	X	24.0	1,130,000		1.6									1.4	
22	X	24.0	1,290,000		1.5									1.4	
23	X	24.0	740,000		1.5									1.2	
24	X	24.0	1,170,000		1.5										
25		24.0	1,270,000												
26	X	24.0	1,270,000		1.5									1.2	
27	X	24.0	680,000		1.5									1.1	
28	X	24.0	1,290,000		1.6									1.4	
29	X	24.0	1,340,000		1.5									1.4	
30	X	24.0	1,000,000		1.6									1.5	
31	X	24.0	1,340,000		1.5										
Total			30,080,000												
Average			970,323												
Maximum			1,450,000												

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

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

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

Signature and Date 5-4-07

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
		24.0	1,080,000											
2	X	24.0	1,080,000		1.5								1.3	
3	X	24.0	760,000		1.5								1.3	
4	X	24.0	1,390,000		1.5								1.3	
5	X	24.0	1,440,000		1.5								1.4	
6	X	24.0	880,000		1.3								1.3	
7	X	24.0	1,260,000		1.4									
8		24.0	1,190,000											
9	X	24.0	1,190,000		1.5								1.3	
10	X	24.0	490,000		1.5								1.2	
11	X	24.0	700,000		1.5								1.3	
12	X	24.0	970,000		1.5								1.3	
13	X	24.0	560,000		1.5								1.3	
14	X	24.0	1,100,000		1.6									
15		24.0	850,000											
16	X	24.0	850,000		1.6								1.3	
17	X	24.0	530,000		1.6								1.3	
18	X	24.0	1,070,000		1.6								1.4	
19	X	24.0	1,120,000		1.6								1.5	
20	X	24.0	680,000		1.5								1.3	
21	X	24.0	1,150,000		1.6									
22		24.0	1,150,000											
23	X	24.0	1,150,000		1.6								1.4	
24	X	24.0	740,000		1.6								1.3	
25	X	24.0	1,300,000		1.6								1.5	
26	X	24.0	1,500,000		1.6								1.5	
27	X	24.0	940,000		1.6								1.5	
28	X	24.0	1,360,000		1.5									
29		24.0	1,340,000											
30	X	24.0	1,340,000		1.6								1.5	
31		24.0												
			31,160,000											
			1,005,161											
			1,500,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	1143			Total Population Served at End of Month:	4,001
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 6-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	830,000		1.5								1.4		
2	X	24.0	1,420,000		0.6								1.4		
3	X	24.0	1,670,000		1.5								1.3		
4	X	24.0	960,000		1.0								0.9		
5	X	24.0	1,470,000		1.6										
6		24.0	1,300,000												
7	X	24.0	1,300,000		1.6								1.5		
8	X	24.0	860,000		1.6								1.5		
9	X	24.0	1,430,000		1.6								1.5		
10	X	24.0	1,440,000		1.6								1.6		
11	X	24.0	940,000		1.6								1.4		
12	X	24.0	1,480,000		1.5										
13		24.0	1,190,000												
14	X	24.0	1,190,000		1.6								1.5		
15	X	24.0	600,000		1.6								1.5		
16	X	24.0	1,400,000		1.6								1.5		
17	X	24.0	1,650,000		1.5								1.5		
18	X	24.0	820,000		1.6								1.5		
19	X	24.0	1,130,000		1.5										
20		24.0	1,330,000												
21	X	24.0	1,330,000		1.5								1.4		
22	X	24.0	690,000		1.6								1.4		
23	X	24.0	1,470,000		1.6								1.5		
24	X	24.0	1,540,000		1.8								1.6		
25	X	24.0	730,000		1.5								1.2		
26	X	24.0	1,200,000		1.6										
27		24.0	1,340,000												
28	X	24.0	1,340,000		1.6								1.5		
29	X	24.0	950,000		1.6								1.5		
30	X	24.0	1,430,000		1.6								1.5		
31	X	24.0	1,660,000		1.6								1.5		
Total			38,090,000												
Average			1,228,710												
Maximum			1,670,000												

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

1. General Information for the Month/Year of:	June, 2007
---	------------

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182				
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month:	1143			Total Population Served at End of Month:	4,001				
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager				
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333				
Contact Person's E-Mail Address:	beheath@aquaaamerica.com								

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	820,000		1.6								1.4		
2	X	24.0	830,000		1.7										
3		24.0	840,000												
4	X	24.0	840,000		1.5								1.4		
5	X	24.0	680,000		1.5								1.4		
6	X	24.0	1,270,000		1.6								1.4		
7	X	24.0	900,000		1.6								1.4		
8	X	24.0	630,000		1.5								1.5		
9	X	24.0	1,120,000		1.5										
10		24.0	1,080,000												
11	X	24.0	1,080,000		1.5								1.5		
12	X	24.0	580,000		1.6								1.4		
13	X	24.0	1,140,000		1.6								1.4		
14	X	24.0	1,040,000		1.6								1.2		
15	X	24.0	680,000		1.6								1.5		
16		24.0	1,320,000												
17	X	24.0	1,320,000		1.1										
18	X	24.0	1,070,000		1.6								1.5		
19	X	24.0	620,000		1.7								1.5		
20	X	24.0	880,000		1.6								1.4		
21	X	24.0	1,090,000		1.5								1.4		
22	X	24.0	780,000		1.4								1.2		
23	X	24.0	1,140,000		1.5										
24		24.0	1,270,000												
25	X	24.0	1,270,000		1.5								1.2		
26	X	24.0	560,000		1.5								1.2		
27	X	24.0	1,350,000		1.5								1.5		
28	X	24.0	1,520,000		1.7								1.5		
29	X	24.0	670,000		1.6								1.5		
30	X	24.0	1,120,000		1.6										
31		24.0													
Total			29,510,000												
Average			951,935												
Maximum			1,520,000												

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

1. General Information for the Month/Year of:	July, 2007
---	------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Entry Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Disinfection Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm		
		24.0	1,000,000											
	X	24.0	1,000,000		1.6							1.5		
	X	24.0	530,000		1.6							1.5		
	X	24.0	760,000		1.6							1.5		
	X	24.0	1,040,000		1.6							1.4		
	X	24.0	610,000		1.7							1.5		
	X	24.0	900,000		1.7									
		24.0	1,015,000											
	X	24.0	1,015,000		1.6							1.5		
10	X	24.0	740,000		1.5							1.4		
11	X	24.0	1,250,000		1.7							1.4		
12	X	24.0	1,440,000		1.7							1.3		
13	X	24.0	700,000		1.5							1.2		
14	X	24.0	1,000,000		1.5									
15		24.0	870,000											
16	X	24.0	870,000		1.5							1.4		
17	X	24.0	570,000		1.5							1.4		
18	X	24.0	890,000		1.5							1.5		
19	X	24.0	1,170,000		1.6							1.5		
20	X	24.0	560,000		1.6							1.4		
21	X	24.0	810,000		1.5									
22		24.0	690,000											
23	X	24.0	690,000		1.5							1.4		
24	X	24.0	440,000		1.5							1.4		
25	X	24.0	900,000		1.5							1.3		
26	X	24.0	940,000		1.5							1.3		
27	X	24.0	540,000		1.5							1.4		
28	X	24.0	890,000		1.6									
29		24.0	700,000											
30	X	24.0	700,000		1.6							1.5		
31	X	24.0	460,000		1.6							1.5		
Total			25,690,000											
Average			828,710											
Maximum			1,440,000											

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

1. General Information for the Month/Year of:	August, 2007
---	--------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	780,000		1.5								1.5		
2	X	24.0	680,000		1.6								1.5		
3	X	24.0	430,000		1.6								1.4		
4		24.0	880,000												
5	X	24.0	880,000		1.8										
6	X	24.0	930,000		1.6								1.5		
7	X	24.0	590,000		1.5								1.3		
8	X	24.0	1,180,000		1.6								1.5		
9	X	24.0	1,280,000		1.5								1.5		
10	X	24.0	790,000		1.6								1.7		
11	X	24.0	1,100,000		1.0										
12		24.0	830,000												
13	X	24.0	830,000		1.5								1.2		
14	X	24.0	520,000		1.7								1.6		
15	X	24.0	1,150,000		1.7								1.6		
16	X	24.0	1,300,000		1.7								1.3		
17	X	24.0	790,000		1.7								1.3		
18	X	24.0	1,120,000		1.9										
19		24.0	1,240,000												
20	X	24.0	1,240,000		1.5								1.4		
21	X	24.0	700,000		1.6								1.5		
22	X	24.0	1,440,000		1.6								1.4		
23	X	24.0	1,530,000		1.6								1.6		
24	X	24.0	890,000		1.6								1.5		
25	X	24.0	980,000		1.5										
26		24.0	895,000												
27	X	24.0	895,000		1.6								1.5		
28	X	24.0	620,000		1.5								1.5		
29	X	24.0	1,090,000		1.6								1.4		
30	X	24.0	1,480,000		1.2								1.2		
31	X	24.0	930,000		1.6								1.5		
Total			29,990,000												
Average			967,419												
Maximum			1,530,000												

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

I. General Information for the Month/Year of:	September, 2007
---	-----------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 335182 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)
☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	1,160,000		1.5										
2		24.0	1,135,000												
3	X	24.0	1,135,000		1.6								1.5		
4	X	24.0	830,000		1.5								1.5		
5	X	24.0	1,390,000		1.7								1.6		
6	X	24.0	1,510,000		1.6								1.6		
7	X	24.0	980,000		1.7								1.6		
8	X	24.0	1,320,000		1.7										
9		24.0	1,200,000												
10	X	24.0	1,200,000		1.6								1.5		
11	X	24.0	430,000		1.5								1.5		
12	X	24.0	950,000		1.6								1.4		
13	X	24.0	1,160,000		1.5								1.3		
14	X	24.0	740,000		1.6								1.6		
15	X	24.0	1,020,000		1.5										
16		24.0	1,150,000												
17	X	24.0	1,150,000		1.5								1.5		
18	X	24.0	610,000		1.4								1.4		
19	X	24.0	980,000		1.6								1.4		
20	X	24.0	720,000		1.6								1.5		
21	X	24.0	490,000		1.5								1.5		
22	X	24.0	710,000		1.5										
23		24.0	735,000												
24	X	24.0	735,000		1.6								1.4		
25	X	24.0	430,000		1.5								1.3		
26	X	24.0	1,020,000		1.6								1.4		
27	X	24.0	930,000		1.5								1.4		
28	X	24.0	660,000		1.5								1.2		
29	X	24.0	1,070,000		1.5										
30		24.0	980,000												
31		24.0													
Total			28,530,000												
Average			920,323												
Maximum			1,510,000												

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

I. General Information for the Month/Year of:		October, 2007
--	--	----------------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

Plant Name:		Silver Lakes Estates		Plant Telephone Number:		352-787-0980	
Plant Address:				City:		State:	
10438 Barrington Court				Leesburg		Florida	
				Zip Code:		34788	
Type of Water Treatment by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				2,202,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):				Plant Class (per subsection 62-699.310(4), F.A.C.):			
Y				C			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift			
Other Operators:	Marty Neal	C	10027	Days 1st Shift			
	John Worrell	C	6597	Days 1st Shift			

