MARION COUNTY

Hawks Point (Ocala Oaks)
Marion Hills (Ocala Oaks)
Ridge Meadows (Ocala Oaks)
West View (Ocala Oaks)
Woodberry Forest (Ocala Oaks)

Docket No. 080121-WS

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

Florida

Volume 5
Book 2
Set 7 of 16

Part 3 of 3

Containing:
Monthly Operating Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

4-9-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **March-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	34,000		1.2								1	
2	X	24 hrs	32,000		1.2								1	
3		24 hrs	32,000											
4	X	24 hrs	35,000		1.4								1.2	
5	X	24 hrs	37,000		1.1								0.8	
6	X	24 hrs	31,000		1.2								0.8	
7	X	24 hrs	34,000		1.2								0.9	
8	X	24 hrs	37,000		1.1								0.8	
9	X	24 hrs	25,000		1.1								0.8	
10	X	24 hrs	54,000		1.2								0.6	
11		24 hrs	54,000											
12	X	24 hrs	25,000		1.2								0.8	
13	X	24 hrs	64,000		1.1								0.8	
14	X	24 hrs	36,000		1.2								0.8	
15	X	24 hrs	36,000		1.2								1	
16	X	24 hrs	39,000		1.2								0.9	
17		24 hrs	39,000											
18	X	24 hrs	36,000		1.1								0.8	
19	X	24 hrs	27,000		1								0.7	
20	X	24 hrs	37,000		1								0.7	
21	X	24 hrs	51,000		1								0.7	
22	X	24 hrs	33,000		1.1								0.9	
23	X	24 hrs	38,000		1								0.7	
24		24 hrs	38,000											
25	X	24 hrs	38,000		1.6								1.3	
26	X	24 hrs	36,000		1.7								1.5	
27	X	24 hrs	40,000		1.6								1.3	
28	X	24 hrs	51,000		1.6								1.3	
29	X	24 hrs	42,000		1.3								1	
30	X	24 hrs	22,000		1.3								1	
31	X	24 hrs	48,000		1.4								1.2	
Total			1,181,000											
Average			38,097											
Maximum			64,000											

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

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

See page 4 for instructions

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

A. *Public Water System (PWS) Information*

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg / State: FL / Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 787-0980
Plant Address:	*S.E. 43rd Ave & S.E. 107th*	City: Belleview / State: FL / Zip Code:	34880
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD		
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

5-3-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: April-07

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

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

Day of the Month	Days Plant Staffed (or Visited by Operator) (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*							UV Dose			Remarks - Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations										
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	48,000											
2	X	24 hrs	53,000		1.4								1.1	
3	X	24 hrs	50,000		1.4								1.1	
4	X	24 hrs	43,000		1.4								1.1	
5	X	24 hrs	42,000		1.4								1.2	
6	X	24 hrs	60,000		1.5								1.2	
7	X	24 hrs	35,000		1.4								1.2	
8		24 hrs	35,000											
9	X	24 hrs	31,000		1.3								1	
10	X	24 hrs	25,000		1.4								1.2	
11	X	24 hrs	27,000		1.2								0.8	
12	X	24 hrs	27,000		1.3								1	
13	X	24 hrs	38,000		1.3								1	
14		24 hrs	38,000											
15	X	24 hrs	39,000		1.1								0.8	
16	X	24 hrs	34,000		1.2								0.9	
17	X	24 hrs	38,000		1.4								1.2	
18	X	24 hrs	36,000		1.3								1	
19	X	24 hrs	48,000		1.3								1	
20	X	24 hrs	38,000		1.4								1.1	
21		24 hrs	38,000											
22	X	24 hrs	50,000		1.3								1	
23	X	24 hrs	39,000		1.3								1	
24	X	24 hrs	63,000		1.3								1	
25	X	24 hrs	56,000		1.4								1.2	
26	X	24 hrs	46,000		1.3								1	
27	X	24 hrs	56,000		1.2								0.9	
28		24 hrs	56,000											
29	X	24 hrs	41,000		1.2								1	
30	X	24 hrs	46,000		1.7								1.5	
31		24 hrs												
Total			1,276,000											
Average			42,533											
Maximum			63,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Gary Kissick	C	7846	6 Days per week
Other Operator	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

6-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: May-07

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

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

Day of the Month	Days Plant Staffed by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	GT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: GT Calculations: 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Sample 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 hrs	51,000		1.5								1.3	
2	X	24 hrs	52,000		1.5								1.2	
3	X	24 hrs	53,000		1.6								1.3	
4	X	24 hrs	54,000		1.2								1	
5		24 hrs	54,000											
6	X	24 hrs	43,000		1.2								0.8	
7	X	24 hrs	47,000		1.2								0.9	
8	X	24 hrs	27,000		1.3								1	
9	X	24 hrs	56,000		1.4								1.2	
10	X	24 hrs	46,000		1.3								1	
11	X	24 hrs	48,000		1.5								1.2	
12		24 hrs	48,000											
13	X	24 hrs	44,000		1.4								1.1	
14	X	24 hrs	38,000		1.4								1.1	
15	X	24 hrs	47,000		1.3								1	
16	X	24 hrs	54,000		1.3								1	
17	X	24 hrs	54,000		1.4								1	
18	X	24 hrs	51,000		1.3								1	
19		24 hrs	51,000											
20	X	24 hrs	56,000		1.2								1	
21	X	24 hrs	60,000		1.2								0.9	
22	X	24 hrs	55,000		1.2								0.9	
23	X	24 hrs	58,000		1.3								1	
24	X	24 hrs	38,000		1.1								0.8	
25	X	24 hrs	34,000		1.1								0.8	
26	X	24 hrs	53,000		1.2								1.2	
27		24 hrs	53,000											
28	X	24 hrs	61,000		1.1								0.9	
29	X	24 hrs	44,000		1.2								0.9	
30	X	24 hrs	56,000		1.2								0.9	
31	X	24 hrs	44,000		1.2								0.8	
Total:			1,530,000											
Average:			49,355											
Maximum:			61,000											

** 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: June-07

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point			Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD				
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

7-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: June-07

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

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

				CT Calculations, or 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 Quanity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/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, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	32,000		1.1								0.8	
2		24 hrs	32,000											
3	X	24 hrs	45,000		1.1								0.9	
4	X	24 hrs	39,000		1.1								0.8	
5	X	24 hrs	41,000		1								0.7	
6	X	24 hrs	40,000		1.1								0.9	
7	X	24 hrs	41,000		1.2								0.9	
8	X	24 hrs	20,000		1.2								0.9	
9	X	24 hrs	42,000		1.2								0.9	
10		24 hrs	42,000											
11	X	24 hrs	38,000		1.2								0.9	
12	X	24 hrs	32,000		1.1								1	
13	X	24 hrs	36,000		1.1								1	
14	X	24 hrs	41,000		1								0.9	
15	X	24 hrs	41,000		1								0.9	
16	X	24 hrs	53,000		1.2								1	
17		24 hrs	53,000											
18	X	24 hrs	54,000		1.1								0.9	
19	X	24 hrs	38,000		1.1								0.9	
20	X	24 hrs	35,000		1.2								1	
21	X	24 hrs	30,000		1.1								0.9	
22	X	24 hrs	43,000		1.1								0.9	
23	X	24 hrs	47,000		1.2								1	
24		24 hrs	47,000											
25	X	24 hrs	37,000		1								0.7	
26	X	24 hrs	46,000		1.1								0.8	
27	X	24 hrs	47,000		1.1								0.8	
28	X	24 hrs	43,000		1								0.8	
29	X	24 hrs	36,000		1								0.8	
30	X	24 hrs	50,000		1.2								0.8	
31		24 hrs												
Total			1,221,000											
Average			40,700											
Maximum			54,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD		
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

8-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **July-07**

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	* Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	50,000											
2	X	24 hrs	39,000		1								0.8	
3	X	24 hrs	29,000		1								0.8	
4	X	24 hrs	44,000		1								0.8	
5	X	24 hrs	29,000		1								0.8	
6	X	24 hrs	24,000		1								0.7	
7	X	24 hrs	31,000		1								0.8	
8		24 hrs	31,000											
9	X	24 hrs	36,000		1								0.7	
10	X	24 hrs	30,000		1								0.7	
11	X	24 hrs	43,000		1								0.7	
12	X	24 hrs	28,000		1								0.7	
13	X	24 hrs	21,000		1								0.7	
14	X	24 hrs	26,000		1.1								0.9	
15		24 hrs	26,000											
16	X	24 hrs	30,000		1								0.7	
17	X	24 hrs	25,000		1								0.7	
18	X	24 hrs	29,000		2.1								1.9	
19	X	24 hrs	31,000		2								1.8	
20	X	24 hrs	24,000		2.1								1.9	
21		24 hrs	24,000											
22	X	24 hrs	29,000		1.4								1.1	
23	X	24 hrs	27,000		1.2								1	
24	X	24 hrs	22,000		1.2								1	
25	X	24 hrs	33,000		1.4								1.2	
26	X	24 hrs	26,000		1.3								1	
27	X	24 hrs	22,000		1.5								1.2	
28	X	24 hrs	30,000		1.4								1.2	
29		24 hrs	30,000											
30	X	24 hrs	28,000		1.4								1.2	
31	X	24 hrs	21,000		1.3								1	
Total			918,000											
Average			29,613											
Maximum			50,000											

** 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: August-07

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

9-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: August-07

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

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

Day of the Month	Days Plant Staffed by Operator (Place X)	Hours Plant is in Operation	Net Quantity of Finished Water Produced, gal	GT 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 a Water System Component Out of Operation
				GT 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 GT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water if Applicable	Minimum GT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	25,000		1.4								1.1	
2	X	24 hrs	23,000		1.3								1	
3	X	24 hrs	22,000		1								0.8	
4	X	24 hrs	35,000		1.2								1	
5		24 hrs	35,000											
6	X	24 hrs	23,000		1.2								1	
7	X	24 hrs	35,000		1								0.7	
8	X	24 hrs	29,000		1.7								1.5	
9	X	24 hrs	28,000		1.4								1.2	
10	X	24 hrs	31,000		1.4								1.2	
11		24 hrs	31,000											
12	X	24 hrs	28,000		1.2								1	
13	X	24 hrs	26,000		1.2								1	
14	X	24 hrs	29,000		1.3								1	
15	X	24 hrs	29,000		1.3								1	
16	X	24 hrs	24,000		1.2								1	
17	X	24 hrs	34,000		1.3								1.1	
18	X	24 hrs	34,000		1.2								1	
19		24 hrs	34,000											
20	X	24 hrs	31,000		1								0.7	
21	X	24 hrs	35,000		1.4								1.2	
22	X	24 hrs	33,000		1.4								1.2	
23	X	24 hrs	33,000		1.5								1.3	
24	X	24 hrs	25,000		1.3								1	
25	X	24 hrs	31,000		1.4								1	
26		24 hrs	31,000											
27	X	24 hrs	26,000		1.1								0.9	
28	X	24 hrs	26,000		1								0.8	
29	X	24 hrs	37,000		1.3								1	
30	X	24 hrs	29,000		1.2								0.9	
31	X	24 hrs	20,000		1.1								0.9	
Total			912,000											
Average			29,419											
Maximum			37,000											

** 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: September-07

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Gary Kissick	C	7846	6 Days per week
	Mark March	C	8287	6 Days per week

II. Certification by Lead/Chief Operator

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

10/09/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: September-07

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

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

				CT Calculations or 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	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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	27,000		1.2								1	
2		24 hrs	27,000											
3	X	24 hrs	40,000		1								0.8	
4	X	24 hrs	27,000		1								0.8	
5	X	24 hrs	28,000		1.4								1.1	
6	X	24 hrs	28,000		1.5								1.3	
7	X	24 hrs	27,000		1.3								1	
8	X	24 hrs	32,000		1.1								0.9	
9		24 hrs	32,000											
10	X	24 hrs	26,000		1								0.7	
11	X	24 hrs	25,000		1.3								1	
12	X	24 hrs	25,000		1.3								1.1	
13	X	24 hrs	24,000		1.2								1	
14	X	24 hrs	16,000		1.3								1	
15	X	24 hrs	34,000		1.3								1.1	
16		24 hrs	34,000											
17	X	24 hrs	25,000		1.2								1	
18	X	24 hrs	21,000		1								0.7	
19	X	24 hrs	27,000		1.1								0.8	
20	X	24 hrs	22,000		1.1								0.8	
21	X	24 hrs	19,000		1.2								1	
22	X	24 hrs	29,000		1.4								1	
23		24 hrs	29,000											
24	X	24 hrs	32,000		1.3								1	
25	X	24 hrs	31,000		1.3								1	
26	X	24 hrs	29,000		1.2								0.9	
27	X	24 hrs	27,000		1.2								0.9	
28	X	24 hrs	19,000		1.2								1	
29	X	24 hrs	33,000		1.2								1.2	
30		24 hrs	33,000											
31		24 hrs												
Total			828,000											
Average			27,600											
Maximum			40,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

11-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

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

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

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

Day of the Month	Days Plant Staffed (Staffed 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	Disinfectant Concentration (C) Entering First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in First Customer During Peak Flow, minutes	Temperature of Water During Peak Flow, °C	pH of Water During Peak Flow	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose Applied, mJ/cm2	Minimum UV Dose Required, mJ/cm2	Minimum Disinfectant Residual Concentration in Distribution System, mg/L	Comments on Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	22,000		1.3								1.1	
2	X	24 hrs	19,000		1.3								1.1	
3	X	24 hrs	28,000		1.3								1	
4	X	24 hrs	22,000		1.2								1	
5	X	24 hrs	23,000		1.2								1.2	
6	X	24 hrs	27,000		1.2								1	
7		24 hrs	29,000											
8	X	24 hrs	31,000		1.2								1	
9	X	24 hrs	27,000		1.1								1	
10	X	24 hrs	29,000		1								0.8	
11	X	24 hrs	26,000		1								0.8	
12	X	24 hrs	20,000		1.2								1	
13	X	24 hrs	35,000		1.2								1	
14		24 hrs	35,000											
15	X	24 hrs	29,000		1.1								0.9	
16	X	24 hrs	22,000		1.1								0.9	
17	X	24 hrs	23,000		1.1								0.9	
18	X	24 hrs	33,000		1								0.8	
19	X	24 hrs	25,000		1.2								1	
20	X	24 hrs	26,000		1.2									
21		24 hrs	26,000											
22	X	24 hrs	26,000		0.9								0.7	
23	X	24 hrs	24,000		1								0.8	
24	X	24 hrs	26,000		1.1								0.9	
25	X	24 hrs	22,000		1								0.8	
26	X	24 hrs	21,000		1								0.8	
27	X	24 hrs	30,000		1								0.6	
28		24 hrs	30,000											
29	X	24 hrs	25,000		2.1								2	
30	X	24 hrs	25,000		2								1.8	
31	X	24 hrs	23,000		1.8								1.7	
Total			809,000											
Average			26,097											
Maximum			35,000											

** 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: November-07

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Paul Thompson	A	7251	6 Days per week
Other Operators	Gary Kissick	C	7846	6 Days per week
	Mark March	C	8287	6 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **November-07**

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

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

Day of the Month	Plant Shut-off for the Day (X)	Hours Plant in Operation	Gallons Pumped into Water System	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation (If Applicable)									Lowest Residual Disinfectant Concentration in Water Entering Water System (mg/L)	Comments (Any Unusual Conditions, Source Water Changes, Water System Changes, Etc.)
				Peak Hourly Flow Rate Entering Water System (gpm)	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hourly Flow (min)	Lowest CT Provided Before or At First Customer During Peak Hourly Flow	Log of Inactivation/ Removal Required	Applicable Inactivation Ratio	Total Inactivation Ratio	Lowest Operating UV Dose (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)		
1	X	24 hrs	31,000		1								0.8	
2	X	24 hrs	29,000		2								1.7	
3		24 hrs	29,000											
4	X	24 hrs	38,000		1.8								1.4	
5	X	24 hrs	27,000		1.4								1.2	
6	X	24 hrs	24,000		1.4								1.2	
7	X	24 hrs	22,000		1.3								1.2	
8	X	24 hrs	34,000		1.3								1.2	
9	X	24 hrs	33,000		1.2								1	
10		24 hrs	33,000											
11	X	24 hrs	38,000		1.2								1	
12	X	24 hrs	39,000		1.3								1.1	
13	X	24 hrs	27,000		1.2								1	
14	X	24 hrs	29,000		1.2								1	
15	X	24 hrs	29,000		1.2								1	
16	X	24 hrs	28,000		1.1								0.9	
17	X	24 hrs	31,000		1								0.8	
18		24 hrs	31,000											
19	X	24 hrs	31,000		1								0.8	
20	X	24 hrs	29,000		1.3								1.2	
21	X	24 hrs	26,000		1								0.8	
22	X	24 hrs	27,000		1.1								1	
23	X	24 hrs	24,000		1.1								1	
24	X	24 hrs	32,000		0.8								0.6	
25		24 hrs	32,000											
26	X	24 hrs	31,000		1								0.8	
27	X	24 hrs	27,000		0.9								0.8	
28	X	24 hrs	26,000		1.3								1.1	
29	X	24 hrs	25,000		1.1								1	
30	X	24 hrs	16,000		1.1								1	
31		24 hrs												
Total			878,000											
Average			29,267											
Maximum			39,000											

** 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: **December-07**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

1-7-08
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: December-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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	T, 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	X	24 hrs	29,000		1.4								1	
2		24 hrs	29,000											
3	X	24 hrs	25,000		2.2								2.1	
4	X	24 hrs	24,000		1.1								1.1	
5	X	24 hrs	28,000		1.1								1	
6	X	24 hrs	25,000		1.1								1	
7	X	24 hrs	28,000		1								0.9	
8	X	24 hrs	32,000		1									
9		24 hrs	32,000											
10	X	24 hrs	27,000		1.1								1	
11	X	24 hrs	27,000		1								0.8	
12	X	24 hrs	27,000		1.1								1	
13	X	24 hrs	22,000		1								0.8	
14	X	24 hrs	35,000		1								0.8	
15	X	24 hrs	23,000		1									
16		24 hrs	23,000											
17	X	24 hrs	31,000		1								0.8	
18	X	24 hrs	25,000		1.1								0.9	
19	X	24 hrs	26,000		1								0.8	
20	X	24 hrs	21,000		1								0.8	
21	X	24 hrs	26,000		0.9								0.7	
22	X	24 hrs	31,000		1								1	
23		24 hrs	31,000											
24	X	24 hrs	35,000		1.4								1.2	
25	X	24 hrs	33,000		1.3								1.2	
26	X	24 hrs	30,000		1.1								0.9	
27	X	24 hrs	31,000		1.1								0.9	
28	X	24 hrs	33,000		1.2								1	
29		24 hrs	34,000											
30	X	24 hrs	33,000		1.4								1	
31	X	24 hrs	25,000		1.2								1	
Total			881,000											
Average			28,419											
Maximum			35,000											

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

PWS ID:	3424685	Plant Name:	Hawks Point

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

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

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.

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:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917			
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

2-3-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 06
FPSC-COMMISSION CLERK

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **January-06**

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

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

Day of the Month	Was Plant Started Today? Yes or No	Time Plant Operated	Raw Water Pumped (gallons)	Raw Water Flow Rate (gpm)	For Each Point of Entry to the Distribution System Receiving Treatment: Lowest Residual Disinfectant Concentration (mg/L) Measured at Each Point of Entry to the Distribution System	For Each Point of Entry to the Distribution System Receiving Treatment: Number of Hours Below the Minimum Value Allowed During the Period of Operation	For Each Point of Entry to the Distribution System Receiving Treatment: Temperature Sample (°C)	For Each Point of Entry to the Distribution System Receiving Treatment: Turbidity Sample (NTU)	For Each Point of Entry to the Distribution System Receiving Treatment: Minimum Log Inactivation/Removal Required	For Each Point of Entry to the Distribution System Receiving Treatment: Actual Log Inactivation/Removal Provided	For Each Point of Entry to the Distribution System Receiving Treatment: Minimum Residual Disinfectant Concentration (mg/L) Required at Each Point of Entry to the Distribution System	Lowest Residual Disinfectant Concentration (mg/L) Measured in the Distribution System	Turbidity Measurements Meeting Conditions? Report Any Unusual Water System Conditions or Operations
1		24 hrs	37,000										
2	X	24 hrs	42,000		1.2							0.9	
3	X	24 hrs	31,000		1.3							1	
4	X	24 hrs	31,000		1.2							0.9	
5	X	24 hrs	34,000		1.3							1	
6	X	24 hrs	30,000		1.4							0.9	
7	X	24 hrs	35,000		1.2							0.8	
8		24 hrs	35,000										
9	X	24 hrs	33,000		1.2							0.9	
10	X	24 hrs	30,000		1.2							0.9	
11	X	24 hrs	35,000		1.1							0.8	
12	X	24 hrs	33,000		1.5							1.2	
13	X	24 hrs	23,000		1.4							1.1	
14	X	24 hrs	36,000		1.2							0.9	
15		24 hrs	36,000										
16	X	24 hrs	42,000		1.3							1	
17	X	24 hrs	25,000		1.1							0.8	
18	X	24 hrs	42,000		1.1							0.8	
19	X	24 hrs	32,000		1.3							1	
20	X	24 hrs	34,000		1.3							1	
21	X	24 hrs	45,000		1.2							1	
22		24 hrs	45,000										
23	X	24 hrs	39,000		1							0.8	
24	X	24 hrs	29,000		1.2							0.9	
25	X	24 hrs	49,000		1.1							0.8	
26	X	24 hrs	26,000		1.1							0.8	
27	X	24 hrs	36,000		1.2							0.9	
28	X	24 hrs	27,000		1							0.7	
29		24 hrs	27,000										
30	X	24 hrs	27,000		1.1							0.8	
31	X	24 hrs	31,000		1.1							0.8	
Total			1,057,000										
Average			34,097										
Maximum			49,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917			
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(s)	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3-5-06	Gary Kissick	C7846

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **February-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	32,000		1.2								0.8	
2	X	24 hrs	26,000		1.2								0.9	
3	X	24 hrs	15,000		1.1								0.8	
4	X	24 hrs	37,000		1.1								0.8	
5		24 hrs	37,000											
6	X	24 hrs	30,000		1.1								0.7	
7	X	24 hrs	25,000		1.1								0.8	
8	X	24 hrs	34,000		1.1								0.8	
9	X	24 hrs	20,000		1.1								0.7	
10	X	24 hrs	21,000		1								0.7	
11	X	24 hrs	36,000		1.1								0.8	
12		24 hrs	36,000											
13	X	24 hrs	24,000		1.1								0.8	
14	X	24 hrs	31,000		1.1								0.8	
15	X	24 hrs	29,000		1								0.6	
16	X	24 hrs	26,000		1.2								0.8	
17	X	24 hrs	39,000		1								0.7	
18	X	24 hrs	30,000		1								0.8	
19		24 hrs	30,000											
20	X	24 hrs	33,000		2.2								2.2	
21	X	24 hrs	26,000		2.2								2.2	
22	X	24 hrs	33,000		2.2								2.2	
23	X	24 hrs	30,000		1.8								1.6	
24	X	24 hrs	15,000		1.2								1	
25	X	24 hrs	32,000		1.2								1.2	
26		24 hrs	32,000											
27	X	24 hrs	30,000		1								0.8	
28	X	24 hrs	34,000		2.2								2.1	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			823,000											
Average			29,393											
Maximum			39,000											

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point			Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	C	

Office of Operator	Name	Reference Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Gary Kissick	C	7846	6 Days per week
Other Operator:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

4-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of Month	Was Plant Staffed for Shown Hours?	Hours Plant Staffed per Day	Net Quantity of Water Produced per Day (gallons)	Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Time of Occurrence for Lowest Residual Disinfectant Concentration in Water Entering Distribution System (hours)	Highest Turbidity Measurement of Water Entering Distribution System (NTU)	Did Any Turbidity Measurement Exceed 1 NTU?	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Time of Occurrence for Lowest Residual Disinfectant Concentration in Water Entering Distribution System (hours)	Maximum Dose of Disinfectant Applied in Water Entering Distribution System (mg/L)	Lowest Residual Disinfectant Concentration (mg/L) in Water in Distribution System	Reason for Any Unusual Operating Conditions, Including Repairs, Maintenance, Additions, Etc. That Affected Water System Components or Their Operation
1	X	24 hrs	32,000		1							0.7	
2	X	24 hrs	20,000		1.2							1	
3	X	24 hrs	40,000		1.7							1.4	
4	X	24 hrs	36,000		1.7							1.5	
5		24 hrs	36,000										
6	X	24 hrs	31,000		1.8							1.6	
7	X	24 hrs	37,000		1.8							1.6	
8	X	24 hrs	39,000		1.8							1.6	
9	X	24 hrs	27,000		1							0.7	
10	X	24 hrs	32,000		1.4							1.1	
11	X	24 hrs	44,000		1.6							1.4	
12		24 hrs	44,000										
13	X	24 hrs	50,000		1.2							0.8	
14	X	24 hrs	30,000		1.2							0.8	
15	X	24 hrs	41,000		1							0.7	
16	X	24 hrs	30,000		1							0.7	
17	X	24 hrs	31,000		1.2							0.9	
18	X	24 hrs	40,000		1.4							1.2	
19		24 hrs	40,000										
20	X	24 hrs	41,000		1.2							0.9	
21	X	24 hrs	26,000		1							0.7	
22	X	24 hrs	30,000		1.1							0.8	
23	X	24 hrs	38,000		1.8							1.5	
24	X	24 hrs	36,000		1.4							1	
25	X	24 hrs	32,000		1.8							0.4	
26		24 hrs	32,000										
27	X	24 hrs	20,000		2.2							2	
28	X	24 hrs	38,000		1.7							1.3	
29	X	24 hrs	47,000		1.8							1.4	
30	X	24 hrs	48,000		1.4							1	
31	X	24 hrs	33,000		1.6							1.3	
Total			1,101,000										
Average			35,516										
Maximum			50,000										

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:		(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point			Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917				
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 in Responsible Charge and Lead/Chief Operator(s) Who Operated the Plant	Name	License Class	License Number	Day(s)/Shift(s) Worked
	Gary Kissick	C	7846	6 Days per week
	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

5-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 | Plant Name: Hawk's Point

II. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Plant Staffed by Certified Operator	Hours Plant Operated	Net Quantity of Water Produced	Disinfection: Point(s) of Application	Disinfection: Lowest Measured Concentration of Disinfectant in Water Leaving Plant (mg/L)	Disinfection: Contact Time at Lowest Disinfectant Concentration (minutes)	Disinfection: Lowest Measured Disinfectant Concentration in Water Entering Distribution System (mg/L)	Turbidity: Highest Value for 24 Hours	Turbidity: Lowest Monthly Percentage of Samples Meeting Limits	Turbidity: Highest Value for any Sample	Turbidity: Minimum Required Log Removal	Highest Disinfectant Residual Measured in Distribution System (mg/L)	Interruptions of Plant Operation, Repair or Maintenance Work, Unusual Conditions, Water System Components Out of Operation, etc.
1	X	24 hrs	46,000		1.6							1.3	
2		24 hrs	46,000										
3	X	24 hrs	60,000		1.5							1.1	
4	X	24 hrs	48,000		2.2							2	
5	X	24 hrs	41,000		1.5							1.1	
6	X	24 hrs	43,000		1.6							1.2	
7	X	24 hrs	40,000		1.6							1.3	
8	X	24 hrs	49,000		1.5							1.2	
9		24 hrs	49,000										
10	X	24 hrs	31,000		1.5							1.1	
11	X	24 hrs	40,000		1.5							1.1	
12	X	24 hrs	44,000		1.2							0.8	
13	X	24 hrs	24,000		1.5							1.1	
14	X	24 hrs	42,000		1.4							1.1	
15	X	24 hrs	48,000		1.4							1.2	
16		24 hrs	48,000										
17	X	24 hrs	30,000		1.2							0.9	
18	X	24 hrs	38,000		2.2							2	
19	X	24 hrs	55,000		1.7							1.3	
20	X	24 hrs	41,000		1.5							1.1	
21	X	24 hrs	43,000		1.5							1.1	
22	X	24 hrs	57,000		1.6							1.4	
23		24 hrs	57,000										
24	X	24 hrs	47,000		1.3							1	
25	X	24 hrs	43,000		1.3							1	
26	X	24 hrs	35,000		1.3							0.9	
27	X	24 hrs	35,000		1.4							1	
28	X	24 hrs	40,000		1.2							0.8	
29		24 hrs	40,000										
30	X	24 hrs	41,000		1.2							0.9	
31		24 hrs											
Total			1,301,000										
Average			43,367										
Maximum			60,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:		462
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:		(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Operator Class	Operator License Number	Days Per Week Visited
Gary Kissick	C	7846	6 Days per week
Mark March	C	8287	6 Days per week
Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