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (mg/L) Before or After Customer Service Peak Flow, mg/L	Disinfectant Concentration (mg/L) Measurement Point During Peak Flow, mg/L	Flow Rate (mgd/L)	Flow Rate (mgd/L)	Temperature of Water, °C	pH of Water, if Applicable	Minimum Chlorine Residual (mg/L)	Minimum Chlorine Residual (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24.0	990,000		1.5							1.4	
2	X	24.0	440,000		1.6							1.4	
3	X	24.0	810,000		1.6							1.2	
4	X	24.0	820,000		1.5							1.4	
5	X	24.0	530,000		1.6							1.4	
6	X	24.0	580,000		1.5								
7		24.0	650,000										
8	X	24.0	650,000		1.6							1.4	
9	X	24.0	450,000		1.5							1.3	
10	X	24.0	970,000		1.6							1.1	
11	X	24.0	1,020,000		1.5							1.4	
12	X	24.0	650,000		1.5							1.3	
13	X	24.0	1,300,000		1.5								
14		24.0	1,025,000										
15	X	24.0	1,025,000		1.5							1.1	
16	X	24.0	480,000		1.5							1.3	
17	X	24.0	1,250,000		1.6							1.2	
18	X	24.0	1,110,000		1.5							1.2	
19	X	24.0	820,000		1.5							1.2	
20	X	24.0	710,000		1.5								
21		24.0	770,000										
22	X	24.0	770,000		1.7							1.3	
23	X	24.0	400,000		1.7							1.2	
24	X	24.0	890,000		1.5							1.1	
25	X	24.0	830,000		1.5							1.2	
26	X	24.0	580,000		1.6							1.1	
27	X	24.0	870,000		1.5								
28		24.0	755,000										
29	X	24.0	755,000		1.7							1.3	
30	X	24.0	410,000		1.7							1.2	
31	X	24.0	850,000		1.5							1.2	
Total			24,160,000										
Average			779,355										
Maximum			1,300,000										

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

1. General Information for the Month/Year of:	November, 2007
---	----------------

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1143		Total Population Served at End of Month: 4,001	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Time since last abnormal operation involving drinking water system components, or time since last abnormal operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
11/1	X	24.0	750,000		1.7								1.2		
11/2	X	24.0	410,000		1.5								1.1		
11/3	X	24.0	790,000		1.5										
11/4		24.0	885,000												
11/5	X	24.0	885,000		1.5								1.1		
11/6	X	24.0	380,000		1.5								1.1		
11/7	X	24.0	940,000		1.4								1.0		
11/8	X	24.0	1,250,000		1.5								1.1		
11/9	X	24.0	550,000		1.5								1.2		
11/10		24.0	1,110,000												
11/11	X	24.0	1,110,000		1.6										
11/12	X	24.0	720,000		1.7								1.3		
11/13	X	24.0	480,000		1.7								1.2		
11/14	X	24.0	1,030,000		1.6								1.2		
11/15	X	24.0	1,200,000		1.4								1.2		
11/16	X	24.0	600,000		1.5								1.1		
11/17	X	24.0	1,000,000		1.7										
11/18		24.0	980,000												
11/19	X	24.0	980,000		1.4								1.1		
11/20	X	24.0	620,000		1.5								1.1		
11/21	X	24.0	1,170,000		1.4								1.0		
11/22	X	24.0	1,070,000		1.4								1.1		
11/23	X	24.0	550,000		1.4								1.1		
11/24	X	24.0	1,030,000		1.5										
11/25		24.0	950,000												
11/26	X	24.0	950,000		1.5								1.2		
11/27	X	24.0	540,000		1.4								1.1		
11/28	X	24.0	1,200,000		1.4								1.1		
11/29	X	24.0	1,040,000		1.3								1.0		
11/30	X	24.0	680,000		1.4								1.1		
11/31		24.0													
			25,850,000												
			833,871												
			1,250,000												

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

See Pages 4 for Instructions.

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

1-9-08
Signature and Date

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	1,020,000	1.4											
2		24.0	1,010,000												
3	X	24.0	1,010,000	1.4									1.0		
4	X	24.0	550,000	1.9									1.5		
5	X	24.0	900,000	1.4									1.1		
6	X	24.0	1,230,000	1.4									1.1		
7	X	24.0	650,000	1.4									1.0		
8	X	24.0	1,080,000	1.5											
9		24.0	965,000												
10	X	24.0	965,000	1.5									1.1		
11	X	24.0	580,000	1.5									1.1		
12	X	24.0	1,100,000	1.5									1.1		
13	X	24.0	1,000,000	1.7									1.2		
14	X	24.0	800,000	1.5									1.2		
15	X	24.0	1,010,000	1.6											
16		24.0	720,000												
17	X	24.0	720,000	1.7									1.3		
18	X	24.0	370,000	1.7									1.3		
19	X	24.0	890,000	1.6									1.2		
20	X	24.0	950,000	1.6									1.2		
21	X	24.0	610,000	1.5									1.2		
22	X	24.0	820,000	1.5											
23		24.0	750,000												
24	X	24.0	750,000	1.5									1.1		
25		24.0	660,000												
26	X	24.0	660,000	1.4									1.0		
27	X	24.0	1,160,000	1.4									1.0		
28	X	24.0	460,000	1.4									1.2		
29	X	24.0	1,000,000	1.5											
30		24.0	835,000												
31	X	24.0	835,000	1.5									1.1		
Total			26,060,000												
Average			840,645												
Maximum			1,230,000												

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

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

PWS ID: 3351182 Plant Name: Silver Lakes Estates

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

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

Polymer Dose ppm = Acrylamide Level, %¹ =

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

Polymer Dose ppm = Epichlorohydrin Level, %¹ =

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

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* 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.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	1134			Total Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Silver Lakes Estates			Plant Telephone Number:	352-787-0980
Plant Address:	10438 Barrington Court			City:	Leesburg State: Florida Zip Code: 34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Signature and Date: Will Fontaine 2-6-06
 Printed or Typed Name: Will Fontaine
 License Number: C-6813

04313 MAY 22 8

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

PWS Identificaiton Number: 3351182				Plant Name: Silver Lakes Estates											
III. Daily Data for the Month/Year of: January, 2006															
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	725,000												
2	X	24.0	725,000		1.5									1.2	
3	X	24.0	570,000		1.5									1.2	
4	X	24.0	770,000		1.6									1.4	
5	X	24.0	890,000		1.6									1.4	
6	X	24.0	450,000		1.6									1.3	
7	X	24.0	730,000		1.6										
8		24.0	595,000												
9	X	24.0	595,000		1.5									1.2	
10	X	24.0	630,000		1.5									1.2	
11	X	24.0	940,000		1.6									1.3	
12	X	24.0	840,000		1.5									1.4	
13	X	24.0	600,000		1.6									1.4	
14	X	24.0	860,000		1.5										
15		24.0	765,000												
16	X	24.0	765,000		1.6									1.4	
17	X	24.0	510,000		1.6									1.3	
18	X	24.0	790,000		1.6									1.4	
19	X	24.0	880,000		1.6									1.4	
20	X	24.0	610,000		1.6									1.3	
21	X	24.0	890,000		1.5										
22		24.0	820,000												
23	X	24.0	820,000		1.5									1.4	
24	X	24.0	510,000		1.6									1.4	
25	X	24.0	910,000		1.5									1.4	
26	X	24.0	1,110,000		1.5									1.4	
27	X	24.0	530,000		1.6									1.4	
28	X	24.0	850,000		1.5										
29		24.0	865,000												
30	X	24.0	865,000		1.5									1.3	
31	X	24.0	330,000		1.5									1.3	
Total			22,740,000												
Average			733,548												
Maximum			1,110,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	1134			Total Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Silver Lakes Estates			Plant Telephone Number:	352-787-0980
Plant Address:	10438 Barrington Court			City:	Leesburg State: Florida Zip Code: 34748
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked	
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	
Other Operator	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identificaiton Number:

3351182.

Plant Name:

Silver Lakes Estates

III. Daily Data for the Month/Year of:

February, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:

☒ Free Chlorine

Chlorine Dioxide

Ozone

☐ Combined Chlorine (Chloramines)

Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Silver Lakes Estates</u>		PWS Identification Number: <u>3351182</u>	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>1134</u>		Total Population Served at End of Month: <u>3,402</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Silver Lakes Estates</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>10438 Barrington Court</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34748</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>2,202,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>
Other Operators	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 4-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number:		3351182		Plant Name:		Silver Lakes Estates						
III. Daily Data for the Month/Year of:				March, 2006								
Means of Achieving Four-Log Virus Inactivation/Removal:												
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)												
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System:												
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide												
Day of the Month	Disinfectant Residual (mg/L)	Flow (MGD)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Calculations of Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				Minimum Residual (mg/L)	Maximum Residual (mg/L)	Average Residual (mg/L)	Notes
					Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)				
1	X	24.0	1,070,000	1.6								
2	X	24.0	1,180,000	1.6								
3	X	24.0	620,000	1.5								
4	X	24.0	1,180,000	1.5								
5		24.0	1,000,000									
6	X	24.0	1,000,000	1.5								
7	X	24.0	560,000	1.5								
8	X	24.0	1,140,000	1.5								
9	X	24.0	1,220,000	1.6								
10	X	24.0	700,000	1.7								
11	X	24.0	1,160,000	1.5								
12		24.0	1,185,000									
13	X	24.0	1,185,000	1.5								
14	X	24.0	700,000	1.5								
15	X	24.0	1,190,000	1.5								
16	X	24.0	1,350,000	1.5								
17	X	24.0	770,000	1.5								
18	X	24.0	1,260,000	1.5								
19		24.0	1,360,000									
20	X	24.0	1,360,000	1.5								
21	X	24.0	750,000	1.5								
22	X	24.0	1,300,000	1.5								
23	X	24.0	1,420,000	1.5								
24	X	24.0	720,000	1.5								
25	X	24.0	1,285,000									
26	X	24.0	1,285,000	1.5								
27	X	24.0	900,000	1.5								
28	X	24.0	630,000	1.5								
29	X	24.0	1,350,000	1.5								
30	X	24.0	1,610,000	1.5								
31	X	24.0	840,000	1.5								
Total			33,280,000									
Average			1,073,548									
Maximum			1,610,000									

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

I. General Information for the Month/Year of:

April 2006

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	1184			Total Population Served at End of Month:	3,402	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com					

[illegible]

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

III. Daily Data for the Month/Year of: April, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Calculation of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable																
Day of Month	Day of Week	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
	X	24.0	1,400,000													
		24.0	1,280,000													
	X	24.0	1,280,000													
	X	24.0	740,000													
	X	24.0	1,450,000													
	X	24.0	1,510,000													
	X	24.0	1,050,000													
	X	24.0	1,410,000													
		24.0	1,020,000													
	X	24.0	1,020,000													
	X	24.0	740,000													
	X	24.0	1,570,000													
	X	24.0	1,520,000													
	X	24.0	740,000													
	X	24.0	1,480,000													
	X	24.0	1,300,000													
	X	24.0	1,300,000													
	X	24.0	760,000													
	X	24.0	1,220,000													
	X	24.0	1,520,000													
	X	24.0	910,000													
	X	24.0	880,000													
	X	24.0	1,100,000													
	X	24.0	1,100,000													
	X	24.0	660,000													
	X	24.0	1,370,000													
	X	24.0	1,460,000													
	X	24.0	950,000													
	X	24.0	1,390,000													
		24.0	1,330,000													
		24.0														
			35,160,000													
			1,134,194													
			1,570,000													

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

I. General Information for the Month/Year of:

May, 2006

PWS Name: Silver Lakes Estates			PWS Identification Number: 3351182		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 1134			Total Population Served at End of Month: 3,402		
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333			
Contact Person's E-Mail Address: bheath@aquaaamerica.com					

[illegible]

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identificaiton Number:	3351182	Plant Name:	Silver Lakes Estates
----------------------------	---------	-------------	----------------------

III. Daily Data for the Month/Year of: May, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Project Name		Year	Amount	Category	Sub-category	Priority	Status	Comments
X	24.0	1,338,000						1.3
X	24.0	850,000						1.3
X	24.0	1,510,000						1.4
X	24.0	1,450,000						1.3
X	24.0	1,270,000						1.4
	24.0	1,620,000						
X	24.0	1,620,000						
X	24.0	1,260,000						1.4
X	24.0	800,000						1.4
X	24.0	1,240,000						1.4
X	24.0	1,470,000						1.5
X	24.0	490,000						1.3
X	24.0	1,130,000						
	24.0	1,140,000						
X	24.0	1,140,000						1.5
X	24.0	670,000						1.4
X	24.0	1,000,000						1.5
X	24.0	1,320,000						1.4
X	24.0	860,000						1.3
	24.0	1,505,000						
X	24.0	1,505,000						
X	24.0	1,180,000						1.5
X	24.0	710,000						1.4
X	24.0	1,400,000						1.3
X	24.0	1,580,000						1.2
X	24.0	1,000,000						1.2
X	24.0	1,350,000						
	24.0	1,335,000						
X	24.0	1,335,000						1.3
X	24.0	1,010,000						1.2
X	24.0	1,400,000						1.2
		37,480,000						
		1,209,032						
		1,620,000						

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information

PWS Name:	Silver Lakes Estates	PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	1134	Total Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

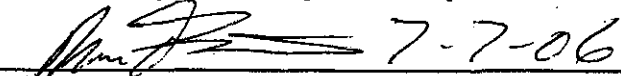
B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

 7-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182				Plant Name: Silver Lakes Estates										
III. Daily Data for the Month/Year of: June, 2006														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	1,890,000		1.5								1.4	
2	X	24.0	710,000		1.6								1.4	
3	X	24.0	1,180,000		1.5									
4		24.0	1,205,000											
5	X	24.0	1,205,000		1.5								1.3	
6	X	24.0	480,000		1.5								1.3	
7	X	24.0	1,670,000		1.5								1.3	
8	X	24.0	1,740,000		1.6								1.5	
9	X	24.0	1,040,000		1.4								1.3	
10	X	24.0	1,500,000		1.5									
11		24.0	1,200,000											
12	X	24.0	1,200,000		1.6								1.4	
13	X	24.0	370,000		1.6								1.2	
14	X	24.0	900,000		1.6								1.4	
15	X	24.0	1,240,000		1.5								1.4	
16	X	24.0	700,000		1.4								1.2	
17	X	24.0	1,260,000		1.5									
18		24.0	980,000											
19	X	24.0	980,000		1.6								1.5	
20	X	24.0	490,000		1.4								1.2	
21	X	24.0	1,090,000		1.2								1.1	
22	X	24.0	1,330,000		1.0								0.8	
23	X	24.0	760,000		1.6								1.3	
24	X	24.0	1,320,000		1.5									
25		24.0	660,000											
26	X	24.0	660,000		2.0								1.7	
27	X	24.0	480,000		1.9								1.6	
28	X	24.0	600,000		1.7								1.5	
29	X	24.0	930,000		1.8								1.6	
30	X	24.0	430,000		1.7								1.5	
31		24.0												
Total			30,200,000											
Average			974,194											
Maximum			1,890,000											

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

1. General Information for the Month/Year of:

July, 2006

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	1134			Total Population Served at End of Month:	3,402		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
				Zip Code:	34749		
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com						

[illegible]

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

Signature and Date

Will Fontaine

Printed or Typed Name

C-6813

License Number

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

PWS Identification Number:		3351182		Plant Name:		Silver Lakes Estates									
III. Daily Data for the Month/Year of:				July, 2006											
Means of Achieving Four-Log Virus Inactivation/Removal:															
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System:															
<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Month	Disinfectant Started on (Date)	Hours Maintained in Operation	Volume of Water Produced (gallons)	GUV Calculations for UV Doses to Demonstrate Four-Log Virus Inactivation, if Applicable										Notes	
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration Before or During Customer Peak Flow (mg/L)	Distance from Disinfection Point to First Customer (feet)	Distance from Disinfection Point to Last Customer (feet)	Flow Rate (gpm)	Flow Rate (mgd)	Water Temperature (°C)	pH at Water	Minimum GUV Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)		Minimum UV Dose Required (mW-sec/cm ²)
1	X	24.0	890,000		1.6										
2		24.0	850,000												
3	X	24.0	850,000		1.4								1.3		
4	X	24.0	480,000		1.4								1.2		
5	X	24.0	1,130,000		1.5								1.3		
6	X	24.0	1,140,000		1.2								1.5		
7	X	24.0	450,000		1.5								1.3		
8	X	24.0	800,000		1.5										
9		24.0	895,000												
10	X	24.0	895,000		1.7								1.4		
11	X	24.0	460,000		1.7								1.4		
12	X	24.0	1,010,000		1.6								1.5		
13	X	24.0	750,000		1.6								1.4		
14	X	24.0	550,000		1.5								1.3		
15	X	24.0	1,080,000		1.5										
16		24.0	1,080,000												
17	X	24.0	1,080,000		1.4								1.3		
18	X	24.0	560,000		1.4								1.2		
19	X	24.0	1,090,000		1.4								1.2		
20	X	24.0	1,470,000		1.5								1.4		
21	X	24.0	780,000		1.6								1.4		
22	X	24.0	1,080,000		1.5										
23		24.0	1,090,000												
24	X	24.0	1,090,000		1.5								1.3		
25	X	24.0	510,000		1.7								1.4		
26	X	24.0	1,040,000		1.4								1.3		
27	X	24.0	1,410,000		1.6								1.5		
28	X	24.0	720,000		1.7								1.5		
29	X	24.0	1,190,000		1.6										
30		24.0	1,175,000												
31	X	24.0	1,175,000		1.7								1.5		
Total			28,770,000												
Average			928,065												
Maximum			1,470,000												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Silver Lakes Estates			PWS Identification Number:	3351182
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	1134			Total Population Served at End of Month:	3,402
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Operator's Name	Name	License Class	License Number	Day(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		

II. Certification by Lead/Chief Operator

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3351182 Plant Name: Silver Lakes Estates

III. Daily Data for the Month/Year of: August, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Time of Day	Flow (MGD)	Flow (MGD)	Concentrations of Disinfectant Residuals (mg/L) at Various Points in Distribution System										Total Disinfectant Residual (mg/L)	Notes
				At Plant	At Distribution System Entry	At Distribution System Exit	At Water Treatment Plant	At Water Treatment Plant	At Water Treatment Plant	At Water Treatment Plant	At Water Treatment Plant	At Water Treatment Plant	At Water Treatment Plant		
X	24.0	650,000			1.7									1.5	
X	24.0	1,400,000			1.5									1.4	
X	24.0	1,750,000			1.7									1.6	
X	24.0	890,000			1.7									1.5	
X	24.0	1,170,000			1.7										
	24.0	995,000													
X	24.0	995,000			1.7									1.5	
X	24.0	570,000			1.8									1.5	
X	24.0	970,000			1.7									1.6	
X	24.0	1,300,000			1.5									1.4	
X	24.0	870,000			1.5									1.3	
X	24.0	1,320,000			1.6										
	24.0	1,075,000													
X	24.0	1,075,000			1.3									1.2	
X	24.0	560,000			1.5									1.1	
X	24.0	1,070,000			1.6									1.3	
X	24.0	1,260,000			1.5									1.3	
X	24.0	730,000			1.6									1.3	
X	24.0	920,000			1.5										
	24.0	960,000													
X	24.0	960,000			1.6									1.3	
X	24.0	590,000			1.5									1.3	
X	24.0	1,190,000			1.6									1.5	
X	24.0	1,360,000			1.6									1.5	
X	24.0	460,000			1.6									1.4	
X	24.0	660,000			1.5										
	24.0	700,000													
X	24.0	700,000			1.6									1.4	
X	24.0	410,000			1.5									1.3	
X	24.0	890,000			1.6									1.4	
X	24.0	780,000			1.5									1.3	
		29,230,000													
		942,903													
		1,750,000													

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

1. General Information for the Month/Year of: September 2006

PWS Name: Silver Lakes Estates			PWS Identification Number: 3351182		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 1154			Total Population Served at End of Month: 3,402		
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-9980			Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaamerica.com					

[illegible]

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

C-6813
License Number

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

PWS Identificaiton Number:	3351182	Plant Name:	Silver Lakes Estates
----------------------------	---------	-------------	----------------------

III. Daily Data for the Month/Year of: September, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

[illegible]

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: October 2006

A. Public Water System (PWS) Information

PWS Name: <u>Silver Lakes Estates</u>	PWS Identification Number: <u>3351182</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: <u>1134</u>	Total Population Served at End of Month: <u>3402</u>
PWS Owner: <u>Agua Utilities Florida</u>	
Contact Person: <u>Bryan Beath</u>	Contact Person's Title: <u>Area Manager</u>
Contact Person's Mailing Address: <u>PO Box 490310</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>bbeath@aguaamerica.com</u>	

B. Water Treatment Plant Information

Plant Name: <u>Silver Lakes Estates</u>	Plant Telephone Number: <u>352-787-0980</u>																																																
Plant Address: <u>10438 Barrington Court</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34788</u>																																																
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>2,202,000</u>																																																	
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>1</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>																																																
<table border="1"> <thead> <tr> <th>Name</th> <th>License Class</th> <th>License Number</th> <th>Day(s) Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Will Fontaine</td> <td>C</td> <td>6813</td> <td>Days 1st Shift</td> </tr> <tr> <td>Mary Neal</td> <td>C</td> <td>10027</td> <td>Days 1st Shift</td> </tr> <tr> <td>John Worrell</td> <td>C</td> <td>6597</td> <td>Days 1st Shift</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	License Class	License Number	Day(s) Shift(s) Worked	Will Fontaine	C	6813	Days 1st Shift	Mary Neal	C	10027	Days 1st Shift	John Worrell	C	6597	Days 1st Shift																																	
Name	License Class	License Number	Day(s) Shift(s) Worked																																														
Will Fontaine	C	6813	Days 1st Shift																																														
Mary Neal	C	10027	Days 1st Shift																																														
John Worrell	C	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.

Will Fontaine 11-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number:

3351182

Plant Name:

Silver Lakes Estates

III. Daily Data for the Month/Year of:

October, 2006

Means of Achieving Four-Log Virus Inactivation/Removal:

Free Chlorine

Chlorine Dioxide

☐ Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

[illegible]

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Silver Lakes Estates</u>		PWS Identification Number: <u>3351182</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1134</u>		Total Population Served at End of Month: <u>3,402</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Silver Lakes Estates</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>10438 Barrington Court</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34788</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>2,202,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>
Other Operators	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number:		3351182		Plant Name:		Silver Lakes Estates						
III. Daily Data for the Month/Year of:				November, 2006								
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)												
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide												
Day of the Month	Day, Month, Year of Operation	Hours plant in operation	Net Quantity of Finished Water Produced (gal)	Ct Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Shutting Water System Components Out of Operation	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (t) in Minute Measurement Point During Peak Flow (minutes)	Lowest Ct provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water			Minimum Ct Required (mg-min/L)
1	X	24.0	1,260,000		1.6						1.3	
2	X	24.0	1,310,000		1.6						1.4	
3	X	24.0	760,000		1.6						1.4	
4	X	24.0	1,150,000		1.5							
5		24.0	1,140,000									
6	X	24.0	1,140,000		1.5						1.2	
7	X	24.0	590,000		1.7						1.2	
8	X	24.0	760,000		1.5						1.3	
9	X	24.0	1,070,000		1.5						1.2	
10	X	24.0	630,000		1.6						1.3	
11		24.0	1,250,000									
12	X	24.0	1,250,000		1.6							
13	X	24.0	750,000		1.6						1.5	
14	X	24.0	610,000		1.6						1.4	
15	X	24.0	1,140,000		1.6						1.4	
16	X	24.0	990,000		1.6						1.5	
17	X	24.0	570,000		1.3						1.3	
18	X	24.0	980,000		1.6							
19		24.0	1,000,000									
20	X	24.0	1,000,000		1.6						1.4	
21	X	24.0	460,000		1.6						1.3	
22	X	24.0	1,110,000		1.6						1.4	
23	X	24.0	1,090,000		1.5						1.4	
24	X	24.0	720,000		1.5						1.3	
25	X	24.0	1,200,000		1.5							
26		24.0	1,075,000									
27	X	24.0	1,075,000		1.5						1.3	
28	X	24.0	500,000		1.6						1.4	
29	X	24.0	1,040,000		1.6						1.4	
30	X	24.0	770,000		1.5						1.3	
31		24.0										
Total			28,390,000									
Average			915,806									
Minimum			1,310,000									

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name: Silver Lakes Estates		PWS Identification Number: 3351182	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1134		Total Population Served at End of Month: 3,402	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

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
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788	
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.): C	

Operator Name	License Class	License Number	Day(s)	Shift	Worked
Will Fontaine	C	6813	Days	1st Shift	
Marty Neal	C	10027	Days	1st Shift	
John Worrell	C	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.