6-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **May-06**

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

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

	X	24 hrs	41,000		1.1							0.8	
	X	24 hrs	37,000		1.2							0.8	
	X	24 hrs	51,000		1.3							0.9	
	X	24 hrs	42,000		1.4							1	
	X	24 hrs	31,000		1.2							0.8	
	X	24 hrs	59,000		1.3							1.1	
		24 hrs	59,000										
	X	24 hrs	33,000		1.3							1	
	X	24 hrs	33,000		1.3							1	
	X	24 hrs	38,000		1.4							1	
	X	24 hrs	36,000		1.2							0.9	
	X	24 hrs	30,000		1.6							1.3	
	X	24 hrs	43,000		1.6							1.4	
		24 hrs	43,000										
	X	24 hrs	33,000		1.8							1.6	
	X	24 hrs	44,000		1.4							1.1	
	X	24 hrs	40,000		1.4							1	
	X	24 hrs	50,000		1.3							1	
	X	24 hrs	50,000		1.5							1.1	
	X	24 hrs	57,000		1.2							10	
		24 hrs	57,000										
	X	24 hrs	46,000		1.6							1.3	
	X	24 hrs	41,000		1.4							1	
	X	24 hrs	64,000		1.4							1	
	X	24 hrs	43,000		1.3							0.8	
	X	24 hrs	50,000		1.3							0.8	
		24 hrs	50,000										
	X	24 hrs	37,000		1.3							0.9	
	X	24 hrs	63,000		1.3							0.9	
	X	24 hrs	56,000		1.4							1	
	X	24 hrs	45,000		1							0.7	
			1,402,000										
			45,226										
			64,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

7-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **June-06**

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	Peak Flow Rate, gpd	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			
					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	40,000		1.1							0.9	
2	X	24 hrs	24,000		1.8							1.5	
3	X	24 hrs	32,000		1.4							1.1	
4		24 hrs	32,000										
5	X	24 hrs	21,000		1.3							1	
6	X	24 hrs	48,000		1.6							1.2	
7	X	24 hrs	32,000		1.2							0.8	
8	X	24 hrs	48,000		1.6							1.3	
9	X	24 hrs	34,000		1.3							0.9	
10	X	24 hrs	38,000		1.4							1.2	
11		24 hrs	38,000										
12	X	24 hrs	24,000		1.4							1.1	
13	X	24 hrs	25,000		1							0.7	
14	X	24 hrs	30,000		1							0.7	
15	X	24 hrs	43,000		1							0.7	
16	X	24 hrs	29,000		1.5							1.1	
17	X	24 hrs	39,000		1.4							1.2	
18		24 hrs	39,000										
19	X	24 hrs	30,000		1.4							1.1	
20	X	24 hrs	32,000		1.1							0.8	
21	X	24 hrs	27,000		1.3							0.9	
22	X	24 hrs	40,000		1.3							1	
23	X	24 hrs	23,000		1.2							0.8	
24	X	24 hrs	47,000		1.4							1.1	
25		24 hrs	47,000										
26	X	24 hrs	28,000		1.4							1.1	
27	X	24 hrs	33,000		1.8							1.5	
28	X	24 hrs	33,000		1.6							1.3	
29	X	24 hrs	33,000		1.6							1.2	
30	X	24 hrs	18,000		1.6							1.2	
31		24 hrs											
Total			1,007,000										
Average			33,567										
Maximum			48,000										

* *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: July-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD		
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

8-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: July-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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 Hourly Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp of Water, C	CT Calculations: pH of Water Entering Distribution if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW sec/cm2	UV Dose: Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	40,000		1.6								1.2	
2		24 hrs	40,000											
3	X	24 hrs	22,000		1								0.7	
4	X	24 hrs	38,000		1.3								0.9	
5	X	24 hrs	33,000		1.4								1.1	
6	X	24 hrs	30,000		1.4								1	
7	X	24 hrs	20,000		1.4								1	
8	X	24 hrs	38,000		1.2								1	
9		24 hrs	38,000											
10	X	24 hrs	36,000		2.2								2	
11	X	24 hrs	28,000		1.8								1.5	
12	X	24 hrs	34,000		1.8								1.4	
13	X	24 hrs	31,000		1.8								1.5	
14	X	24 hrs	24,000		1.8								1.5	
15	X	24 hrs	37,000		1.6								1.2	
16		24 hrs	37,000											
17	X	24 hrs	17,000		1.6								1.2	
18	X	24 hrs	31,000		1.8								1.4	
19	X	24 hrs	29,000		1.6								1.1	
20	X	24 hrs	46,000		1.6								1.2	
21	X	24 hrs	33,000		1.6								1.1	
22	X	24 hrs	31,000		1.8								1.6	
23		24 hrs	31,000											
24	X	24 hrs	21,000		1.4								1	
25	X	24 hrs	39,000		1.5								1.1	
26	X	24 hrs	36,000		1.3								1	
27	X	24 hrs	30,000		1								0.6	
28	X	24 hrs	30,000		1								0.6	
29	X	24 hrs	37,000		1.1								0.8	
30		24 hrs	37,000											
31	X	24 hrs	31,000		1.1								0.8	
Total			1,005,000											
Average			32,419											
Maximum			46,000											

** 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: August-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point			Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	C	

	Gary Kissick	C	7846	6 Days per week
	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

9-7-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **August-06**

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

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

	X	24 hrs	48,000		1.1							0.8	
	X	24 hrs	58,000		1.6							1.2	
	X	24 hrs	36,000		1.5							1.2	
	X	24 hrs	32,000		1.6							1.3	
	X	24 hrs	47,000		1.4							1.2	
		24 hrs	47,000										
	X	24 hrs	44,000		1.6							1.2	
	X	24 hrs	55,000		1.5							1.2	
	X	24 hrs	48,000		1.5							1.2	
	X	24 hrs	47,000		1.3							0.9	
	X	24 hrs	45,000		1.6							1.3	
		24 hrs	45,000										
	X	24 hrs	56,000		1.5							1.2	
	X	24 hrs	47,000		1.5							1.1	
	X	24 hrs	54,000		1.1							0.8	
	X	24 hrs	50,000		1.1							0.8	
	X	24 hrs	40,000		1.2							0.8	
	X	24 hrs	38,000		1.2							0.8	
	X	24 hrs	49,000		1.3							1	
		24 hrs	49,000										
	X	24 hrs	32,000		1.5							1.1	
	X	24 hrs	50,000		1.5							1.1	
	X	24 hrs	43,000		1.4							1	
	X	24 hrs	30,000		1.4							1	
	X	24 hrs	20,000		1.4							1.1	
	X	24 hrs	35,000		1.2							1	
		24 hrs	34,000										
	X	24 hrs	28,000		1.3							0.9	
	X	24 hrs	31,000		1.4							1	
	X	24 hrs	32,000		1.5							1	
	X	24 hrs	30,000		1.6							1	
			1,300,000										
			41,935										
			58,000										

** 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: September-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	C

Direct Responsible Operators	Name	Operator Class	License Number	Day(s) Shift(s) Worked Each Week
Chief Operator	Gary Kissick	C	7846	6 Days per week
Shift Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

Gary Kissick 10-5-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: **September-06**

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

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

	X	24 hrs	30,000		1.5							0.9	
	X	24 hrs	34,000		1.4							1.2	
		24 hrs	34,000										
	X	24 hrs	33,000		1.7							1.4	
	X	24 hrs	34,000		1.6							1.3	
	X	24 hrs	23,000		1.4							1	
	X	24 hrs	31,000		1.4							1	
	X	24 hrs	22,000		1.4							1	
	X	24 hrs	32,000		1.4							1	
		24 hrs	32,000										
	X	24 hrs	21,000		1.3							0.9	
	X	24 hrs	31,000		1.7							1.4	
	X	24 hrs	47,000		1.6							1.3	
	X	24 hrs	30,000		1.5							1.2	
	X	24 hrs	40,000		1.5							1.1	
	X	24 hrs	35,000		1.3							1	
		24 hrs	35,000										
	X	24 hrs	23,000		1.3							0.9	
	X	24 hrs	34,000		1							0.7	
	X	24 hrs	27,000		1.6							1.3	
	X	24 hrs	38,000		1.6							1.2	
	X	24 hrs	31,000		1.6							1.2	
		24 hrs	31,000										
	X	24 hrs	41,000		1.5							1.1	
	X	24 hrs	36,000		1.4							0.9	
	X	24 hrs	34,000		1.4							0.9	
	X	24 hrs	34,000		1.5							1.1	
	X	24 hrs	39,000		1.5							1.1	
	X	24 hrs	24,000		1.5							1.1	
	X	24 hrs	45,000		1.4							1.2	
		24 hrs											
			981,000										
			32,700										
			47,000										

** 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: October-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Grade	License Number	Days/Week Worked
Gary Kissick	C	7846	6 Days per week
Mark March	C	8287	6 Days per week
Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

11-3-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of:	October-06

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

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

	24 hrs	45,000											
X	24 hrs	45,000		1.3								1	
X	24 hrs	35,000		1.2								0.8	
X	24 hrs	46,000		1.2								0.8	
X	24 hrs	35,000		1								0.7	
X	24 hrs	31,000		1.5								1.2	
X	24 hrs	52,000		1.4								1.2	
	24 hrs	52,000											
X	24 hrs	43,000		1.4								1	
X	24 hrs	42,000		1.4								1	
X	24 hrs	41,000		1.2								0.8	
X	24 hrs	39,000		1.2								0.8	
X	24 hrs	43,000		1.2								0.8	
X	24 hrs	40,000		1.2								1	
	24 hrs	40,000											
X	24 hrs	42,000		1								0.7	
X	24 hrs	44,000		1.1								0.8	
X	24 hrs	48,000		1								0.6	
X	24 hrs	45,000		1.3								0.9	
X	24 hrs	33,000		1.4								1	
X	24 hrs	52,000		1.4								1	
	24 hrs	52,000											
X	24 hrs	39,000		1.3								0.9	
X	24 hrs	37,000		1								0.6	
X	24 hrs	46,000		1.2								0.8	
X	24 hrs	40,000		1.2								0.8	
X	24 hrs	48,000		1.2								0.8	
X	24 hrs	39,000		1.2								0.8	
	24 hrs	39,000											
X	24 hrs	32,000		1.1								0.7	
X	24 hrs	38,000		1								0.7	
		1,303,000											
		42,032											
		52,000											

** 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: November-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community		[ ] Consecutive
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:		462
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:		(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

12-8-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of: November-06

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

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

Day of the Month	Was Plant Operated? (Yes/No)	Hours Plant Operated	Gallons Finished Water Produced Each Day	Peak Hourly Flow Rate (gpm)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Lowest Residual Disinfectant Concentration (C) Measured During Peak Hourly Flow (mg/L)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Disinfectant Contact Time (T) Measured During Peak Hourly Flow (minutes)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Lowest CT Provided Before the First Customer During Peak Hourly Flow	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Temperature of Water (°C)	UV Dose: Percent of Water Treated/Applied	UV Dose: Minimum CT Required (mW-sec/cm²)	UV Dose: Operating UV Dose (mW-sec/cm²)	UV Dose: Minimum UV Dose Required (mW-sec/cm²)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering the Distribution System	Reason for Any Unusual Operating Conditions, Repair or Maintenance Work Performed on Any Water System Component, Other Remarks
1	X	24 hrs	39,000		1.2								0.8	
2	X	24 hrs	36,000		1.2								0.8	
3	X	24 hrs	31,000		1.2								0.9	
4	X	24 hrs	42,000		1.3								1	
5		24 hrs	42,000											
6	X	24 hrs	32,000		1								0.6	
7	X	24 hrs	26,000		1								0.6	
8	X	24 hrs	27,000		1.1								0.8	
9	X	24 hrs	48,000		1.1								0.8	
10	X	24 hrs	23,000		1								0.6	
11	X	24 hrs	41,000		1								0.8	
12		24 hrs	41,000											
13	X	24 hrs	24,000		1								0.7	
14	X	24 hrs	39,000		1								0.7	
15	X	24 hrs	42,000		1.2								0.8	
16	X	24 hrs	34,000		1.2								0.8	
17	X	24 hrs	22,000		1.1								0.7	
18	X	24 hrs	39,000		1								0.8	
19		24 hrs	39,000											
20	X	24 hrs	34,000		1								0.7	
21	X	24 hrs	31,000		1.1								0.7	
22	X	24 hrs	27,000		1								0.6	
23	X	24 hrs	45,000		1								0.7	
24	X	24 hrs	24,000		0.7								0.5	
25	X	24 hrs	47,000		1.2								0.8	
26		24 hrs	47,000											
27	X	24 hrs	30,000		1								0.7	
28	X	24 hrs	27,000		0.9								0.5	
29	X	24 hrs	31,000		1								0.6	
30	X	24 hrs	30,000		1.1								0.7	
31		24 hrs												
Total			1,040,000											
Average			34,667											
Maximum			48,000											

* *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: December-06

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point			PWS Identification Number:	3424685
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	132		Total Population Served at End of Month:	462	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Hawk's Point		Plant Telephone Number:	(352) 787-0980
Plant Address:	S.E. 43rd Ave & S.E. 107th	City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.273 MGD			
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 Information	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Paul Thompson	A	7251	6 Days per week

II. Certification by Lead/Chief Operator

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

1-9-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424685	Plant Name:	Hawk's Point