1-5-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number:		3351182		Plant Name:		Silver Lakes Estates							
III. Daily Data for the Month/Year of:				December, 2006									
Means of Achieving Four-Log Virus Inactivation/Removal:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)									
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide									
View of Plant	Days Plant Operated	Hours Plant in Operation	Net Quantity of Finished Water Produced (gallons)	CIL Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration (mg/L) Measured at Point of Distribution	Average or Abnormal Conditions, Repair or Maintenance Work that Involves Stopping Water System Components Out of Operation
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (mg/L) Before or After Customer During Peak Flow (mg/L)	Disinfectant Contact Time (minutes)	Lowest Chlorine Residual Before or After Customer During Peak Flow (mg/L)	Amount of Disinfectant Added (mg/L)	Minimum CIL Required (mg/L)	Operating UV Dose (mW-sec/cm)	Minimum UV Dose Required (mW-sec/cm)		
	X	24.0	580,000		1.6							1.4	
	X	24.0	900,000		1.5								
		24.0	750,000										
	X	24.0	750,000		1.5							1.3	
	X	24.0	480,000		1.5							1.2	
	X	24.0	960,000		1.5							1.3	
	X	24.0	1,060,000		1.5							1.4	
	X	24.0	660,000		1.5							1.2	
	X	24.0	910,000		1.5								
		24.0	1,000,000										
	X	24.0	1,000,000		1.5							1.3	
	X	24.0	550,000		1.6							1.5	
	X	24.0	950,000		1.5							1.4	
	X	24.0	1,100,000		1.5							1.2	
	X	24.0	560,000		1.5							1.3	
	X	24.0	840,000		1.5								
		24.0	870,000										
	X	24.0	870,000		1.6							1.4	
	X	24.0	580,000		1.6							1.6	
	X	24.0	940,000		1.6							1.5	
	X	24.0	1,160,000		1.6							1.5	
	X	24.0	550,000		1.6							1.4	
	X	24.0	700,000		1.5								
		24.0	650,000										
	X	24.0	650,000		1.5							1.3	
	X	24.0	430,000		1.5							1.2	
	X	24.0	720,000		1.5							1.3	
	X	24.0	970,000		1.6							1.4	
	X	24.0	500,000		1.5							1.3	
	X	24.0	890,000		1.5								
		24.0	820,000										
			24,350,000										
			785,484										
			1,160,000										

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

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

PWS ID: 3351182 Plant Name: Silver Lakes Estates

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

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

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

* 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.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500

On the Internet at www.sjrwmd.com.

May 9, 2006

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

GOVERNING BOARD

David G. Graham, CHAIRMAN JACKSONVILLE	John G. Sowinski, VICE CHAIRMAN ORLANDO	Ann T. Moore, SECRETARY BUNNELL	Duane L. Ottenstrober, TREASURER JACKSONVILLE
R. Clay Albright OCALA	Susan N. Hughes PONTE VEDRA	William W. Kerr MELBOURNE BEACH	Ometrias D. Long APOPKA
			W. Leonard Wood FERNANDINA BEACH

DOCUMENT NUMBER-DATE

04313 MAY 22 06

FPSC-COMMISSION CLERK

PERMIT NO. 2644

DATE ISSUED: May 9, 2006

PROJECT NAME: Silver Lakes/Western Shores

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 mgd 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):	<u>14</u>	Township(s):	<u>19S</u>	Range(s):	<u>25E</u>
	<u>7</u>		<u>19S</u>		<u>26E</u>

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: _____


Harold 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

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.
9. 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 or 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 15th 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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-1584

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

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

307 Coolidge Ave.
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 3460
FDOH # E84418

HBEL Report Number: 2130141 Sub-Contract Lab ID: _____

Analysis Method Requested:

☒ Coliform ☐ Membrane Filtration PWS I.D. 3351182

System Name: 6420 Silver Lake Estates

System Address: 10438 Barrington Ct

City: Leesburg System or Owner's Phone #: 352-787-0980 Fax #: 352-787-6333

Collector: Will Fontaine Collector's Phone #: 352-266-2953

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-6-07 Date/Time: 12/6/07 Date/Time: 12/6/07 12:15

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

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

Sample Collection Date(s): 12-6-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130141 001
	A			002
	A			003
	A			004
	A			005
	A			006
	A			2130141 007

Sample nber	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
W-1	Well #1	9:25am	R	-	
W-2	Well #2	9:35am	R	-	
R-1	33310 Somerset Drive	9:55am	D	1.3	
R-2	33829 Sabal way	10:05am	D	1.3	
R-3	2501 Loch Ness Ct	10:20am	D	1.1	
R-4	Aberdeen cul-de-sac	10:30am	D	1.1	
R4-D	Aberdeen cul-de-sac duplicate	10:30am	D	1.1	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.18

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other
Person performing analysis is: ☒ A certified operator (# 6813) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

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



Page 1 of 1

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid
Analyst: [Signature]

Report authorized by: [Signature] Technical Director or Designee

Date: 12/9/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

2 Defined in Florida Administrative Code Rule 62-160

FPSC-COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 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 Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/7/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

Quality Control Summary

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

<u>Analytical Issue</u>

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/7/07



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2128028]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Est 6420 NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128028001						Sampled: 03/01/07 11:20				
Sample ID: Point of Entry Grab						Received: 03/01/07 13:10				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7138		03/2/07 16:55	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7138		03/2/07 16:55	JL	E96080

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

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: 3/7/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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
Received: 9/12/06 13:00

[2126773]

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
FDOH # E96080

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

Printed: 10/3/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample	Method Narratives (if Applicable)
Number	Sample ID Analytical Method Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
--------	------------	---------	------------------

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

4155 St. 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

Printed: 10/3/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126773]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lk Est THM/HAA5 Grab

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126773001					Sampled: 09/12/06 9:40		Received: 09/12/06 13:00			
Sample ID: 35027 Haines Creek MRT Locat					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		2.0	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Bromofom		0.60	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Chlorofom		1.3	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 15:52	WR	E96080
Dibromochloromethane		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

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

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

4155 St. John's Pkwy, Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 3393
FDOH # E85370

16331 Cortez Boulevard
Brooksville, FL 34601
FDOH # E84418

Printed: 10/3/06



Page 3 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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 33938
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

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)

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

Quality Control Summary

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2125117]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Silver Lake Estates 6420 NO2/3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125117001					Sampled: 03/15/06 14:00		Received: 03/16/06 13:45			
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		2.1	mg/L	0.0030	EPA 300.0	IC6725		03/17/06 12:04	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6725		03/17/06 12:04	RS	E96080

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

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

Printed: 3/20/06

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

GROUND WATER SOURCE

Well Number (FLUWID No.)	1 (AAC3236)	2 (AAC3235)		
Year Drilled	1971	1980		
Depth Drilled	366'	327'		
Drilling Method	Unknown	Cable tool		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	41'		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	200'	132'		
Diameter (outside casing)	10"	12"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Vertical turbine	Vertical turbine	
	Manufacturer Name	Goulds	Goulds	
	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 Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Housing	Housing		
Well Vent Protection	Yes	Yes		

COMMENTS Provide information for all items marked "unknown."

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regal Capacity • ppd
Chlorine Feed Rate 30 ppd
Avg. Amount of Cl₂ gas used 20 ppd
Chlorine Residuals: Plant 1.13 Remote 1.23
Remote tap location Fire hydrant @ 35224
Haines Creek Rd.
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to ground storage
Booster Pump Info N/A
Comments: *100 ppd chlorinator for each well.

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

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	G/1	G/2	
Capacity (gal)	25,000	25,000	
Material	Concrete	Concrete	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	N/A	
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'	8'/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: Dates of last cleaning and inspection are unknown.

HIGH SERVICE PUMPS

Pump Number	MP-1	MP-2	MP-3	MP-4	
Type	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 accordance with the preventive maintenance program				

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

JOCKEY PUMPS

Pump Number	JP-1	JP-2			
Type	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				

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

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, www.frwa.net, 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.]

5. **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.]

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 annually) 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."

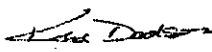
Inspector



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: 3351182

Business Name: _____

PWS Name: **SILVER LAKE ESTATES**

Owner(s) Name: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Danielle D. Owens, Environmental Specialist

In response to the Department's Sanitary Survey Report for the subject public water system dated April 11, 2007, the following actions were done to correct the listed deficiencies:

**Deficiency
Item No.**

Corrective Action Done

Date Done

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____

(Please Type or Print)



Aqua 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.

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

Utilities Florida

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

Plant: fern terrace
Month/Year: April 2007

FLUSHING:

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

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida:

Plant: April 2007
Month/Year: September 2007

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

[illegible][illegible]

Utilities Florida

Plant: Grand Terr

Month/Year: April 2007

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

Flushing Legend:

Financing Program FP

Gender Complaint CC

Contractor Use CU

... Lian Repat LR

Main Clearance MC

(explain others)

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida.

Plant: April 2007
Month Year: March 2007

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

Flashing Legend:

Fishing Program FP

Customer Complaint - CC

Contractor Use CU

Line Repair LR

Main Clearance: MC

(explain others)

[illegible]

Utilities Florida.

Plant: Uva U' Kidag
Month/Year: April 2007

[illegible][illegible]

Utilities Florida:

Plant: Silver Lake Estates
Month/Year: April 2007

[illegible][illegible]

Utilities Florida

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

Plant: Skunk cist
Month/Year: Apr 1 2007

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

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

Plant: Valencia terrace

Month/Year: April 2005

FLUSHING:

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

AUA

Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

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

Plant: Western Shores

Month/Year: April 2007

FLUSHING:

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest	PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123	Total Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
Contact Person's Fax Number:	(352) 787-6333		

B. Water Treatment Plant Information

Plant Name:	Sky Crest	Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd.	City:	Fruitland
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000	Zip Code:	34731
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

Signature and Date: Will Fontaine DOCUMENT NUMBER-DATE: 04313 MAY 22 07

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operators (Place X's)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, min·m/L	Lowest Operating UV Dose, mW·sec/cm ²	Minimum UV Dose Required, mW·sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	17,300		1.1								0.8	
2	X	24.0	23,100		1.0								0.6	
3	X	24.0	23,300		1.1								0.7	
4	X	24.0	22,200		1.2								0.7	
5	X	24.0	16,300		1.1								0.7	
6		24.0	21,667											
7		24.0	21,667											
8	X	24.0	21,667		1.6								1.1	
9	X	24.0	17,100		1.3								1.0	
10	X	24.0	21,200		1.1								0.7	
11	X	24.0	17,700		1.1								0.8	
12	X	24.0	24,600		1.1								0.7	
13		24.0	19,433											
14		24.0	19,433											
15	X	24.0	19,433		1.1								0.7	
16	X	24.0	22,700		1.0								0.7	
17	X	24.0	18,600		1.0								0.7	
18	X	24.0	11,900		1.0								0.6	
19	X	24.0	15,600		0.9								0.6	
20		24.0	20,167											
21		24.0	20,167											
22	X	24.0	20,167		1.3								0.9	
23	X	24.0	13,900		1.0								0.8	
24	X	24.0	20,600		1.0								0.7	
25	X	24.0	15,400		1.2								0.7	
26	X	24.0	17,600		1.1								0.7	
27		24.0	17,067											
28		24.0	17,067											
29	X	24.0	17,067		1.2								0.9	
30		24.0	20,000											
31	X	24.0	20,000		1.3								1.0	
Total			594,100											
Average			19,165											
Maximum			24,600											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

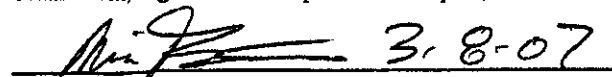
PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.


Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	12,600		1.1								0.7	
2	X	24.0	8,900		1.8								1.4	
3		24.0	19,233											
4		24.0	19,233											
5	X	24.0	19,233		1.0								0.7	
6	X	24.0	11,100		1.0								0.8	
7	X	24.0	39,700		1.1								0.8	
8	X	24.0	17,800		1.1								0.7	
9	X	24.0	19,100		1.0								0.7	
10		24.0	25,367											
11		24.0	25,367											
12	X	24.0	25,367		1.0								0.6	
13	X	24.0	22,700		1.0								0.7	
14	X	24.0	32,100		1.2								0.8	
15	X	24.0	18,700		1.0								0.7	
16	X	24.0	25,400		1.0								0.8	
17		24.0	29,533											
18		24.0	29,533											
19	X	24.0	29,533		0.9								0.6	
20	X	24.0	23,400		0.9								0.6	
21	X	24.0	41,800		1.1								0.9	
22	X	24.0	25,600		1.1								0.8	
23	X	24.0	17,200		1.1								0.7	
24		24.0	31,967											
25		24.0	31,967											
26	X	24.0	31,967		1.0								0.7	
27	X	24.0	37,500		0.9								0.7	
28	X	24.0	31,700		1.0								0.6	
29		24.0												
30		24.0												
31		24.0												
Total			703,600											
Average			22,697											
Maximum			41,800											

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

1. General Information for the Month/Year of:	March, 2007
---	-------------

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 431	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	29,600		0.9								0.6		
2	X	24.0	26,500		0.9								0.5		
3		24.0	29,767												
4		24.0	29,767												
5	X	24.0	29,767		0.9								0.6		
6	X	24.0	28,700		1.2								0.8		
7	X	24.0	23,000		1.3								1.0		
8	X	24.0	33,500		1.2								0.8		
9	X	24.0	24,400		1.1								0.8		
10		24.0	34,300												
11		24.0	34,300												
12	X	24.0	34,300		1.1								0.7		
13	X	24.0	22,200		1.0								0.7		
14	X	24.0	44,300		1.6								1.0		
15	X	24.0	43,200		1.8								1.5		
16	X	24.0	29,600		1.5								1.3		
17		24.0	38,100												
18		24.0	38,100												
19	X	24.0	38,100		1.7								1.4		
20	X	24.0	30,100		1.8								1.4		
21	X	24.0	37,400		1.8								1.4		
22	X	24.0	31,300		1.7								1.3		
23	X	24.0	33,200		1.4								1.1		
24		24.0	34,733												
25		24.0	34,733												
26	X	24.0	34,733		1.5								1.2		
27	X	24.0	42,300		1.3								1.1		
28	X	24.0	33,500		1.2								0.9		
29	X	24.0	42,100		1.2								0.9		
30	X	24.0	29,300		1.3								0.9		
31		24.0	40,330												
Total			994,900												
Average			33,395												
Maximum			44,300												

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

1. General Information for the Month/Year of:	April, 2007
---	-------------

PWS Name:	Sky Crest			PWS Identification Number:	3351205		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com						

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:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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	Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	
Other Operators	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	6597	Days 1st Shift	

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

C-6813
License Number

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 6-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	52,500		1.0								0.8		
2	X	24.0	78,700		0.8								0.6		
3	X	24.0	56,400		1.5								1.2		
4	X	24.0	40,700		1.9								1.4		
5		24.0	53,133												
6		24.0	53,133												
7	X	24.0	53,133		1.5								1.3		
8	X	24.0	63,300		1.9								1.5		
9	X	24.0	47,900		0.9								0.7		
10	X	24.0	71,700		1.5								1.2		
11	X	24.0	56,500		1.6								1.4		
12		24.0	59,967												
13		24.0	59,967												
14	X	24.0	59,967		1.3								1.1		
15	X	24.0	41,100		1.2								0.9		
16	X	24.0	42,000		1.2								1.0		
17	X	24.0	37,300		1.5								1.2		
18	X	24.0	22,100		1.6								1.2		
19		24.0	31,500												
20		24.0	31,500												
21	X	24.0	31,500		1.4								1.1		
22	X	24.0	21,800		1.3								1.1		
23	X	24.0	39,200		1.2								0.9		
24	X	24.0	21,000		1.0								0.8		
25	X	24.0	37,200		1.0								0.7		
26		24.0	25,900												
27		24.0	25,900												
28	X	24.0	25,900		1.4								1.1		
29	X	24.0	28,700		1.4								1.1		
30	X	24.0	43,500		1.3								0.9		
31	X	24.0	26,000		1.4								1.2		
Total			1,339,100												
Average			43,197												
Maximum			78,700												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 7-6-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	18,700		1.8								1.6		
2		24.0	25,500												
3		24.0	25,500												
4	X	24.0	25,500		1.3								1.1		
5	X	24.0	29,800		1.8								1.1		
6	X	24.0	33,900		1.2								1.0		
7	X	24.0	22,200		1.6								1.3		
8	X	24.0	30,400		1.2								1.0		
9		24.0	28,100												
10		24.0	28,100												
11	X	24.0	28,100		1.1								0.8		
12	X	24.0	17,000		1.0								0.8		
13	X	24.0	39,800		1.4								0.9		
14	X	24.0	20,200		1.4								1.0		
15	X	24.0	19,400		1.5								1.2		
16		24.0	30,267												
17		24.0	30,267												
18	X	24.0	30,267		1.5								1.2		
19	X	24.0	21,000		1.6								1.2		
20	X	24.0	33,900		1.3								1.2		
21	X	24.0	17,000		1.3								1.2		
22	X	24.0	36,300		1.6								1.4		
23		24.0	25,300												
24		24.0	25,300												
25	X	24.0	25,300		1.5								1.3		
26	X	24.0	28,100		1.8								1.1		
27	X	24.0	37,200		1.2								0.9		
28	X	24.0	32,200		1.2								1.0		
29	X	24.0	14,700		1.2								1.0		
30		24.0	27,500												
31		24.0													
Total			779,300												
Average			26,026												
Maximum			39,800												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aguaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sky Crest			Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd.			City:	Fruitland
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift	
Other Operators	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 2-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 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 (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Started or Restarted by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations					UV Dose					Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24.0	27,500											
2	X	24.0	27,500		1.4								1.2	
3	X	24.0	19,300		1.9								1.5	
4	X	24.0	21,700		1.2								1.1	
5	X	24.0	15,500		1.1								0.8	
6	X	24.0	18,600		1.5								1.3	
7		24.0	23,367											
8		24.0	23,367											
9	X	24.0	23,367		1.3								1.2	
10	X	24.0	23,800		1.6								1.1	
11	X	24.0	30,700		1.1								0.7	
12	X	24.0	17,900		1.5								1.2	
13	X	24.0	19,500		1.5								1.1	
14		24.0	18,567											
15		24.0	18,567											
16	X	24.0	18,567		1.1								0.8	
17	X	24.0	25,400		1.8								0.7	
18	X	24.0	23,200		1.5								1.4	
19	X	24.0	26,700		1.4								1.1	
20	X	24.0	22,900		1.3								1.1	
21		24.0	19,767											
22		24.0	19,767											
23	X	24.0	19,767		1.2								0.9	
24	X	24.0	17,100		1.5								0.9	
25	X	24.0	31,100		1.2								1.0	
26	X	24.0	16,100		1.1								0.9	
27	X	24.0	13,300		1.1								1.0	
28		24.0	21,800											
29		24.0	21,800											
30	X	24.0	21,800		1.1								0.7	
31	X	24.0	21,100		1.5								0.7	
Total			669,400											
Average			21,594											
Maximum			31,100											

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

I. General Information for the Month/Year of:	August, 2007
---	--------------

PWS Name:	Sky Crest			PWS Identification Number:	3351205		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aguaamerica.com						

[illegible]

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

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations					UV Dose					Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT ₉₀ Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	25,900		1.3								1.1	
2	X	24.0	20,900		1.2								0.9	
3	X	24.0	18,600		1.3								0.8	
4		24.0	19,800											
5		24.0	19,800											
6	X	24.0	19,800		1.0								0.8	
7	X	24.0	28,200		0.9								0.8	
8	X	24.0	28,700		0.9								0.7	
9	X	24.0	14,300		1.0								0.7	
10	X	24.0	23,700		1.0								0.6	
11		24.0	27,600											
12		24.0	27,600											
13	X	24.0	27,600		1.0								0.8	
14	X	24.0	17,500		1.0								0.8	
15	X	24.0	52,900		1.5								1.2	
16	X	24.0	18,400		1.1									
17	X	24.0	26,700		1.1								0.9	
18		24.0	29,300											
19		24.0	29,300											
20	X	24.0	29,300		1.1								0.8	
21	X	24.0	29,200		1.3								0.7	
22	X	24.0	31,500		1.0								0.7	
23	X	24.0	25,100		1.0								0.8	
24	X	24.0	34,300		1.0								0.7	
25		24.0	28,467											
26		24.0	28,467											
27	X	24.0	28,467		1.0								0.6	
28	X	24.0	29,800		1.9								1.1	
29	X	24.0	38,700		1.2								1.0	
30	X	24.0	9,400		2.0								1.3	
31	X	24.0	21,800		2.1								1.7	
Total			811,100											
Average			26,165											
Maximum			52,900											

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

I. General Information for the Month/Year of:	September, 2007
--	------------------------

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 308	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: baheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

[illegible]

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

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations					UV Dose					Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1			24.0	27,567										
2			24.0	27,567										
3	X		24.0	27,567	1.6								1.3	
4	X		24.0	24,100	2.1								1.8	
5	X		24.0	33,700	1.1								1.0	
6	X		24.0	32,100	1.7								1.5	
7	X		24.0	21,700	1.3								1.1	
8			24.0	25,667										
9			24.0	25,667										
10	X		24.0	25,667	1.2								1.0	
11	X		24.0	17,600	1.8								0.8	
12	X		24.0	48,200	1.1								0.6	
13	X		24.0	10,600	1.1								0.7	
14	X		24.0	31,200	1.3								0.9	
15			24.0	26,667										
16			24.0	26,667										
17	X		24.0	26,667	1.3								1.0	
18	X		24.0	26,700	1.3								1.0	
19	X		24.0	24,500	1.2								0.8	
20			24.0	17,850										
21	X		24.0	17,850	1.3								0.9	
22			24.0	22,067										
23			24.0	22,067										
24	X		24.0	22,067	0.9								0.7	
25	X		24.0	23,200	1.7								0.9	
26	X		24.0	30,300	1.2								0.7	
27	X		24.0	14,600	1.3								1.1	
28	X		24.0	17,000	1.6								1.4	
29			24.0	19,770										
30			24.0	19,770										
31			24.0											
Total			697,100											
Average			23,763											
Maximum			48,200											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			Plant Class (per subsection 62-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift	
Other Operators:	Marty Neal	C	10027	Days 1st Shift	
	John Worrell	C	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.