III. Daily Data for the Month/Year of:	December-06

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

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

Day of Month	Plant Operated	Hours Plant Operated	Maximum Daily Flow Rate (gpd)	Lowest Disinfectant Residual Concentration (mg/L) Entering Distribution System	Lowest Disinfectant Residual Concentration (mg/L) Measured in Distribution System	Number of Hours Below Minimum Disinfectant Residual Concentration	Turbidity Measurement (NTU)	Minimum Turbidity Required (NTU)	Lowest Operating Pressure (psig)	Minimum Pressure Required (psig)	Highest Disinfectant Concentration Reported in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Reported to Maintain Adequate Water Pressure, Fire Flows, or Water Supply
1	X	24 hrs	26,000		1						0.6	
2	X	24 hrs	34,000		1						0.7	
3		24 hrs	34,000									
4	X	24 hrs	31,000		1						0.6	
5	X	24 hrs	30,000		2						1.7	
6	X	24 hrs	29,000		2						1.7	
7	X	24 hrs	24,000		1.7						1.3	
8	X	24 hrs	24,000		1.4						1	
9	X	24 hrs	39,000		1.2						1	
10		24 hrs	39,000									
11	X	24 hrs	35,000		1.4						1.2	
12	X	24 hrs	35,000		1.4						1.1	
13	X	24 hrs	35,000		1.2						0.9	
14	X	24 hrs	29,000		1.3						1	
15	X	24 hrs	31,000		1.4						1.1	
16	X	24 hrs	36,000		1.6						1.2	
17		24 hrs	36,000									
18	X	24 hrs	36,000		1.4						1.2	
19	X	24 hrs	33,000		1.2						0.8	
20	X	24 hrs	34,000		1.2						0.9	
21	X	24 hrs	33,000		1.2						0.8	
22	X	24 hrs	23,000		1.1						0.7	
23	X	24 hrs	32,000		1.2						0.9	
24		24 hrs	32,000									
25	X	24 hrs	46,000		1.1						0.8	
26	X	24 hrs	36,000		1.2						0.9	
27	X	24 hrs	47,000		1.2						0.9	
28	X	24 hrs	35,000		1.2						0.8	
29	X	24 hrs	29,000		1.2						0.8	
30		24 hrs	29,000									
31	X	24 hrs	42,000		1.1						0.8	
Total			1,034,000									
Average			33,355									
Maximum			47,000									

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

PWS ID:	3424685	Plant Name:	Hawks Point

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

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

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

polymer are as follows:

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

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.

[t] 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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

HBEL Report Number: 2130064 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/4/07 1230

Received for Laboratory By: AD

Analysis Date and Time: 12/4/07 1655

Analysis Method Requested:
☑ Colilert ☐ Membrane Filtration PWS I.D. 3 4 2 4 6 8 5

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 4.6 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

System Name: AUF/ HAWK POINT #6577 (HP)

System Address: SE 43RD AVENUE

City: Bellview System or Owner's Phone #: (352) 787-0980 Fax #: 787-6333

Collector: G. Kissick Collector's Phone #: (904) 237-0919

Relinquished By: GK Received By: _____ Relinquished By: _____

Date/Time: 12-4-07 Date/Time: 12/4/07 Date/Time: 12/4/07 1230

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

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

Sample Collection Date(s): 12-3-07

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	2:05 PM	R	Ø	
W2	well #2	2:10 PM	R	Ø	
R1	10973 SE 45TH AV.	2:20 PM	D	2.2	
R2	10698 SE 42ND AV.	2:25 PM	D	2.1	

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.) 2.15

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other _____

Person performing analysis is:
☑ A certified operator (# DW67846) ☐ 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
P.O. Box 490310
Leesburg FL. 34749
ATTN PAUL

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
	A			2130064001
	A			002
	A			003
	A			2130064004

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

Analyst: PAB

Report authorized by: _____
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.

ACCREDITED IN ACCORDANCE WITH

Page 1 of 1

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

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

2 Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE 04319 MAY 22 08

FPSC-COMMISSION CLERK

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

Date issued: April 23, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawk's Point 6577 NO2/NO3 **[2128395]**
Received: 4/12/07 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.

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: Hawk's Point 6577 NO2/NO3
Received: 4/12/07 13:00

[2128395]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128395]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawk's Point 6577 NO2/NO3

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128395001**						*Sampled:* 04/12/07 7:45		*Received:* 04/12/07 13:00		
Sample ID: **HP-07 Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Nitrate as N		2.8	mg/L	0.0030	EPA 300.0	IC7182		04/13/07 13:15	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7182		04/13/07 13:15	JL	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E98080
5600 U.S. 1 North
Fort Pierce, FL 34946

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

___FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

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

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush In ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature: 2.0 °C Chlorine: Y / N Y / N Y / N
LAB # 12037

PRESERVATIVE

ANALYSES REQUESTED

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	No 2	No 3	COMMENTS
06	4-12-07	7:45 AM	G	DW	1	HP-07	✓	✓	PWS# 3424685
									Cl2 Res 1.3
									Ph 7.7
									Sampled AT
									Pressure Tank

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

RELINQUISHED BY	GK	RELINQUISHED BY	[illegible]
DATE/TIME	4-12-07	DATE/TIME	4/12/07 1:00
RECEIVED BY	[illegible]	RECEIVED BY	[illegible]
DATE/TIME	4/12/07	DATE/TIME	4/12/07 1300

RELINQUISHED BY	[illegible] Fedex
DATE/TIME	4/12/07 1600
RECEIVED FOR LABORATORY BY	[illegible]
DATE/TIME	[illegible]

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

[redacted]

[redacted]

Laboratory not responsible for omitted information

FDOH # E86060 — 5600 U.S. 1 North, Fort Pierce, FL 34946
FDOH # E86370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
FDOH # E86809 — 4185 St. Johns Pkwy., Suite 1300, Sanford, FL 32771
FDOH # E84418 — 18331 Cortez Blvd., Brooksville, FL 34601

Company: Aqua Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone: (352) 242-9880 Fax: 787-6333
Client Contact: G. Kissick (561) 232-0817
Project Name: Hawks Point #6577
Sampled By: GK

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

[redacted]

PRESERVATIVE

ANALYSES REQUESTED

Preservative Key
H-Hydrochloric Acid — P-Plastic
N-Nitric Acid — ST-Sodium
S-Sulfuric Acid — T-Thiosulfate
SH-Sodium Hydroxide — U-Ungreserved

COLLECTION DATE	COLLECTION TIME	# of containers	Matrix	Filtered (Y/N)	SAMPLE DESCRIPTION As Will Appear On Report	NO2	NO3							COMMENTS
4/12/07	2pm	6	Drk	1	HP-07	1	1							Bill # 342485 Cl2 Res 1.3 # Ph 7.7 Sample at WT Pressure Tank

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 4/12/07	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	[redacted]
DATE/TIME 4/13/07	DATE/TIME	

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

CHAIN 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) 467-1584

Date issued: April 9, 2007

RECEIVED
APR 18 2007
By

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point phthlate/benzo **[2128121]**
Received: 3/08/07 13:15

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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: Hawks Point phthlate/benzo
Received: 3/08/07 13:15

[2128121]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128121]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point phthlate/benzo

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128121001**					*Sampled:* 03/08/07 10:50		*Received:* 03/08/07 13:15			
Sample ID: **HP-1,2,3 Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2498	03/14/07 11:00	04/2/07 22:12	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2498	03/14/07 11:00	04/2/07 22:12	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone: (352) 787-0981 Fax: 787-6333
Client Contact: G. Kissick (904) 237-0919
Project Name: HAWKS POINT #6577
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

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

For Lab Use Only
Temperature: 1.9 °C Custody Seals: N Y N/A pH Checked: Y N
LAB # 240121

PRESERVATIVE

ANALYSES REQUESTED

DI Filtered 525.2

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	DI Filtered 525.2	COMMENTS
001	3-8-07	1050 AM	G	DW	3	HP-1,2,3	✓	Cl2 Res 1.1
								Ph: 7.7
								Sampled at P.O.E.
								Hi pressure Ta-K
								*Benzidine added per Candice McClure via phone @ 1500 3/8/07 GK

* Sample Type: G=Grab C=Composite

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

RELINQUISHED BY	GK	RELINQUISHED BY	RELINQUISHED BY Fedex to FEDEX
DATE/TIME	3-8-07	DATE/TIME 3/8/07 1115	DATE/TIME 3/8/07 1600
RECEIVED BY		RECEIVED BY	RECEIVED FOR LABORATORY BY
DATE/TIME	3/8/07	DATE/TIME 3/8/07 1315	DATE/TIME 3/9/07 1230

Report Page 1 of 1

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

CHAIN 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) 467-8584

Date issued: September 22, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point 6577 Odor DE **[2126852]**
Received: 9/19/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
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.

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: Hawks Point 6577 Odor DE
Received: 9/19/06 13:00

[2126852]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2126852]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point 6577 Odor DE

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126852001**					*Sampled:* 09/19/06 7:50		*Received:* 09/19/06 13:00			
Sample ID: **HP-1 Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15153		09/19/06 15:15	PA	E83509

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

Company: Aqua Utilities Florida
Address: P.O Box 490310
Leesburg Zip: 34731
Phone: (352) 787-0980 Fax: 787-6333
Client Contact: G. Kissick (904) 237-0919
Project Name: Hawks Point #6577
Sampled By: A.K.

Method(s) of Shipment: Courier

e-mail:

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

For Lab Use Only
Temperature 8.2
Custody Seals Intact Y N/A
pH Checked Y N
LAB # 212852

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED
001	9-19-06	7:50 AM	G	DW	1	HP-1		ODOR

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

COMMENTS
Chlorine 1.0, Ph 7.7
Retake Day 1 of 3
Sampled per Lab Inst.
please Analyze sample
Chlorinated and
Dechlorinated
Thank-you

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

RELINQUISHED BY GK	RELINQUISHED BY [illegible]	RELINQUISHED BY	
DATE/TIME 9-19-06	DATE/TIME 9/19/06 13:00	DATE/TIME	
RECEIVED BY [illegible]	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY [illegible]	
DATE/TIME 9/19/06	DATE/TIME	DATE/TIME 9/19/06 1300	

Report Page 1 of 1

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

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

Date issued: September 26, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawk's Point 6577 HAA5/THM **[2126732]**
Received: 9/07/06 13:30

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.

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: Hawk's Point 6577 HAA5/THM
Received: 9/07/06 13:30

[2126732]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2126732001	4483 SE 109th Pl Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2126732]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawk's Point 6577 HAA5/THM

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126732001** *Sample ID:* **4483 SE 109th Pl Grab**						*Sampled:* 09/07/06 9:10 *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 0:35	JL	E96080
Laboratory ID: **2126732002** *Sample ID:* **4483 SE 109th Pl Grab**						*Sampled:* 09/07/06 9:12 *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 20:52	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2692		09/20/06 20:52	WR	E96080
Chloroform		0.43	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 20:52	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2692		09/20/06 20:52	WR	E96080
Total THMs		0.75	ug/L	0.50	EPA 524.2	VOC2692		09/20/06 20:52	WR	E96080
Laboratory ID: **2126732003** *Sample ID:* **Trip Blanks**						*Sampled:* *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 21:26	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2692		09/20/06 21:26	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 21:26	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2692		09/20/06 21:26	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2692		09/20/06 21:26	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

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

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only

Temperature Checked (Y) N: 7.0°C
Custody Seals Intact Y N/A
pH Checked Y N
LAB # 212732

PRESERVATIVE

ANALYSES REQUESTED

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A	B	HAA5	THM	COMMENTS
001	9-7-06	9:10 AM	G	DW	1	Hp-1			✓	✓	Cl2 Res 1.4
002	9-7-06	9:12 AM	G	DW	3	Hp-2 A,B,C				✓	Ph 7.7
											Sampled per Lab Instructions AT 4483 SE 109th Pl. Bellview
003					3	Trip Blanks				✓	

* Sample Type: G=Grab C=Composite

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

Report Page 1 of 1

RELINQUISHED BY	GK	RELINQUISHED BY	[illegible]	RELINQUISHED BY	[illegible] → Fedex
DATE/TIME	9-7-06	DATE/TIME	9/7/06 12:30	DATE/TIME	9/7/06 1600
RECEIVED BY	[illegible]	RECEIVED BY	[illegible]	RECEIVED FOR HBEL CUSTODY BY	Amanda Shaw
DATE/TIME	9/7/06	DATE/TIME	9/7/06 1330	DATE/TIME	9-8-06 1030

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

CHAIN 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) 467-1584

Date issued: August 7, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point 6577 Tri-Annual **[2126329]**
Received: 7/18/06 12:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 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: Hawks Point 6577 Tri-Annual **[2126329]**
Received: 7/18/06 12:00

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 300.0			
	IC6869		
2126329001		Nitrate as N	Accuracy - Outside acceptance limits in the MS.
2126329001		Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
2126329001		Nitrite as N	Accuracy - Outside acceptance limits in the MS.
2126329001		Nitrite as N	Accuracy - Outside acceptance limits in the MSD.