Will Fontaine 11-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205		Plant Name: Sky Crest												
III. Daily Data for the Month/Year of: October, 2007														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work, and/or Components Out of Operation
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at Peak Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at Peak Customer During Peak Flow, mg-min/L	Sum of Water at C, gal	Sum of Water at C, gal	Minimum Required, mg-min/L	Operating UV Dose, mJ/cm ²	Minimum UV Dose Required, mJ/cm ²	Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24.0	19,770		1.1								1.0	
2		24.0	24,300											
3	X	24.0	24,300		1.3								0.9	
4	X	24.0	16,400		1.2								1.0	
5	X	24.0	14,600		1.2								0.8	
6		24.0	18,467											
7		24.0	18,467											
8	X	24.0	18,467		1.1								0.8	
9	X	24.0	18,300		1.1								0.9	
10	X	24.0	69,600		1.4								1.3	
11		24.0	23,300											
12	X	24.0	23,300		1.2								0.9	
13		24.0	24,967											
14		24.0	24,967											
15	X	24.0	24,967		1.1								0.9	
16		24.0	28,600											
17	X	24.0	28,600		1.2								1.0	
18	X	24.0	28,200		1.3								1.0	
19	X	24.0	25,500		1.2								1.0	
20		24.0	19,467											
21		24.0	19,467											
22	X	24.0	19,467		1.2								0.7	
23		24.0	23,450											
24	X	24.0	23,450		1.1								0.9	
25	X	24.0	17,000		1.1									
26	X	24.0	20,200		1.3								0.9	
27		24.0	21,433											
28		24.0	21,433											
29	X	24.0	21,433		1.1								0.9	
30	X	24.0	21,900		1.3								0.7	
31	X	24.0	27,200		1.1								0.8	
Total			730,970											
Average			23,580											
Maximum			69,600											

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

1. General Information for the Month/Year of:	November, 2007
---	----------------

PWS Name:	Sky Crest			PWS Identification Number:	3351205		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	308		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com						

[illegible]

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

C-6813-1
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Conditions of Normal Operating or Maintenance Work that involves taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
11/1		24.0	20,400												
11/2	X	24.0	20,400		1.2								0.7		
11/3		24.0	24,267												
11/4		24.0	24,267												
11/5	X	24.0	24,267		1.0								0.8		
11/6	X	24.0	21,800		1.5										
11/7	X	24.0	28,500		1.2								1.0		
11/8		24.0	17,700												
11/9	X	24.0	17,700		1.1								1.0		
11/10		24.0	24,467												
11/11		24.0	24,467												
11/12	X	24.0	24,467		0.9								0.7		
11/13		24.0	24,400												
11/14	X	24.0	24,400		1.0								0.8		
11/15	X	24.0	16,200		1.3								0.7		
11/16	X	24.0	41,800		1.0								0.7		
11/17		24.0	28,267												
11/18		24.0	28,267												
11/19	X	24.0	28,267		1.9								1.7		
11/20		24.0	25,950												
11/21	X	24.0	25,950		2.1								2.0		
11/22		24.0	20,150												
11/23	X	24.0	20,150		1.7								1.5		
11/24		24.0	48,767												
11/25		24.0	48,767												
11/26	X	24.0	48,767		2.0								1.7		
11/27		24.0	4,650												
11/28	X	24.0	4,650		2.0								1.8		
11/29		24.0	30,450												
11/30	X	24.0	30,450		1.4								1.2		
11/31		24.0													
			773,000												
			24,935												
			48,767												

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

See Pages 4 for Instructions.

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

Mr. J. [Signature] 1-9-08
Signature and Date

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0	36,933												
2		24.0	36,933												
3	X	24.0	36,933		0.9								0.6		
4		24.0	35,650												
5	X	24.0	35,650		2.0								1.7		
6		24.0	39,950												
7	X	24.0	39,950		2.1								1.6		
8		24.0	35,833												
9		24.0	35,833												
10	X	24.0	35,833		1.8								0.7		
11		24.0	37,550												
12	X	24.0	37,550		1.7								1.3		
13		24.0	38,200												
14	X	24.0	38,200		1.7								1.2		
15		24.0	36,000												
16		24.0	36,000												
17	X	24.0	36,000		1.0								0.5		
18	X	24.0	21,700		1.5										
19		24.0	47,550												
20	X	24.0	47,550		2.1								1.9		
21	X	24.0	30,900		1.3								1.0		
22		24.0	27,350												
23	X	24.0	27,350		1.6								1.3		
24	X	24.0	48,900		1.4								1.2		
25		24.0	36,500												
26	X	24.0	36,500		1.1								0.7		
27		24.0	35,000												
28	X	24.0	35,000		1.5								1.3		
29		24.0	35,967												
30		24.0	35,967												
31	X	24.0	35,967		1.6								1.4		
Total			1,131,200												
Average			36,490												
Maximum			48,900												

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

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

PWS ID: 3351205 Plant Name: Sky Crest

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2007

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

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

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

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

* 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.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest	PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	123	Total Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Sky Crest	Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd.	City:	Fruitland
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000	Zip Code:	32731
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

Signature and Date: Will Fontaine 2-6-06
 Will Fontaine
 Date or Typed Name

C-6813
 License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

III. Daily Data for the Month/Year of: January, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	39,250												
2	X	24.0	39,250		1.3								1.0		
3	X	24.0	30,600		1.6								1.2		
4	X	24.0	33,400		1.4								1.0		
5	X	24.0	14,400		1.5								1.2		
6	X	24.0	28,700		1.4								1.1		
7		24.0	21,633												
8		24.0	21,633												
9	X	24.0	21,633		1.8								1.5		
10	X	24.0	15,800		1.9								1.5		
11	X	24.0	27,200		1.8								1.5		
12	X	24.0	18,800		1.2								1.0		
13	X	24.0	14,300		1.2								0.9		
14		24.0	18,133												
15		24.0	18,133												
16	X	24.0	18,133		1.4								1.1		
17	X	24.0	20,000		1.8								1.3		
18	X	24.0	30,100		1.5								1.2		
19	X	24.0	13,700		1.3								1.0		
20	X	24.0	14,000		1.4								1.1		
21		24.0	21,133												
22		24.0	21,133												
23	X	24.0	21,133		1.4								1.1		
24	X	24.0	23,900		1.5								1.1		
25	X	24.0	23,000		1.4								1.1		
26	X	24.0	17,800		1.4								1.1		
27	X	24.0	18,300		1.4								1.0		
28		24.0	21,933												
29		24.0	21,933												
30	X	24.0	21,933		1.3								1.0		
31	X	24.0	19,100		1.6								1.2		
Total			690,100												
Average			22,261												
Maximum			39,250												

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

I. General Information for the Month/Year of:

February, 2006

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
			<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 431	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

[illegible]

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

Signature and Date

Will Fontaine

Printed or Typed Name _____

C-6813

License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

III. Daily Data for the Month/Year of: February, 2006

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

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

Day of Month	Day of Week	Flow (MGD)	Flow (MGD) at Plant	Disinfection Data (mg/L)										Residual at End of Distribution System (mg/L)	Notes
				Free Chlorine at Plant	Free Chlorine at End of Distribution System	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)	Free Chlorine at End of Distribution System (mg/L)		
1	X	24.0	25,500	1.3										1.1	
2	X	24.0	15,300	1.2										0.9	
3	X	24.0	18,600	1.4										1.0	
4		24.0	21,133												
5		24.0	21,133												
6	X	24.0	21,133	1.3										1.1	
7	X	24.0	24,400	1.6										1.2	
8	X	24.0	25,200	1.4										1.1	
9	X	24.0	15,800	1.3										1.0	
10	X	24.0	18,100	1.2										0.9	
11		24.0	18,767												
12		24.0	18,767												
13	X	24.0	18,767	1.2										0.9	
14	X	24.0	31,200	1.1										0.7	
15	X	24.0	26,900	1.1										0.8	
16	X	24.0	19,400	1.1										0.8	
17	X	24.0	18,100	1.2										0.8	
18		24.0	23,367												
19		24.0	23,367												
20	X	24.0	23,367	1.3										1.0	
21	X	24.0	12,600	1.4										1.0	
22	X	24.0	36,700	1.2										0.8	
23	X	24.0	18,100	1.1										0.8	
24	X	24.0	17,700	1.2										0.9	
25		24.0	19,833												
26		24.0	19,833												
27	X	24.0	19,833	1.2										0.9	
28	X	24.0	18,800	1.3										1.0	
29		24.0													
30		24.0													
31		24.0													
Total			591,700												
Average			19,087												
Maximum			36,700												

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: March, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Sky Crest</u>		PWS Identification Number: <u>3351205</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>123</u>		Total Population Served at End of Month: <u>431</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Sky Crest</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>36815 Skycrest Blvd.</u>		City: <u>Fruitland</u>	State: <u>Florida</u> Zip Code: <u>32731</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>126,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
License Operator Name	License Class	License Number	Day(s) Shift(s) Worked
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 4-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

[illegible]

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205			
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	431			
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager			
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333			
Contact Person's E-Mail Address:	beheath@aquaamerica.com							

B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> 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			Plant Class (per subsection 62-699.310(4), F.A.C.):					D
Licensed Operator	Name	License Class	License Number	Day(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					

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 5.5.06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351205	Plant Name:	Sky Crest												
III. Daily Data for the Month/Year of:		April, 2006													
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)															
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide															
Day of Month	Any Items Suspended from Operation	Flow (MGD)	Volume of Water Produced (MG)	Calculations for 4 Log Virus Inactivation (if Applicable)										Residual Disinfectant Concentration at Distribution System (mg/L)	Facilities or Components of Distribution System
				Calculation	Calculation	Calculation	Calculation	Calculation	Calculation	Calculation	Calculation	Calculation	Calculation		
1		24.0	33,833												
2		24.0	33,833												
3	X	24.0	33,833		1.1								0.7		
4	X	24.0	39,500		1.5								1.2		
5	X	24.0	33,500		1.4								1.1		
6	X	24.0	32,000		1.3								0.9		
7	X	24.0	30,000		1.4								0.9		
8		24.0	32,367												
9		24.0	32,367												
10	X	24.0	32,367		1.3								0.9		
11	X	24.0	49,600		1.3								0.9		
12	X	24.0	29,500		1.3								1.0		
13	X	24.0	23,700		1.2								0.9		
14	X	24.0	49,400		1.2								1.0		
15		24.0	34,733												
16		24.0	34,733												
17	X	24.0	34,733		0.9								0.7		
18	X	24.0	42,700		1.0								0.7		
19	X	24.0	30,300		1.0								0.7		
20	X	24.0	29,600		1.0								0.6		
21	X	24.0	23,200		0.8								0.5		
22		24.0	36,667												
23		24.0	36,667												
24	X	24.0	36,667		1.3								1.0		
25	X	24.0	28,300		1.4								1.0		
26	X	24.0	44,900		1.4								1.1		
27	X	24.0	27,600		1.4								1.1		
28	X	24.0	33,000		1.5								1.0		
29		24.0	36,500												
30		24.0	36,500												
31		24.0													
Total			1,032,600												
Average			33,310												
Maximum			49,600												

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

I. General Information for the Month/Year of: May, 2006

PWS Name:	Sky Crest	PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	123	Total Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquamerica.com		

[illegible]

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

C-6813
License Number

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

PWS ID:	3351205	Plant Name:	Sky Crest
---------	---------	-------------	-----------

III. Daily Data for the Month/Year of: May, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

[illegible]

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: June, 2006

A. Public Water System (PWS) Information


PWS Name:	Sky Crest			PWS Identification Number:	3351205		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	431		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Sky Crest			Plant Telephone Number:	(352) 787-0980		
Plant Address:	36815 Skycrest Blvd.			City:	Fruitland	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): D			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift			
Other Operators:	Marty Neal	C	10027	Days 1st Shift			
	John Worrell	C	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.