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

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

[2126329]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point 6577 Tri-Annual

Laboratory ID: **2126329001**
Sample ID: **HP Grab**

Sampled: 07/18/06 8:25 *Received:* 07/18/06 12:00
Matrix: Water
Results reported on Wet Weight Basis

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Odor		3.5	T.O.N.	1.0	EPA 140.1	WCDE14887		07/18/06 15:20	PA	E83509
pH	Q	7.35	SU	0.200	EPA 150.1	WCDE14890		07/19/06 14:00	PA	E83509
Total Dissolved Solids		270	mg/L	5.0	EPA 160.1	WCDE14911		07/21/06 14:11	PA	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Barium		0.0043	mg/L	0.0018	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Chromium		0.0021	mg/L	0.0018	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Copper		0.0035	mg/L	0.0014	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Sodium		11	mg/L	0.50	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Zinc		0.062	mg/L	0.010	EPA 200.7	META8046		08/1/06 12:44	SP	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8037		07/28/06 18:51	SP	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 14:31	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8027		07/19/06 21:45	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8034	07/25/06 11:52	07/27/06 15:34	SP	E96080
Chloride		18	mg/L	5.0	EPA 300.0	IC6878		07/26/06 10:48	JL	E96080
Fluoride		0.12	mg/L	0.011	EPA 300.0	IC6869		07/19/06 14:30	JL	E96080
Nitrate as N		2.6	mg/L	0.0030	EPA 300.0	IC6869		07/19/06 14:30	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6869		07/19/06 14:30	JL	E96080
Sulfate		32	mg/L	1.4	EPA 300.0	IC6878		07/26/06 10:48	JL	E96080
Surfactants as LAS, Mol.wt.340		0.092	mg/L	0.042	EPA 425.1	WCDE14897	07/19/06 12:30	07/19/06 13:00	RM	E83509
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Bromodichloromethane		0.37	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Chloroform		0.89	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Dibromochloromethane		0.30	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080

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

[2126329]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point 6577 Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Total THMs		1.8	ug/L	0.50	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2664		07/23/06 20:57	WR	E96080
Dibromoacetic Acid		0.22	ug/L	0.18	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 9:58	JL	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1016		07/27/06 12:50	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1016		08/1/06 12:40	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE25936		07/19/06 13:30	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE25965	07/21/06 8:00	07/22/06 15:30	GG	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2126329]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point 6577 Tri-Annual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126329002**					*Sampled:*		*Received:* 07/18/06 12:00			
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	VOC2664		07/23/06 21:31	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2664		07/23/06 21:31	WR	E96080

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

Q Sample held beyond the accepted holding time.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN. PRESS HARD. COMPLETELY FILL OUT ALL NON-SHADED AREAS. PRINT CLEARLY.

Laboratory not responsible for omitted information

- ___FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
- ___FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
- ✓FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
- ___FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone (352) 787-0980 Fax (352) 787-6333
Client Contact: G. Kissick
Project Name: Hawks Point #6577
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

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

Lab # 22647

PRESERVATIVE

ANALYSES REQUESTED

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	1°+2° metals	CN	NO_2 NO_3 Cl	SO4 F	Ph Alk TDS	Odor	Color	BTEX	VOC	THM	HAA5	COMMENTS
001	7-18-06	8:10 AM	G	DW	1	HP-A	✓											Clz Res 1.8
		8:12 AM			1	HP-B		✓										Ph 7.7
		9:13 AM			1	HP-C			✓									Sampled AT
		9:14 AM			1	HP-D				✓								P.O.E. / H.P.T.
		8:15 AM			1	HP-E					✓							Per Lab
		8:16 AM			1	HP-F						✓						Instruction
		8:19 AM			3	HP-G							✓					
		8:22 AM			3	HP-H								✓				
002		9:25 AM	↓	↓	1	HP-J									✓			
003					3	Trip Blanks										✓		

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

Report Page 1 of 2

RELINQUISHED BY	G Kissick	RELINQUISHED BY	
DATE/TIME	7-18-06	DATE/TIME	7-19-06 12:00
RECEIVED BY		RECEIVED BY	Jordle
DATE/TIME	7-18-06 11:00	DATE/TIME	7-19-06 1200

RELINQUISHED BY	Jordle to Fedex
DATE/TIME	7-19-06 1600
RECEIVED FOR LABORATORY BY	
DATE/TIME	7-19-06 1600

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

CHAIN 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) 467-1584

Date issued: April 12, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawk's Point DW SOC **[2125237]**
Received: 3/30/06 12:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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: Hawk's Point DW SOC
Received: 3/30/06 12:00

[2125237]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 283 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS
[2125237]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawk's Point DW SOC

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125237001** *Sample ID:* **HP A-J Grab**						*Sampled:* 03/30/06 8:00 *Matrix:* Water		*Received:* 03/30/06 12:00 Results reported on Wet Weight Basis		
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 3:26	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 3:26	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4691	04/4/06 13:00	04/4/06 23:56	CAC	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 9:19	JL	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 21:12	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2289		04/3/06 19:16	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2289		04/3/06 19:16	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2292		04/5/06 18:34	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2405	03/31/06 6:51	04/7/06 22:03	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2290	04/3/06 12:53	04/3/06 15:43	JJM	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg, FL Zip: 34749
Phone: (352) 787-0980 Fax: (352) 787-6333
Client Contact: G Kissick (904) 237-09A
Project Name: Hawks Point (HP)
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked Y N
Custody Seals Intact Y N N/A
pH Checked Y N
LAB # 125237

PRESERVATIVE: ST | ST | ST (Thiosulfate) | ST | ST | ST | ST | H2SO4 ST

ANALYSES REQUESTED: A | B | C | D | E | F | G | H

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	504	515.1	525.2	531.1	547	548	505	549	COMMENTS
01	3-30-06	8:00 AM	G	DW	3	HP - A	✓								Sampled AT Press.
	3-30-06	8:00	G	DW	1	HP - C		✓							Tank / P.O. E
	3-30-06	8:00	G	DW	1	HP - D			✓						Cl2 Res 1.4
	3-30-06	8:00	G	DW	1	HP - E				✓					Ph: 7.4
	3-30-06	8:00	G	DW	1	HP - F					✓				
	3-30-06	8:00	G	DW	3	HP - G						✓			
	3-30-06	8:00	G	DW	3	HP - H							✓		
02	3-30-06	9:00	G	DW	1	HP - J								✓	
															Pws# 3424685

* Sample Type: G=Grab C=Composite

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

Report Page 1 of 1

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 3-30-06	DATE/TIME 3-30-06 1:20	DATE/TIME 3/30/06 1600
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME 3-30-06 1200	DATE/TIME 3/30/06 1320	DATE/TIME 3/31/06 10:30

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

CHAIN PAGE 1 of 1

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

[redacted]

[redacted]

Laboratory not responsible for omitted information

___FDOH # E86080	___FDOH # E85370
5600 U.S. 1 North	307 Coolidge Avenue
Fort Pierce, FL 34946	Lehigh Acres, FL 33936
___FDOH # E83509	___FDOH # E84418
255 Enterprise Rd., Suite 1	2514 Osowaw Blvd.
Deltona, FL 32725	Spring Hill, FL 34607

Company: AQUA Utilities Florida

Address: P.O. Box 490310

Leesburg, FL Zip: 34749

Phone: (352) 787-0780 Fax: (352) 787-4333

Client Contact: A Kissil (904) 252-0811

Project Name: Hawks Point (HP)

Sampled By: AK

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn/Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

[redacted]

PRESERVATIVE

ANALYSIS REQUESTED

COLLECTION DATE	COLLECTION TIME	# of Containers	Matrix	Filtered	SAMPLE DESCRIPTION As Will Appear On Report	537	537.1	537.2	531.1	547	549.2	552.2	552.3	COMMENTS
2-30-06	8:00 AM	G	DW	3	HP-A	✓								Sampled at Press. Tank / P.O.E. Cl2 Res 1.4 Ph: 7.4
2-30-06	9:00	G	DW	1	HP-C		✓							
2-30-06	9:00	G	DW	1	HP-D			✓						
2-30-06	9:00	G	DW	1	HP-E				✓					
2-30-06	9:00	G	DW	1	HP-F					✓				
2-30-06	12:00	G	DW	3	HP-G						✓			
2-30-06	12:00	G	DW	3	HP-H							✓		
2-30-06	9:00	G	DW	1	HP-J								✓	
														Phone # 352 446 6685

Preservation Key

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

RELINQUISHED BY AK	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME 2-30-06	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	[redacted]
DATE/TIME 2-30-06 12:00	DATE/TIME	

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

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: April 5, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Hawks Point **[2125183]**
Received: 3/24/06 14:30

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.

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: Hawks Point
Received: 3/24/06 14:30

[2125183]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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
[2125183]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Hawks Point

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125183001**										
Sample ID: **Hawk's Point Grab**										
Sampled: 03/23/06 8:10 *Received:* 03/24/06 14:30										
Matrix: Water — Results reported on Wet Weight Basis										
Benzo(a)pyrene		**0.070 U**	ug/L	0.070	EPA 525.2	SVOC2401	03/28/06 12:06	03/30/06 1:11	WR	E96080
bis(2-ethylhexyl)phthalate		**0.85 U**	ug/L	0.85	EPA 525.2	SVOC2401	03/28/06 12:06	03/30/06 1:11	WR	E96080

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

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
JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County – PW

System Name	PWS ID Number	System Name	PWS ID Number
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys 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 April 30, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HAWKS POINT SUBDIVISION County Marion PWS ID # 3424685
Plant Location Southeast 43rd Avenue and Southeast 107th Avenue, Belleview, FL 34480 Phone 352-732-6027
Owner Name Aqua Utilities Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/14/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS
- ☒ Community (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date WC42-2104 3/5/1999
- ☐ 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
Gary Kissick C-7846
O & M Log: ☒ Yes ☐ No
O & M Manual: ☒ Yes ☐ No
Emergency Response Plan: ☒ Yes ☐ No ☐ N/A

Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
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

Number of Service Connections 132
Population Served 462 Basis Operator
Average Day (from MORs) 41,794 gpd
Max. Day (from MORs) 64,000 gpd 5/06
Max-day Design Capacity 273,600 gpd
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 Diesel
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

Satisfy average-day demand? ☒Yes ☐No ☐Unk
Comments No audio-visual alarm.

TREATMENT PROCESSES IN USE
Hypochlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type (2) 3" Hersey
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments:

PWS ID # 3424685
Date 2/14/07

GROUND WATER SOURCE

Well Number		1(AAE0118)	2(AAE0119)		
Year Drilled		1986	1986		
Depth Drilled		170'	170'		
Drilling Method		Rotary	Rotary		
Type of Grout		Neat	Neat		
Static Water Level		78'	78'		
Pumping Water Level		120'	152'		
Design Well Yield		200'	200'		
Test Yield		185'	185'		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		124'	128'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Steel	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	>100'	>100'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None	None		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	190L6	190L6		
	Rated Capacity (gpm)	185	185		
	Motor Horsepower	10	10		
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		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS _____

PWS ID # 3424685
Date 2/14/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 100%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.41 Remote 1.32
Remote tap location 10943 SE 45th Ave.
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
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		
Capacity (gal)	10,000		
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	45/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide dates of last storage tank cleaning and inspection.

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3424685
Date 2/14/07

DEFICIENCIES:

1. **Failure to provide an audio-visual alarm to indicate a loss of auxiliary power.**

   At each site where standby power is required under 62-555.320(14)(a), F.A.C., the supplier of water shall provide by an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. [Rule 62-555.320(14)(f), F.A.C.]

   No construction permit is required for installation or alteration, excluding maintenance or repair, of any alarm equipment required under Part III of Chapter 62-555, Florida Administrative Code (F.A.C.). However, suppliers of water shall submit written notification to the Department before beginning such work or alterations. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office and shall include the following:

   - A description of the scope, purpose, and location of the work or alterations; and
   - Assurance that the work or alterations will comply with applicable requirements in Part III of Chapter 62-555, F.A.C., including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C.

Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required because the work/alterations is/are not of a type listed under this paragraph. [Rule 62-555.520(1)(c) 5, F.A.C.]

COMMENTS/REMINDERS:

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **Compliance monitoring for Di(2-ethylhexyl)phthalate and Benzo(a)pyrene is due during the 1st quarter of 2007.** Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

3. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**

4. **Provide date of last cleaning and inspection for finished drinking water storage tank.**

   Accumulated sludge and biogrowths 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 biogrowth. [Rule 62-555.350(2), F.A.C.]

   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, 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 biogrowths, 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.]

PWS ID # 3424685
Date 2/14/07

COMMENTS/REMINDERS (continued):

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.]

Ensure proper disinfection and bacteriological evaluation in accordance with 62-555.340, 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. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and 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.]

Inspector _____ Title Env. Specialist I Date 2/19/07

Approved by _____ Title Environmental Manager Date 3/16/07

RESPONSE FORM **Please provide any changes to the following:**

PWS ID Number: 3424685

PWS Name: **Hawks Point Subdivision**

Mailing Address: _____

Date: _____

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

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

Attention: Nathan Hess, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated February 14,2007, 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

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspections
Marion County

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.

2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.

2. The chlorine injection point will be replaced with in the next 14 days.

3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. Screens have been placed on all valves.

3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.

5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

2. The tap has been repaired.

3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

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

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

2-8-07 — Gary Kissick — C7846

Signature and Date — Printed or Typed Name — License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: January-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	5,000		1.7								1.6	
2		24 hrs	5,000											
3	X	24 hrs	5,000		1.8								1.8	
4		24 hrs	5,000											
5	X	24 hrs	6,000		1.6								1.5	
6		24 hrs	6,000											
7		24 hrs	6,000											
8	X	24 hrs	4,000		1.4								1.4	
9		24 hrs	4,000											
10	X	24 hrs	5,000		1.4								1.4	
11		24 hrs	5,000											
12	X	24 hrs	6,000		1.5								1.4	
13		24 hrs	6,000											
14		24 hrs	6,000											
15	X	24 hrs	5,000		1.4								1.4	
16		24 hrs	5,000											
17	X	24 hrs	5,000		1.4								1.3	
18		24 hrs	5,000											
19	X	24 hrs	6,000		1.5								1.5	
20		24 hrs	6,000											
21		24 hrs	6,000											
22	X	24 hrs	8,000		1.5								1.4	
23		24 hrs	8,000											
24	X	24 hrs	5,000		1.5								1.4	
25		24 hrs	5,000											
26	X	24 hrs	5,000		1.5								1.5	
27		24 hrs	5,000											
28		24 hrs	5,000											
29	X	24 hrs	7,000		1.4								1.4	
30		24 hrs	7,000											
31	X	24 hrs	5,000		1.5								1.4	
Total			172,000											
Average			5,548											
Maximum			8,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

3-8-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: February-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	5,000											
2	X	24 hrs	5,000		1.4								1.4	
3		24 hrs	5,000											
4		24 hrs	5,000											
5	X	24 hrs	5,000		1.4								1.4	
6		24 hrs	5,000											
7	X	24 hrs	5,000		1.4								1.3	
8		24 hrs	5,000											
9	X	24 hrs	5,000		1.4								1.3	
10		24 hrs	5,000											
11		24 hrs	5,000											
12	X	24 hrs	5,000		1.5								1.4	
13		24 hrs	5,000											
14	X	24 hrs	4,000		1.3								0.8	
15		24 hrs	4,000											
16	X	24 hrs	8,000		1.3								1.1	
17		24 hrs	8,000											
18		24 hrs	8,000											
19	X	24 hrs	6,000		1.4								1.2	
20		24 hrs	6,000											
21	X	24 hrs	6,000		1.4								1.2	
22		24 hrs	5,000											
23	X	24 hrs	8,000		1.3								1.1	
24		24 hrs	8,000											
25		24 hrs	8,000											
26	X	24 hrs	5,000		1.3								1.1	
27		24 hrs	5,000											
28	X	24 hrs	6,000		1.3								1.1	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			160,000											
Average			5,714											
Maximum			8,000											

** 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:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

4-9-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: March-07

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (*Chloramines*)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant *Concentration* (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (*T*) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	6,000											
2	X	24 hrs	4,000		1.3								1.1	
3		24 hrs	4,000											
4		24 hrs	4,000											
5	X	24 hrs	5,000		1.4								1.2	
6		24 hrs	5,000											
7	X	24 hrs	5,000		1.3								1.1	
8		24 hrs	5,000											
9	X	24 hrs	5,000		1.3								1.1	
10		24 hrs	5,000											
11		24 hrs	5,000											
12	X	24 hrs	5,000		1.4								1.2	
13		24 hrs	6,000											
14	X	24 hrs	8,000		1.3								1	
15		24 hrs	8,000											
16	X	24 hrs	7,000		1.4								1.2	
17		24 hrs	7,000											
18		24 hrs	7,000											
19	X	24 hrs	4,000		1.3								1.1	
20		24 hrs	4,000											
21	X	24 hrs	5,000		1.4								1.1	
22		24 hrs	5,000											
23	X	24 hrs	6,000		1.2								1	
24		24 hrs	6,000											
25		24 hrs	6,000											
26	X	24 hrs	9,000		1.2								1	
27		24 hrs	9,000											
28	X	24 hrs	11,000		1								1	
29		24 hrs	11,000											
30	X	24 hrs	12,000		2								1.8	
31		24 hrs	12,000											
Total			201,000											
Average			6,484											
Maximum			12,000											

** 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:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000				
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

5-3-07

Signature and Date

Gary Kissick

Printed or Typed Name

C7846

License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: April-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	12,000											
2	X	24 hrs	5,000		1.5								1.3	
3		24 hrs	5,000											
4	X	24 hrs	5,000		1.3								1.1	
5		24 hrs	5,000											
6	X	24 hrs	6,000		1.5								1.3	
7		24 hrs	6,000											
8		24 hrs	6,000											
9	X	24 hrs	5,000		1.4								1.2	
10		24 hrs	5,000											
11	X	24 hrs	4,000		1.6								1.5	
12		24 hrs	4,000											
13	X	24 hrs	5,000		1.5								1.3	
14		24 hrs	5,000											
15		24 hrs	5,000											
16	X	24 hrs	5,000		1.6								1.4	
17		24 hrs	5,000											
18	X	24 hrs	5,000		1.5								1.4	
19		24 hrs	5,000											
20	X	24 hrs	6,000		1.7								1.6	
21		24 hrs	6,000											
22		24 hrs	6,000											
23	X	24 hrs	5,000		1.4								1.2	
24		24 hrs	5,000											
25	X	24 hrs	6,000		1.4								1.2	
26		24 hrs	6,000											
27	X	24 hrs	7,000		1.4								1.2	
28		24 hrs	7,000											
29		24 hrs	7,000											
30	X	24 hrs	5,000		1.6								1.4	
31		24 hrs												
Total			169,000											
Average			5,633											
Maximum			12,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

6-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: May-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: CT Calculations: 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	UV Dose: Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	5,000											
2	X	24 hrs	7,000		1.7								1.5	
3		24 hrs	7,000											
4	X	24 hrs	7,000		1.6								1.4	
5		24 hrs	7,000											
6		24 hrs	7,000											
7	X	24 hrs	5,000		1.8								1.7	
8		24 hrs	5,000											
9	X	24 hrs	7,000		1.3								1.1	
10		24 hrs	7,000											
11	X	24 hrs	9,000		1.5								1.2	
12		24 hrs	9,000											
13		24 hrs	9,000											
14	X	24 hrs	7,000		1.4								1.1	
15		24 hrs	6,000											
16	X	24 hrs	6,000		1.4								1	
17		24 hrs	5,000											
18	X	24 hrs	8,000		1.4								1	
19		24 hrs	8,000											
20		24 hrs	8,000											
21	X	24 hrs	5,000		1.4								1.2	
22		24 hrs	5,000											
23	X	24 hrs	7,000		1.3								1	
24		24 hrs	7,000											
25	X	24 hrs	7,000		1.3								1.1	
26		24 hrs	7,000											
27		24 hrs	7,000											
28	X	24 hrs	8,000		1.3								1	
29		24 hrs	8,000											
30	X	24 hrs	8,000		1								0.7	
31		24 hrs	8,000											
Total			216,000											
Average			6,968											
Maximum			9,000											

** 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: June-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

7-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001	Plant Name: Marion Hills

III. Daily Data for the Month/Year of: June-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	4,000		2								1.7	
2		24 hrs	4,000											
3		24 hrs	4,000											
4	X	24 hrs	5,000		1.7								1.5	
5		24 hrs	5,000											
6	X	24 hrs	6,000		1.8								1.5	
7		24 hrs	6,000											
8	X	24 hrs	7,000		1.7								1.5	
9		24 hrs	7,000											
10		24 hrs	7,000											
11	X	24 hrs	6,000		1.8								1.5	
12		24 hrs	6,000											
13	X	24 hrs	5,000		1.8								1.6	
14		24 hrs	5,000											
15	X	24 hrs	9,000		1.6								1.5	
16		24 hrs	9,000											
17		24 hrs	9,000											
18	X	24 hrs	5,000		1.6								1.5	
19		24 hrs	5,000											
20	X	24 hrs	4,000		1.6								1.5	
21		24 hrs	4,000											
22	X	24 hrs	9,000		1.6								1.4	
23		24 hrs	9,000											
24		24 hrs	9,000											
25	X	24 hrs	5,000		1.6								1.4	
26		24 hrs	5,000											
27	X	24 hrs	15,000		1.6								1.4	
28		24 hrs	15,000											
29	X	24 hrs	7,000		1.6								1.4	
30		24 hrs	7,000											
31		24 hrs												
Total			203,000											
Average			6,767											
Maximum			15,000											

** 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: July-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

8-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: July-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	7,000											
2	X	24 hrs	4,000		1.6								1.4	
3		24 hrs	4,000											
4	X	24 hrs	5,000		1.5								1.3	
5		24 hrs	5,000											
6	X	24 hrs	12,000		1.6								1.4	
7		24 hrs	12,000											
8		24 hrs	12,000											
9	X	24 hrs	3,000		1.5								1.3	
10		24 hrs	3,000											
11	X	24 hrs	4,000		1.6								1.4	
12		24 hrs	4,000											
13	X	24 hrs	6,000		1.6								1.5	
14		24 hrs	6,000											
15		24 hrs	6,000											
16	X	24 hrs	3,000		1.5								1.3	
17		24 hrs	3,000											
18	X	24 hrs	5,000		1.5								1.3	
19		24 hrs	5,000											
20	X	24 hrs	5,000		1.5								1.5	
21		24 hrs	5,000											
22		24 hrs	5,000											
23	X	24 hrs	5,000		1.5								1.5	
24		24 hrs	5,000											
25	X	24 hrs	4,000		1.5								1.4	
26		24 hrs	4,000											
27	X	24 hrs	4,000		1.5								1.5	
28		24 hrs	4,000											
29		24 hrs	4,000											
30	X	24 hrs	4,000		1.5								1.4	
31		24 hrs	4,000											
Total			162,000											
Average			5,226											
Maximum			12,000											

** 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: August-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

9-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: August-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in the 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	6,000		1.6								1.5	
2		24 hrs	6,000											
3	X	24 hrs	5,000		1.5								1.5	
4		24 hrs	5,000											
5		24 hrs	5,000											
6	X	24 hrs	5,000		1.4								1.2	
7		24 hrs	5,000											
8	X	24 hrs	4,000		1.3								1.2	
9		24 hrs	4,000											
10	X	24 hrs	7,000		1.3								1.1	
11		24 hrs	7,000											
12		24 hrs	7,000											
13	X	24 hrs	4,000		1.3								1.1	
14		24 hrs	4,000											
15	X	24 hrs	5,000		1.2								1	
16		24 hrs	5,000											
17	X	24 hrs	5,000		1.5								1.3	
18		24 hrs	5,000											
19		24 hrs	5,000											
20	X	24 hrs	5,000		1.5								1.3	
21		24 hrs	5,000											
22	X	24 hrs	4,000		1.5								1.3	
23		24 hrs	4,000											
24	X	24 hrs	4,000		1.5								1.3	
25		24 hrs	4,000											
26		24 hrs	4,000											
27	X	24 hrs	3,000		1.5								1.3	
28		24 hrs	3,000											
29	X	24 hrs	5,000		1.5								1.4	
30		24 hrs	5,000											
31	X	24 hrs	4,000		1.5								1.3	
Total			149,000											
Average			4,806											
Maximum			7,000											

** 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: September-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10/09/07	Paul Thompson	A7251

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: September-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: CT Calculations: 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	UV Dose: 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, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	4,000											
2		24 hrs	4,000											
3	X	24 hrs	5,000		1.5								1.4	
4		24 hrs	5,000											
5	X	24 hrs	4,000		1.5								1.3	
6		24 hrs	4,000											
7	X	24 hrs	5,000		1.4								1.2	
8		24 hrs	5,000											
9		24 hrs	5,000											
10	X	24 hrs	4,000		1.3								1.1	
11		24 hrs	4,000											
12	X	24 hrs	4,000		1.2								1	
13		24 hrs	4,000											
14	X	24 hrs	4,000		1.5								1.3	
15		24 hrs	4,000											
16		24 hrs	4,000											
17	X	24 hrs	4,000		1.7								1.5	
18		24 hrs	4,000											
19	X	24 hrs	3,000		1.7								1.6	
20		24 hrs	3,000											
21	X	24 hrs	4,000		1.6								1.5	
22		24 hrs	4,000											
23		24 hrs	4,000											
24	X	24 hrs	3,000		1.3								1.1	
25		24 hrs	3,000											
26	X	24 hrs	5,000		1.7								1.5	
27		24 hrs	5,000											
28	X	24 hrs	4,000		1.8								1.7	
29		24 hrs	4,000											
30		24 hrs	4,000											
31		24 hrs												
Total			123,000											
Average			4,100											
Maximum			5,000											

** 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: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000				
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

11-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

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

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum Cl2 Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	UV Dose: Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	3,000		1.8									1.6	
2		24 hrs	3,000												
3	X	24 hrs	4,000		1.8									1.7	
4		24 hrs	3,000												
5	X	24 hrs	5,000		2									1.4	
6		24 hrs	4,000												
7		24 hrs	4,000												
8	X	24 hrs	5,000		1.7									1.3	
9		24 hrs	5,000												
10	X	24 hrs	5,000		1.7									1.4	
11		24 hrs	5,000												
12	X	24 hrs	4,000		1.8									1.5	
13		24 hrs	4,000												
14		24 hrs	4,000												
15	X	24 hrs	3,000		1.7									1.5	
16		24 hrs	3,000												
17	X	24 hrs	3,000		1.7									1.5	
18		24 hrs	3,000												
19	X	24 hrs	3,000		1.5									1.2	
20		24 hrs	3,000												
21		24 hrs	3,000												
22	X	24 hrs	3,000		1.2									1.2	
23		24 hrs	3,000												
24	X	24 hrs	2,000		1.5									1.3	
25		24 hrs	2,000												
26	X	24 hrs	4,000		1.4									1.1	
27		24 hrs	4,000												
28		24 hrs	4,000												
29	X	24 hrs	3,000		1.3									1	
30		24 hrs	3,000												
31	X	24 hrs	2,000		1.4									1.2	
Total			109,000												
Average			3,516												
Maximum			5,000												

** 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: November-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: November-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant 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 (C) in Distribution System, mg/L	Emergency Information, Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation, etc.
				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			
		24 hrs	2,000												
	X	24 hrs	5,000		1.4									1.2	
		24 hrs	5,000												
		24 hrs	5,000												
	X	24 hrs	3,000		1.4									1.1	
		24 hrs	3,000												
	X	24 hrs	2,000		1.3									1	
		24 hrs	2,000												
	X	24 hrs	4,000		1.6									1.3	
		24 hrs	4,000												
		24 hrs	4,000												
	X	24 hrs	5,000		1.6									1.3	
		24 hrs	5,000												
	X	24 hrs	3,000		1.2									0.9	
		24 hrs	3,000												
	X	24 hrs	4,000		1.6									1.4	
		24 hrs	4,000												
		24 hrs	4,000												
	X	24 hrs	5,000		1.8									1.5	
		24 hrs	5,000												
	X	24 hrs	3,000		1.8									1.6	
		24 hrs	3,000												
	X	24 hrs	4,000		1.7									1.6	
		24 hrs	4,000												
		24 hrs	4,000												
	X	24 hrs	5,000		1.7									1.5	
		24 hrs	5,000												
	X	24 hrs	5,000		1.7									1.6	
		24 hrs	5,000												
	X	24 hrs	4,000		1.6									1.5	
		24 hrs													
Total			119,000												
			3,967												
			5,000												

** 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: December-07

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

1-7-08
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: **December-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	4,000											
2		24 hrs	4,000											
3	X	24 hrs	4,000		1.7								1.5	
4		24 hrs	4,000											
5	X	24 hrs	5,000		1.6								1.5	
6		24 hrs	6,000											
7	X	24 hrs	4,000		1.5								1.3	
8		24 hrs	4,000											
9		24 hrs	4,000											
10	X	24 hrs	4,000		1.5								1.3	
11		24 hrs	4,000											
12	X	24 hrs	3,000		1.6								1.5	
13		24 hrs	3,000											
14	X	24 hrs	5,000		1.6								1.4	
15		24 hrs	5,000											
16		24 hrs	5,000											
17	X	24 hrs	3,000		1.5								1.3	
18		24 hrs	3,000											
19	X	24 hrs	5,000		1.5								1.3	
20		24 hrs	5,000											
21	X	24 hrs	3,000		1.6								1.5	
22		24 hrs	3,000											
23		24 hrs	3,000											
24	X	24 hrs	5,000		1.6								1.4	
25		24 hrs	5,000											
26	X	24 hrs	3,000		1.4								1.3	
27		24 hrs	3,000											
28	X	24 hrs	4,000		1.6								1.4	
29		24 hrs	4,000											
30		24 hrs	4,000											
31	X	24 hrs	3,000		1.6								1.4	
Total			124,000											
Average			4,000											
Maximum			6,000											

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

PWS ID:	3424001	Plant Name:	Marion Hills

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

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

follows:

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

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

polymer are as follows:

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

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.