 7-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205	Plant Name: Sky Crest															
III. Daily Data for the Month/Year of: June, 2006																
Means of Achieving Four-Log Virus Inactivation/Removal:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):																
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV-Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	26,300		0.7									0.6		
2	X	24.0	25,000		1.4									1.0		
3		24.0	32,267													
4		24.0	32,267													
5	X	24.0	32,267		1.4									1.1		
6	X	24.0	24,500		1.5									1.3		
7	X	24.0	56,200		1.4									1.2		
8	X	24.0	17,800		1.2									0.9		
9	X	24.0	30,000		1.7									1.1		
10		24.0	35,267													
11		24.0	35,267													
12	X	24.0	35,267		2.2									2.0		
13	X	24.0	34,400		1.1									0.7		
14	X	24.0	28,900		1.4									1.0		
15	X	24.0	32,200		1.3									1.0		
16	X	24.0	24,800		1.3									0.9		
17		24.0	36,967													
18		24.0	36,967													
19	X	24.0	36,967		1.0									0.7		
20	X	24.0	27,400		1.2									0.8		
21	X	24.0	39,600		1.3									1.0		
22	X	24.0	47,300		1.2									0.8		
23	X	24.0	21,000		1.1									0.8		
24		24.0	22,933													
25		24.0	22,933													
26	X	24.0	22,933		1.1									0.8		
27	X	24.0	14,000		1.2									0.8		
28	X	24.0	32,400		1.4									1.1		
29	X	24.0	19,300		1.5									1.1		
30	X	24.0	18,000		1.3									1.0		
31		24.0														
Total			901,400													
Average			29,077													
Maximum			56,200													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: July, 2006

A. Public Water System (PWS) Information

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 431	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Sky Crest		Plant Telephone Number: (352) 787-0980	
Plant Address: 36815 Skycrest Blvd.		City: Fruitland	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Will Fontaine	C	6813
Other Operators	Marty Neal	C	10027
	John Worrell	C	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 (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.

8-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:		3351205		Plant Name:		Sky Crest	
III. Daily Data for the Month/Year of: July, 2006							
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)							
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):							
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide							
CJ Calculations or Flow Dose to Demonstrate Four Log Virus Inactivation, if Applicable							
Day of the Month	Day of the Week	Hours in Operation	Average Daily Flow, mgd	Average Daily Disinfectant Concentration, mg/L	Disinfectant Contact Time, minutes	Flow, mgd	Dose, mg/L-min
1			24.0	21,733			
2			24.0	21,733			
3	X		24.0	21,733	1.4		1.1
4	X		24.0	25,700	1.5		1.2
5	X		24.0	36,000	1.3		1.1
6	X		24.0	25,500	1.2		0.9
7	X		24.0	15,600	1.2		0.9
8			24.0	26,267			
9			24.0	26,267			
10	X		24.0	26,267	1.3		1.1
11	X		24.0	12,900	1.2		1.0
12	X		24.0	47,100	1.7		1.4
13	X		24.0	14,900	1.8		1.4
14	X		24.0	25,800	1.5		1.3
15			24.0	25,800			
16			24.0	25,800			
17	X		24.0	25,800	1.6		1.3
18	X		24.0	16,800	1.3		1.1
19	X		24.0	30,100	1.3		1.1
20	X		24.0	15,300	1.3		1.0
21	X		24.0	14,700	1.2		0.8
22			24.0	20,000			
23			24.0	20,000			
24	X		24.0	20,000	1.2		0.9
25	X		24.0	14,100	1.1		0.9
26	X		24.0	32,900	1.1		0.9
27	X		24.0	29,000	1.1		0.9
28	X		24.0	36,100	1.1		0.8
29			24.0	18,733			
30			24.0	18,733			
31	X		24.0	18,733	1.2		0.9
Total			730,100				
Average			23,552				
Maximum			47,100				

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: August, 2006

A. Public Water System (PWS) Information

PWS Name:	Sky Crest			PWS Identification Number:	3351205
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	123			Total Population Served at End of Month:	431
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Sky Crest			Plant Telephone Number:	(352) 787-0980
Plant Address:	36815 Skycrest Blvd.			City:	Fruitland
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	126,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	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.

Will Fontaine 9-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID: 3351205 Plant Name: Sky Crest

III. Daily Data for the Month/Year of: August, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Instructions: By 11:59 PM on the 1st day of the month, submit the following information to the Department of Public Works, Environmental Health Division, 1000 North Main Street, 3rd Floor, Sky Crest, CO 80401.														
Date	Time of Day	Flow (MGD)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	pH	Temperature (°F)	Total Hardness (mg/L)	Total Solids (mg/L)	Total Suspended Solids (mg/L)	Total Dissolved Solids (mg/L)	Notes
X	24.0	15,800		1.2									0.9	
X	24.0	32,300		1.2									0.9	
X	24.0	17,300		1.1									0.8	
X	24.0	18,500		1.1									0.8	
	24.0	21,867												
	24.0	21,867												
X	24.0	21,867		1.1									0.7	
X	24.0	17,700		1.2									0.9	
X	24.0	35,200		1.4									1.2	
X	24.0	21,100		1.2									1.0	
X	24.0	21,600		1.2									0.8	
	24.0	22,600												
	24.0	22,600												
X	24.0	22,600		1.2									0.9	
X	24.0	14,100		1.3									0.9	
X	24.0	33,900		1.3									1.0	
X	24.0	15,000		1.2									0.8	
X	24.0	13,600		1.1									0.8	
	24.0	23,833												
	24.0	23,833												
X	24.0	23,833		1.1									0.8	
X	24.0	13,100		1.8									1.3	
X	24.0	31,400		1.3									1.1	
	24.0	14,900												
X	24.0	14,900		1.2									0.9	
	24.0	17,433												
	24.0	17,433												
X	24.0	17,433		1.1									0.8	
X	24.0	22,100		1.2									0.9	
X	24.0	20,700		1.3									0.9	
X	24.0	15,200		1.2									0.8	
		645,600												
		20,826												
		35,200												

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

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

PWS ID:	3351205	Plant Name:	Sky Crest
---------	---------	-------------	-----------

III. Daily Data for the Month/Year of: September, 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

[illegible]

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

1. General Information for the Month/Year of:	September, 2006
---	-----------------

PWS Name: Sky Crest			PWS Identification Number: 3351205		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 123			Total Population Served at End of Month: 431		
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com					

[illegible]

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

C-6813
License Number

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

PWS ID:	3351205	Plant Name:	Sky Crest
---------	---------	-------------	-----------

III. Daily Data for the Month/Year of: **October, 2006**

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

[illegible]

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

I. General Information for the Month/Year of:

October 2006

PWS Name: Sky Crest				PWS Identification Number: 3351205			
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive							
Number of Service Connections at End of Month: 123				Total Population Served at End of Month: 431			
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath				Contact Person's Title: Area Manager			
Contact Person's Mailing Address: PO Box 490910		City: Leesburg		State: Florida		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980				Contact Person's Fax Number: (352) 787-6333			
Contact Person's E-Mail Address: beheath@acuaamerica.com							

[illegible]

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

Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: November, 2006

A. Public Water System (PWS) Information

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 431	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Sky Crest		Plant Telephone Number: (352) 787-0980	
Plant Address: 36815 Skycrest Blvd.		City: Fruitland	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34731	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	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.

12-8-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS ID:	3351205	Plant Name:	Sky Crest											
III. Daily Data for the Month/Year of: November, 2006														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
C. Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable														
Day of Month	Days Plant Started or Resumed Operation	Hours Plant in Operation	Raw Quantity of Finished Water Produced (gallons)	Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at Given Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp of Water (°C)	Temp of Inlet Water (°C)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal operating conditions, repairs, maintenance work that involves taking water system components out of operation
	X	24.0	35,900		1.2								0.8	
	X	24.0	15,800		1.2								0.8	
	X	24.0	19,600		1.1								0.7	
		24.0	23,367											
		24.0	23,367											
	X	24.0	23,367		1.0								0.6	
	X	24.0	17,000		1.7								1.0	
	X	24.0	25,100		1.5								1.1	
	X	24.0	13,700		1.6								1.3	
	X	24.0	28,500		1.4								1.1	
		24.0	21,167											
		24.0	21,167											
	X	24.0	21,167		1.7								1.3	
	X	24.0	16,500		1.6								1.1	
	X	24.0	32,600		2.0								1.3	
	X	24.0	18,400		1.8								1.3	
	X	24.0	18,200		2.0								1.4	
		24.0	25,333											
		24.0	25,333											
	X	24.0	25,333		1.3								1.0	
	X	24.0	31,900		1.5								1.1	
	X	24.0	25,700		1.4								1.1	
		24.0	18,300											
	X	24.0	18,300		1.5								1.2	
		24.0	22,833											
		24.0	22,833											
	X	24.0	22,833		1.4								1.0	
	X	24.0	12,400		1.3								1.0	
	X	24.0	27,300		2.1								1.4	
	X	24.0	14,300		1.5								1.3	
		24.0												
Total			667,600											
Minimum			21,535											
Maximum			35,900											

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of: December, 2006

A. Public Water System (PWS) Information

PWS Name: Sky Crest		PWS Identification Number: 3351205	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 123		Total Population Served at End of Month: 431	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6393	
Contact Person's E-Mail Address: beheath@aquaamerica.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
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 126,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Operator Name	License Class	License Number	Days 1st Shift
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	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.

1-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS ID:	3351205	Plant Name:	Sky Crest
---------	---------	-------------	-----------

III. Daily Data for the Month/Year of:	December, 2006
--	----------------

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

☐ Ultraviolet Radiation ☐ Other (Describe): _____

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

[illegible]

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

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

PWS ID: 3351205 Plant Name: Sky Crest

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

Polymer Dose ppm =	Acrylamide Level, % [†] =
--------------------	------------------------------------

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

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
--------------------	---

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

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

* 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.

SKYCREST



St. Johns River Water Management District

Kirby B. Green III Executive Director • David W. Fisk Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500

On the Internet at www.sjrwmd.com.

CERTIFIED NUMBER: 7004 0750 0003 3823 0226

August 12, 2004

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

A handwritten signature in cursive script, appearing to read "Gloria Lewis".

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

DOCUMENT NUMBER - DATE
04313 MAY 22 08
FPSC-COMMISSION CLERK

GOVERNING BOARD

Omelias D. Long CHAIRMAN APOPKA	David G. Graham VICE CHAIRMAN JACKSONVILLE	R. Clay Albright SECRETARY OCALA	Duane Ottenstroer TREASURER JACKSONVILLE
W. Michael Branch FERNANDINA BEACH	John G. Sowinski ORLANDO	William Kerr MELBOURNE BEACH	Ann T. Moore BUNNELL
			Susan N. Hughes JACKSONVILLE

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): 18S 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

By: _____


Dwight Jenkins
Division 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.
9. 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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

5600 U.S. 1 North Fort Pierce, FL 34946 DOH # E96080
4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
18331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

Lab Receipt Date and Time: 12/6/07 12:15

Received for Laboratory By: P. Ad

Analysis Date and Time: 12/6/07 15:05

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 4°C
Disinfectant Check ☒ Not Detected ☐ >0.1 mg/l

HBEL Report Number: 2130129 Sub-Contract Lab ID:

Analysis Method Requested:

☒ Coliform ☐ Membrane Filtration PWS I.D. 3351205

System Name: 6421 SKYCREST (AUF-LAKE CO.)