[t] 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:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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	Operator Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

2-3-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: January-06

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

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

Day of the Month	Plant Staffed or Visited by Operator (Enter X)	Hours Plant is in Operation	Total Gallons of Finished Water Produced per Day	Peak Hourly Flow Rate, gpm	Time(s) of Peak Flow Rate (Military Time)	Duration of Peak Flow Rate, Hours	Time(s) of Disinfectant Residual Measurement During Peak Flow Rate (Military Time)	Disinfectant Residual Measurement During Peak Flow Rate, mg/L	Disinfectant Contact Time, Minutes, Before First Customer	Minimum Disinfectant Residual Required in Water Entering Distribution System, mg/L	Lowest Disinfectant Residual Measured in Water Entering Distribution System, mg/L	Minimum Disinfectant Residual Required in Distribution System, mg/L	Lowest Disinfectant Residual Measured in Distribution System, mg/L	Explanation of Abnormal Operating Conditions, Repairs, Maintenance, Work that Impacts Water System Components Out of Operation
1		24 hrs	8,000											
2	X	24 hrs	5,000				1						0.7	
3		24 hrs	5,000											
4	X	24 hrs	5,000				1.1						0.9	
5		24 hrs	5,000											
6	X	24 hrs	7,000				1.1						0.9	
7		24 hrs	7,000											
8		24 hrs	7,000											
9	X	24 hrs	5,000				1						0.8	
10		24 hrs	5,000											
11	X	24 hrs	8,000				1						0.8	
12		24 hrs	8,000											
13	X	24 hrs	7,000				1						0.8	
14		24 hrs	7,000											
15		24 hrs	7,000											
16	X	24 hrs	9,000				0.8						0.5	
17		24 hrs	9,000											
18	X	24 hrs	7,000				0.9						0.6	
19		24 hrs	7,000											
20	X	24 hrs	12,000				0.8						0.6	
21		24 hrs	12,000											
22		24 hrs	12,000											
23	X	24 hrs	11,000				1						0.8	
24		24 hrs	11,000											
25	X	24 hrs	9,000				1						0.8	
26		24 hrs	9,000											
27	X	24 hrs	7,000				2.2						2.1	
28		24 hrs	7,000											
29		24 hrs	7,000											
30	X	24 hrs	7,000				2.2						2.1	
31		24 hrs	7,000											
Total			239,000											
Average			7,710											
Maximum			12,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Ocala State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

3-5-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001	Plant Name: Marion Hills

III. Daily Data for the Month/Year of: February-06

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	7,000		1								0.8	
2		24 hrs	7,000											
3	X	24 hrs	7,000		1.5								1.4	
4		24 hrs	7,000											
5		24 hrs	7,000											
6	X	24 hrs	5,000		2.1								1.9	
7		24 hrs	5,000											
8	X	24 hrs	6,000		1.7								1.6	
9		24 hrs	6,000											
10	X	24 hrs	6,000		1.5								1.4	
11		24 hrs	6,000											
12		24 hrs	6,000											
13	X	24 hrs	6,000		1.7								1.6	
14		24 hrs	6,000											
15	X	24 hrs	5,000		1.5								1.3	
16		24 hrs	5,000											
17	X	24 hrs	9,000		2.2								2.2	
18		24 hrs	9,000											
19		24 hrs	9,000											
20	X	24 hrs	9,000		2.2								2.2	
21		24 hrs	9,000		2.2									
22	X	24 hrs	8,000		2.2								2.2	
23		24 hrs	8,000											
24	X	24 hrs	10,000		1.7								1.6	
25		24 hrs	10,000											
26		24 hrs	10,000											
27	X	24 hrs	6,000		1.2								1.1	
28		24 hrs	6,000											
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			200,000											
Average			7,143											
Maximum			10,000											

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

4-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: March-06

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

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

Day of the Month	Plant Staffed or Attended by Operator (Yes or No)	Hours Plant Operated	Net Quantity of Water Produced (gallons)	Rainfall (inches)	Highest Residual Disinfectant Concentration in Any Water Entering the Distribution System (mg/L)	Lowest Residual Disinfectant Concentration in Any Water Entering the Distribution System (mg/L)	Highest Turbidity Measured in Any Water Entering the Distribution System (NTU)	Was Any Water Delivered by Other Than Primary Source? If Yes, Enter Data for Other Sources on Page 3.	Time of Highest Turbidity Measured (hours)	Highest Fluoride Concentration Measured (mg/L)	Highest Chlorine Dose Applied (mg/L)	Minimum Chlorine Dose Applied (mg/L)	Minimum Chlorine Residual Disinfectant Concentration Before First Customer (mg/L)	Comments or Unusual Circumstances, Including Type of Maintenance Work Performed and Results, Major Water System Components Out of Operation
1	X	24 hrs	11,000		1.3								1.2	
2		24 hrs	11,000											
3	X	24 hrs	10,000		1.2								1	
4		24 hrs	10,000											
5		24 hrs	10,000											
6	X	24 hrs	10,000		1.2								1	
7		24 hrs	10,000											
8	X	24 hrs	8,000		1.1								0.9	
9		24 hrs	8,000											
10	X	24 hrs	12,000		1.5								1.3	
11		24 hrs	12,000											
12		24 hrs	12,000											
13	X	24 hrs	9,000		1.6								1.4	
14		24 hrs	9,000											
15	X	24 hrs	10,000		1.6								1.4	
16		24 hrs	10,000											
17	X	24 hrs	11,000		1.6								1.4	
18		24 hrs	11,000											
19		24 hrs	11,000											
20	X	24 hrs	9,000		1.6								1.4	
21		24 hrs	9,000											
22	X	24 hrs	10,000		1.5								1.3	
23		24 hrs	10,000											
24	X	24 hrs	8,000		1.6								1.4	
25		24 hrs	8,000											
26		24 hrs	8,000											
27	X	24 hrs	8,000		1.5								1.2	
28		24 hrs	8,000											
29	X	24 hrs	12,000		1.6								1.4	
30		24 hrs	12,000											
31	X	24 hrs	12,000		1.3								1	
Total			309,000											
Average			9,968											
Maximum			12,000											

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000				
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	Gary Kissick	C	7846	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

5-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Was Plant Shut Down? (Yes or No)	Hours Plant Was in Operation	Net Quantity of Finished Water Produced	Disinfectant Contact Time (Minutes)	Lowest Disinfectant Residual Measured at Entry Point to Distribution System (mg/L)	Lowest Temperature Measured at Entry Point to Distribution System (°C)	Lowest Calculated CT Value	Minimum CT Value Required	Lowest Operating pH Value Measured	Highest Operating pH Value Measured	Lowest Residual Disinfectant Concentration in Water Entering Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Failure of Maintenance Work that Affects Drinking Water System Components or Plant Operation
1		24 hrs	12,000									
2		24 hrs	12,000									
3	X	24 hrs	11,000		1.6						1.3	
4		24 hrs	11,000									
5	X	24 hrs	7,000		1.3						1.1	
6		24 hrs	7,000									
7	X	24 hrs	11,000		1.5						1.4	
8		24 hrs	11,000									
9		24 hrs	11,000									
10	X	24 hrs	10,000		1.3						1.1	
11		24 hrs	10,000									
12	X	24 hrs	9,000		1.3						1.1	
13		24 hrs	9,000									
14	X	24 hrs	12,000		1.6						1.4	
15		24 hrs	12,000									
16		24 hrs	12,000									
17	X	24 hrs	7,000		1.6						1.5	
18		24 hrs	7,000									
19	X	24 hrs	10,000		1.6						1.5	
20		24 hrs	10,000									
21	X	24 hrs	5,000		1.5						1.4	
22		24 hrs	5,000									
23		24 hrs	5,000									
24	X	24 hrs	17,000		1.5						1.4	
25		24 hrs	17,000									
26	X	24 hrs	8,000		1.5						1.4	
27		24 hrs	8,000									
28	X	24 hrs	10,000		1.3						1	
29		24 hrs	10,000									
30		24 hrs	10,000									
31		24 hrs										
Total			296,000									
Average			9,867									
Maximum			17,000									

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills		Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Gary Kissick	C	7846	3 Days per week
Mark March	C	8287	3 Days per week
Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

6-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month Year of:	May-06

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

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

	X	24 hrs	8,000		1.3							1.1	
		24 hrs	8,000										
	X	24 hrs	14,000		1.5							1.4	
		24 hrs	14,000										
	X	24 hrs	12,000		1.3							1.1	
		24 hrs	12,000										
		24 hrs	12,000										
	X	24 hrs	13,000		1.3							1.1	
		24 hrs	13,000										
	X	24 hrs	8,000		1.4							1.2	
		24 hrs	8,000										
	X	24 hrs	12,000		1.4							1.3	
		24 hrs	12,000										
		24 hrs	12,000										
	X	24 hrs	7,000		2							1.9	
		24 hrs	7,000										
	X	24 hrs	7,000		2							1.8	
		24 hrs	7,000										
	X	24 hrs	10,000		1.8							1.8	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	10,000		1.3							1.1	
		24 hrs	10,000										
	X	24 hrs	8,000		1.5							1.4	
		24 hrs	8,000										
	X	24 hrs	8,000		1.5							1.3	
		24 hrs	8,000										
		24 hrs	8,000										
	X	24 hrs	12,000		1.5							1.3	
		24 hrs	12,000										
	X	24 hrs	9,000		1.3							1.2	
			309,000										
			9,968										
			14,000										

** 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: June-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

7-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: June-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	9,000										1.4	
2	X	24 hrs	10,000		1.5									
3		24 hrs	10,000										1.3	
4		24 hrs	10,000											
5	X	24 hrs	6,000		1.5								1.1	
6		24 hrs	6,000											
7	X	24 hrs	5,000		1.3								1.1	
8		24 hrs	5,000											
9	X	24 hrs	10,000		1.3								1.2	
10		24 hrs	10,000											
11		24 hrs	10,000										1	
12	X	24 hrs	4,000		1.3									
13		24 hrs	4,000										1.7	
14	X	24 hrs	6,000		1.2									
15		24 hrs	6,000											
16	X	24 hrs	7,000		1.8									
17		24 hrs	7,000										1.5	
18		24 hrs	7,000											
19	X	24 hrs	11,000		1.7								1.5	
20		24 hrs	11,000											
21	X	24 hrs	6,000		1.7								1.6	
22		24 hrs	6,000											
23	X	24 hrs	5,000		1.7								1.4	
24		24 hrs	5,000											
25		24 hrs	5,000										1.3	
26	X	24 hrs	4,000		1.5									
27		24 hrs	4,000										1.1	
28	X	24 hrs	4,000		1.4									
29		24 hrs	4,000											
30	X	24 hrs	6,000		1.3									
31		24 hrs												
Total			203,000											
Average			6,767											
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: July-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

8-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: July-06

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

☐ Ultraviolet Radiation ☐ Other (Describe): ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

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*										
				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 a 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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	6,000											
2		24 hrs	6,000											
3	X	24 hrs	6,000		1.3									
4		24 hrs	6,000										1.1	
5	X	24 hrs	6,000		1.3									
6		24 hrs	6,000										1.1	
7	X	24 hrs	4,000		0.8									
8		24 hrs	4,000										0.5	
9		24 hrs	4,000											
10	X	24 hrs	5,000		1.4									
11		24 hrs	5,000										1.2	
12	X	24 hrs	5,000		1.4									
13		24 hrs	5,000										1.2	
14	X	24 hrs	6,000		1.3									
15		24 hrs	6,000										1.1	
16		24 hrs	6,000											
17	X	24 hrs	4,000		1.3									
18		24 hrs	4,000										1	
19	X	24 hrs	6,000		1.3									
20		24 hrs	6,000										1.1	
21	X	24 hrs	5,000		1.7									
22		24 hrs	5,000										1.6	
23		24 hrs	5,000											
24	X	24 hrs	5,000		1.8									
25		24 hrs	5,000										1.6	
26	X	24 hrs	5,000		1.8									
27		24 hrs	5,000										1.7	
28	X	24 hrs	6,000		1.8									
29		24 hrs	6,000										1.7	
30		24 hrs	6,000											
31	X	24 hrs	6,000		1.6									
Total			165,000											
Average			5,323										1.5	
Maximum			6,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
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 Type	Name	Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Shift Operator	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