System Address: 36815 SKYCREST BLVD

City: FRUITLAND PARK System or Owner's Phone #: 352-787-0980 Fax #: 787-6333

Collector: J. Ad Collector's Phone #: 787-6333

Relinquished By: J. Ad Received By: J. Ad Relinquished By: J. Ad

Date/Time: 12/6/07 Date/Time: 12/6/07 Date/Time: 12/6/07 15:05

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

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

Sample Collection Date(s): 12/5/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130129001
	A			002
	A			003
	A			2130129004

Key: P - Present A - Absent C - Confluent Growth
TNTC - Too Numerous to Count TA - Turbid
L.C.A. - Absence of gas or acid

Analyst: P. Ad

Report authorized by: J. Ad Technical Director or Designee

Date: 12/9/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
W1	Well 1	2:50	R	-	-
W2	Well 2	2:55	R	-	-
R1	35303 BRAYS AVE	2:30 PM	D	1.8	-
R2	36930 SHADOW HILL	2:40 PM	D	1.7	-

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

1.75

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other

Person performing analysis is:

☒ A certified operator (# C-6597) ☐ Employed by a certified lab
☐ Supervised by a certified operator (#) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

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

ATTN: PATRICK FENNIS



Page 1 of 1

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)

² Defined in Florida Administrative Code Rule 62-160

FPSC-COMMISSION CLERK

04313 MAY 22 80

FPSC-COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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
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: 2/27/07



Page 1 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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)

Number	Sample ID	Analytical Method	Description
--------	-----------	-------------------	-------------

Quality Control Summary

Method	HBEL Batch	Analyte
--------	------------	---------

Analytical Issue

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

Printed: 2/27/07

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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: 2127964001					Sampled: 02/20/07 10:15		Received: 02/20/07 13:00			
Sample ID: Point of Entry					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		0.0075	mg/L	0.0030	EPA 300.0	IC7128		02/21/07 14:55	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7128		02/21/07 14:55	JL	E96080

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

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: 2/27/07

Page 3 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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
Received: 10/10/06 13:15

[2127043]

Dear Brian Heath;

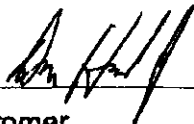
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/2/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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)

Number	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.

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



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127043001					Sampled: 10/09/06 16:35 Received: 10/10/06 13:15					
Sample ID: POE Grab					Matrix: Water Results reported on Wet Weight Basis					
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15242		10/10/06 16:04	RM	E83509
pH [6.5-8.5]	Q	7.84	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Barium		0.019	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Copper		0.0069	mg/L	0.0014	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Iron		0.049	mg/L	0.025	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Manganese		0.0070	mg/L	0.0037	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Sodium		6.5	mg/L	0.50	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8185		10/26/06 13:56	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:11	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8182		10/20/06 11:35	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:23	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:41	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8176	10/18/06 9:34	10/17/06 13:25	DM	E96080
Chloride		12	mg/L	5.0	EPA 300.0	IC6881		10/13/06 9:25	JL	E96080
Fluoride		0.24	mg/L	0.011	EPA 300.0	IC6875		10/11/06 14:01	JL	E96080
Nitrate as N		0.035	mg/L	0.0030	EPA 300.0	IC6875		10/11/06 14:01	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6875		10/11/06 14:01	JL	E96080
Sulfate		4.0	mg/L	1.4	EPA 300.0	IC6881		10/13/06 9:25	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4805	10/12/06 13:06	10/13/06 1:23	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4805	10/12/06 13:06	10/13/06 1:23	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
Endrin		0.098 U	ug/L	0.098	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4810	10/16/06 9:14	10/16/06 23:38	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
icloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4812	10/13/06 7:39	10/19/06 17:10	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 0:15	WR	E96080

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 11/2/06

Page 3 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

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	VOC2713		10/20/06 0:15	WR	E96080
1,1-Dichloroethane		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	ug/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		0.46 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
Trichloroethene		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 22:28	WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	WR	E96080
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	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	WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	WR	E96080
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2450	10/13/06 9:19	10/25/06 22:28	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2339		10/11/06 20:44	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2339		10/11/06 20:44	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2341		10/16/06 13:43	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2447	10/11/06 10:19	10/23/06 19:05	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2348	10/16/06 9:24	10/31/06 11:11	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26407		10/11/06 14:10	TCL	E96080
Total Dissolved Solids		110	mg/L	16	SM2540 C	WCGE26409		10/12/06 18:30	EE	E96080
Cyanide		0.0098	mg/L	0.0047	SM4500CN E	WCGE26440	10/12/06 11:30	10/13/06 11:16	GG	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

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 4 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127043]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest Tri-Annual Scan

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127043002					Sampled:		Received: 10/10/06 13:15			
Sample ID: TRIP BLANK					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2713	10/20/06 0:48	WR	E96080		
1,1,2-Trichloroethane	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-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2713	10/20/06 0:48	WR	E96080		
1,2-Dichlorobenzene	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-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2713	10/20/06 0:48	WR	E96080		
1,4-Dichlorobenzene	0.23 U	ug/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 tetrachloride	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-Dichloroethene	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		
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2713	10/20/06 0:48	WR	E96080		
Toluene	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-Dichloroethene	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		
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2713	10/20/06 0:48	WR	E96080		

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

Q Sample held beyond the accepted holding time.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/2/06



Page 5 of 8

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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
Received: 9/19/06 13:00

[2126855]

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/11/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

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

Quality Control Summary

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

<u>Analytical Issue</u>

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/11/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

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 ID
Laboratory ID: 2126855001					Sampled: 09/18/06 12:10		Received: 09/19/06 13:00			
Sample ID: 2929 South St MRT Location					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		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
Dibromochloromethane		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:		Received: 09/19/06 13:00			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		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
Dibromochloromethane		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

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 10/11/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, 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

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

[2124928]

Received: 3/02/06 13:20

Dear Brian Heath;

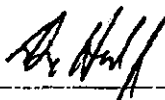
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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 Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/6/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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)

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

Quality Control Summary

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/6/06

Page 2 of 4

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2124928]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6421 Skycrest NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2124928001					Sampled: 03/01/06 13:20 Received: 03/02/06 13:20					
Sample ID: POE Grab					Matrix: Water Results reported on Wet Weight Basis					
Nitrate as N		0.0098	mg/L	0.0030	EPA 300.0	IC6706		03/3/06 12:06	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6706		03/3/06 12:06	RS	E96080

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

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

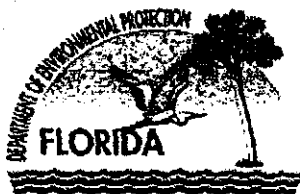
4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/6/06





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

<u>Lake County - PW</u>	<u>PWS ID Number</u>
Fern 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 - DATE

04313 MAY 22 08

FPSC-COMMISSION CLERK

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 June 29, 2007**. (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 County Lake PWS ID # 3351205
Plant Location 36815 Skycrest Boulevard, Fruitland Park, FL 34731 Phone (352) 435-4028
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
This Survey Date 04/11/07 Last Survey Date 04/29/04 Last C.I. Date 8/24/99

PWS TYPE & CLASS

- ☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
HRS #8419, 4/21/66, WC35-8419, 10/2/86
WC35-162398, 6/11/91, WC35-229460, 5/28/93
WC35-242126, 12/27/93
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Will Fontaine C-6813 Lead/Chief Operator
See MOR for complete list of operators
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: Required Visit Actual Visit
Days/wk: Required 3 Actual 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Population reported on monthly operation reports
differs from Department records.

Number of Service Connections 123
Population Served 308 Basis Operator
Average Day (from MORs) 24,906 gpd
Max. Day (from MORs) 58,400 gpd 05/06
Max-day Design Capacity 126,000 gpd

WRITTEN PROGRAMS

O & M Manual Yes Located Water treatment plant
Written Preventive Maintenance Program Yes
Flushing Plan ☒ Yes ☐ No Records No
Valve Maint Plan ☒ Yes ☐ No Records No
Emergency Response Plan ☒ Yes ☐ No ☐ N/A
Comments

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required
Source Olympian generator (propane)
Capacity of Standby (kW) 150
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps All
☐ High Service Pumps
☒ Treatment Equipment All
Satisfy average day demand? ☒ Yes ☐ No ☐ Unk
Comments Audio-visual alarm and remote
telemetry in the event of a power loss.

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type: 4" McCrometer & 6" Precision
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
DDBP Monitoring Plan: ☒ Yes ☐ No ☐ N/A
Distribution System Map ☒ Yes ☐ No ☐ N/A
Written Cross-connection Control Program:
Inadequate
Comments Flow meter last calibrated 04/13/05 by
Central Florida Controls, Inc.

GROUND WATER SOURCE

Well Number (FLUWID No.)	1 (AAC3230)	2 Fire (AAC3229)		
Year Drilled	Unknown	1993		
Depth Drilled	130'	290'		
Drilling Method	Unknown	Unknown		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	Unknown		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	60'	126'		
Diameter (outside casing)	6"	8"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Vertical turbine	
	Manufacturer Name	Goulds	Goulds	
	Model Number	2366029020	6DHHO	
	Rated Capacity (gpm)	175	500	
	Motor Horsepower	10	40	
Well casing 12" above grade?	No	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Housing	Fence		
Well Vent 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.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity * gpd
Chlorine Feed Rate #1 - 1.75 stroke #2 - 10 stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.94 Remote 1.70
Remote tap location Shadow Hill Rd. fire hydrant
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank
Booster Pump Info N/A
Comments *2 Stenner hypchlorinator pumps: #1 - 5 gpd, #2 - 40 gpd

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

AERATION (Gases, Fe, & Mn Removal)

Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/I		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Dates of last cleaning and inspection are unknown.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

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, www.frwa.net, 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 62-555.310(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 sludge and bio-growths shall be cleaned routinely (i.e., at least annually) 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.]

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 *Danell D. Owens* Title Environmental Specialist I Date 05/10/07

Approved by *Kristen D. Dutton* Title Environmental Manager Date 05/17/07

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: 3351205

Business Name: _____

PWS Name: SKYCREST SUBDIVISION

Owner(s) Name: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address:

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Danielle D. Owens, Environmental Specialist

In response to the Department's Sanitary Survey Report for the subject public water system dated April 11, 2007, the following actions were done to correct the listed deficiencies:

Deficiency

Item No.

Corrective Action Done

Date Done

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____

(Please Type or Print)

AQUA
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.

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.

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

A

U A

Utilities Florida

WATER FLUSHING & BREAK REPAIRS RECORD

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

Plant: Fern terrace

Month/Year: April 2009

FLASHING

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

Utilities Florida.

Plant: April 2007
Month/Year: November 2007

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

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida

Plant: Grand Tera
Month/Year: April 2007

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

Flushing Legend:

Finishing Program FP
Customer Complaint
Contractor Use CU

Line Repair LR
Main Clearance MC
(explain others)

[illegible]

Utilities Florida:

Plant: April 2007
Month/Year: Morningview

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

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida.

Plant: Quail Ridge
Month/Year: April 2007

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

[illegible][illegible]

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, mains, hydrants, tanks, etc.)

[illegible]

WATER BREAK REPAIR RECORD:

[illegible]

Utilities Florida

Plant: *Scaevola*

Month/Year: Aug 2007

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

Flushing Legend:

Flushing Program FP

Customer Complaint CC

Contractor L'eo CU

Line Repair LR

Main Clearance: MC

(explain others)

WATER BREAK REPAIR RECORD:[illegible]

AUA

Utilities Florida.

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

Plant: Valencia tangerine
Month/Year: April 2007

FLIPPING:

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

[illegible]**WATER BREAK REPAIR RECORD:**[illegible]

Utilities Florida

Plant: Western Skins

Month/Year: April 2007

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

Flushing Legend:

Flushing Program FP

Customer Complaint CC

Contractor Use CU

Line Repair LR

Main Clearance MC

(explain others)

WATER BREAK REPAIR RECORD:[illegible]