9-7-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of:	August-06

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

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

Day of Month	Was Raw Water Pumped During This Day?	Hours Pumped	Gallons Pumped	Peak Hourly Flow (gpm)	Lowest Reading of Disinfectant Residual Entering Distribution System (mg/L)	Time of Lowest Reading	Highest Reading of Disinfectant Residual Entering Distribution System (mg/L)	Time of Highest Reading	Was Water Delivered to Distribution System During This Day?	Lowest Reading of Disinfectant Residual in Distribution System (mg/L)	Time of Lowest Reading	Highest Reading of Disinfectant Residual in Distribution System (mg/L)	Time of Highest Reading	Was Disinfectant Residual Maintained in Distribution System During This Day?	Highest Turbidity Measurement Entering Distribution System (NTU)	Was Chlorine Residual Measured in the Distribution System?	Lowest Chlorine Residual Measured in the Distribution System (mg/L)	Comments: Any Unusual Conditions, Operations or Maintenance Activities, Including Water System Components Out of Operation *
1		24 hrs	6,000															
2	X	24 hrs	7,000		1.8										1.7			
3		24 hrs	7,000															
4	X	24 hrs	8,000		1.8										1.7			
5		24 hrs	8,000															
6		24 hrs	8,000															
7	X	24 hrs	7,000		1.6										1.5			
8		24 hrs	7,000															
9	X	24 hrs	8,000		1.6										1.5			
10		24 hrs	8,000															
11	X	24 hrs	10,000		1.6										1.5			
12		24 hrs	10,000															
13		24 hrs	10,000															
14	X	24 hrs	5,000		1.8										1.8			
15		24 hrs	5,000															
16	X	24 hrs	9,000		1.7										1.6			
17		24 hrs	9,000															
18	X	24 hrs	5,000		1.6										1.6			
19		24 hrs	5,000															
20		24 hrs	5,000															
21	X	24 hrs	5,000		1.6										1.5			
22		24 hrs	5,000															
23	X	24 hrs	5,000		1.6										1.5			
24		24 hrs	5,000															
25	X	24 hrs	5,000		1.6										1.6			
26		24 hrs	5,000															
27		24 hrs	5,000															
28	X	24 hrs	7,000		1.5										1.3			
29		24 hrs	7,000															
30	X	24 hrs	6,000		1.5										1.2			
31		24 hrs	5,000															
Total			207,000															
Average			6,677															
Maximum			10,000															

** 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: September-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Name	Class	License Number	Day(s)/Shift(s) Worked
Gary Kissick	C	7846	3 Days per week
Mark March	C	8287	3 Days per week
Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

10-5-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: September-06

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

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

Day of Month	Was Plant Operated? (X)	Hours Plant Operated	Total Finished Water Produced (gallons)	Peak Hourly Flow (gallons)	Time of Peak Hourly Flow	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Time of Lowest Residual Entering Distribution System	Lowest Disinfectant Residual in Distribution System (mg/L)	Time of Lowest Residual in Distribution System	Number of Coliform Samples Taken	Number of Coliform Samples Positive	Highest Turbidity Measurement (NTU)	Was Any Water Delivered Without Adequate Disinfectant Residual? (Y/N) If Yes, Explain Why.
1	X	24 hrs	6,000		1.5							1.2	
2		24 hrs	6,000										
3		24 hrs	6,000										
4	X	24 hrs	5,000		1.6							1.5	
5		24 hrs	5,000										
6	X	24 hrs	5,000		1.4							1.4	
7		24 hrs	5,000										
8	X	24 hrs	5,000		1.3							1.2	
9		24 hrs	5,000										
10		24 hrs	5,000										
11	X	24 hrs	6,000		1.5							1.4	
12		24 hrs	6,000										
13	X	24 hrs	4,000		1.5							1.4	
14		24 hrs	4,000										
15	X	24 hrs	7,000		1.6							1.6	
16		24 hrs	7,000										
17		24 hrs	7,000										
18	X	24 hrs	4,000		1.5							1.4	
19		24 hrs	4,000										
20	X	24 hrs	5,000		1.5							1.5	
21		24 hrs	5,000										
22	X	24 hrs	6,000		1.5							1.4	
23		24 hrs	6,000										
24		24 hrs	6,000										
25	X	24 hrs	6,000		1.7							1.6	
26		24 hrs	6,000										
27	X	24 hrs	5,000		1.5							1.5	
28		24 hrs	5,000										
29	X	24 hrs	8,000		1.5							1.4	
30		24 hrs	8,000										
31		24 hrs											
Total			168,000										
Average			5,600										
Maximum			8,000										

** 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: October-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.	City: Summerfield State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Designated Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

11-3-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of:	October-06

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

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

Day of Month													
		24 hrs	8,000										
	X	24 hrs	5,000		1.9							1.8	
		24 hrs	5,000										
	X	24 hrs	7,000		1.5							1.4	
		24 hrs	7,000										
	X	24 hrs	8,000		1.5							1.4	
		24 hrs	8,000										
		24 hrs	8,000										
	X	24 hrs	6,000		1.5							1.4	
		24 hrs	6,000										
	X	24 hrs	5,000		1.5							1.3	
		24 hrs	5,000										
	X	24 hrs	7,000		0.6							0.4	
		24 hrs	7,000										
		24 hrs	7,000										
	X	24 hrs	5,000		1.9							1.8	
		24 hrs	5,000										
	X	24 hrs	5,000		2							2	
		24 hrs	5,000										
	X	24 hrs	7,000		1.7							1.6	
		24 hrs	7,000										
		24 hrs	7,000										
	X	24 hrs	5,000		1.5							1.3	
		24 hrs	5,000										
	X	24 hrs	7,000		1.6							1.5	
		24 hrs	7,000										
	X	24 hrs	5,000		1.6							1.3	
		24 hrs	6,000										
		24 hrs	6,000										
	X	24 hrs	5,000		1.5							1.2	
		24 hrs	5,000										
			191,000										
			6,161										
			8,000										

** 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: November-06

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000				
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

12-8-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424001	Plant Name:	Marion Hills

III. Daily Data for the Month/Year of: **November-06**

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

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

Day of the Month	Days Plant Staffed or Visited (Y or N)	Hours Plant Staffed or Visited (Enter "0" if Not Visited)	Net Quantity of Water Produced (gals)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: Peak Hourly Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hourly Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Hourly Flow (mg-min/L)	Temp of Water (°C)	pH of Water (If Applicable)	Minimum UV Dose Required (mJ/cm²)	Lowest Operating UV Dose in Service (mJ/cm²)	Percent Dose Required	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Required Maintenance Work that Involved Water System Components Out of Operation
1	X	24 hrs	5,000		1.5								1.3	
2		24 hrs	5,000											
3	X	24 hrs	5,000		2.2								2.2	
4		24 hrs	5,000											
5		24 hrs	5,000											
6	X	24 hrs	6,000		2.2								2.1	
7		24 hrs	6,000											
8	X	24 hrs	6,000		2.2								2.1	
9		24 hrs	6,000											
10	X	24 hrs	5,000		1.5								1.3	
11		24 hrs	5,000											
12		24 hrs	5,000											
13	X	24 hrs	6,000		1.5								1.3	
14		24 hrs	6,000											
15	X	24 hrs	5,000		1.5								1.3	
16		24 hrs	5,000											
17	X	24 hrs	5,000		1.5								1.3	
18		24 hrs	5,000											
19		24 hrs	5,000											
20	X	24 hrs	5,000		1.4								1.2	
21		24 hrs	5,000											
22	X	24 hrs	5,000		1.5								1.2	
23		24 hrs	5,000											
24	X	24 hrs	5,000		1.5								1.3	
25		24 hrs	5,000											
26		24 hrs	5,000											
27	X	24 hrs	4,000		1.5								1.3	
28		24 hrs	4,000											
29	X	24 hrs	5,000		1.4								1.2	
30		24 hrs	5,000											
31		24 hrs												
Total			154,000											
Average			5,133											
Maximum			6,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Marion Hills			Plant Telephone Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000				
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 Type	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

1-9-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 | Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **December-06**

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

[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of Month	Plant Supply Valve Open (Check One)	Hours Plant in Operation	Quantity of Water Produced (gallons)	Peak Hour Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (CT) in Water Delivered to the Public (mg/L)	Time of Lowest Residual Disinfectant Concentration (CT) During Peak Hour (hours)	Lowest Residual Disinfectant Concentration (CT) in Water Delivered to the Public Measured (mg/L)	Temperature of Water Sample (°C)	Applicable Inactivation Ratio (CT99.99)	Minimum Required CT Value (mg/min/L)	Disinfectant Contact Time (T) Measured (minutes)	Minimum Required Disinfectant Contact Time (T) (minutes)	Lowest Residual Disinfectant Concentration in Distribution System (mg/L)	Reason for Any Interruption of Water Treatment or Pumpage; Water System Components Out of Operation
1	X	24 hrs	5,000		1.6								1.3	
2		24 hrs	5,000											
3		24 hrs	5,000										1.3	
4	X	24 hrs	5,000		1.5									
5		24 hrs	5,000										1.5	
6	X	24 hrs	4,000		1.6									
7		24 hrs	4,000										14	
8	X	24 hrs	5,000		1.6									
9		24 hrs	5,000											
10		24 hrs	5,000										1.4	
11	X	24 hrs	5,000		1.6									
12		24 hrs	5,000										1.6	
13	X	24 hrs	5,000		1.7									
14		24 hrs	5,000										1.5	
15	X	24 hrs	5,000		1.6									
16		24 hrs	5,000											
17		24 hrs	5,000										1.4	
18	X	24 hrs	4,000		1.6									
19		24 hrs	4,000										1.2	
20	X	24 hrs	4,000		1.4									
21		24 hrs	4,000										1.6	
22	X	24 hrs	4,000		1.7									
23		24 hrs	4,000											
24		24 hrs	4,000										1.5	
25	X	24 hrs	5,000		1.5									
26		24 hrs	5,000										1.5	
27	X	24 hrs	5,000		1.6									
28		24 hrs	5,000										1.6	
29	X	24 hrs	6,000		1.6									
30		24 hrs	6,000											
31		24 hrs	6,000											
Total			149,000											
Average			4,806											
Maximum			6,000											

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

PWS ID:	3424001	Plant Name:	Marion Hills

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 34604, FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5384

HBEL Report Number: 2130062 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/4/07 1230

Received for Laboratory By: [signature]

Analysis Date and Time: 12/4/07 1655

Analysis Method Requested:
☑ Colilert ☐ Membrane Filtration PWS I.D. 3 4 2 4 0 0 1

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 3.6 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

System Name: ALF/MARION Hills #6577 (MH)

System Address: 14009 S.E. 51 ST AVENUE

City: Summerfield **System or Owner's Phone #** (352) 787-0980 **Fax #:** 787-6333

Collector: G. Kissick **Collector's Phone #** (904) 237-0919

Relinquished By: GK **Received By:** [signature] **Relinquished By:** [signature]

Date/Time: 12.4.07 **Date/Time:** 12/4/07 **Date/Time:** 12/4/07 12:30

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

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

Sample Collection Date(s): 12-3-07

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
W	well	12:30 PM	R	0	
R1	14069 51ST AVE.	12:45 PM	D	1.6	
R2	14236 51ST AVE.	12:40 PM	D	1.5	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.55

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other _____
Person performing analysis is:
☑ A certified operator (# DWC7946) ☐ Employed by a certified lab
☐ Supervised by a certified operator (# _____) ☐ Employed by DEP or DOH

LABORATORY CERTIFICATE OF ANALYSIS
Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B
Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual.[2]	Lab Sample Number
	A			2130062001
	A			002
	A			2130062003

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: 12/10

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

Name and Mailing Address of Person/Firm to Receive Report
AQUA Utilities Florida
P.O. Box 490310
Leesburg FL. 34749
ATTN. PAUL

ACCREDITED IN ACCORDANCE WITH

Page 1 of 1

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

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)
2 Defined in Florida Administrative Code Rule 62-160

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEAFIN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE 04319 MAY 22 08
FPSC-COMMISSION CLERK

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

Date issued: April 23, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills 6577 NO2/NO3 **[2128394]**
Received: 4/12/07 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.

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: Marion Hills 6577 NO2/NO3 **[2128394]**
Received: 4/12/07 13:00

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128394]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills 6577 NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128394001**						*Sampled:* 04/12/07 8:35		*Received:* 04/12/07 13:00		
Sample ID: **MH-07 Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Nitrate as N		**1.7**	mg/L	0.0030	EPA 300.0	IC7182		04/13/07 14:10	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7182		04/13/07 14:10	JL	E96080

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

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

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

FDOH # E84418
18331 Cortez Blvd.
Brooksville, FL 34601

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

Method(s) of Shipment:

e-mail:

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

For Lab Use Only
Temperature 8.6°
Custody Seals Intact Y N NA
Checked Y N
pH Checked Y N
LAB # 242334

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: N/O2	PRESERVATIVE: N/O3							COMMENTS
01	4-12-07	8:35 AM	G	DW	1	MH-07	✓	✓							PWS # 3424001
															Clz Res 1.5
															Ph. 7.7
															Sampled AT
															Pressure Tank

PRESERVATIVE
ANALYSES REQUESTED

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

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

RELINQUISHED BY	GK	RELINQUISHED BY	RELINQUISHED BY Fedex
DATE/TIME	4-12-07	DATE/TIME 4/12/07 1:00	DATE/TIME 4/12/07 1600
RECEIVED BY		RECEIVED BY	RECEIVED FOR LAB BY
DATE/TIME	4/12/07	DATE/TIME 4/12/07 1300	DATE/TIME 4/12/07 1700

Report Due: 4/17

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

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

Date issued: April 9, 2007

RECEIVED
APR 18 2007
By

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills 6577 Diphthalate **[2128123]**
Received: 3/08/07 13:15

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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: Marion Hills 6577 Di phthalate **[2128123]**
Received: 3/08/07 13:15

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128123]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills 6577 Di phthalate

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128123001**						*Sampled:* 03/08/07 10:15		*Received:* 03/08/07 13:15		
Sample ID: **MH 1 Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
bis(2-ethylhexyl)phthalate		0.85 U	ug/L	0.85	EPA 525.2	SVOC2498	03/14/07 11:00	04/2/07 23:29	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080
5800 U.S. 1 North
Fort Pierce, FL 34946

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

___FDOH # E84418
16331 Cortaz Blvd.
Brooksville, FL 34601

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone: (352) 787-0981 Fax: 787-6333
Client Contact: G Kissick (904) 237-0919
Project Name: Marion Hills #6577
Sampled By: GK

Method(s) of Shipment:

e-mail:

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

For Lab Use Only
Temperature Checked: Y
Custody Seals Intact: N
pH Checked: Y N/A
LAB # 122103

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: D. Plate 525.2	ANALYSES REQUESTED	COMMENTS
001	3-8-07	10:15 AM	G	DW	1	MH 1	✓		Cl2 Res 1.3 Ph 7.7 Sampled AT P.O.E Hi pressure Tank

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

* Sample Type: G=Grab C=Composite

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

RELINQUISHED BY	GK	RELINQUISHED BY	Fedex
DATE/TIME	3-8-07	DATE/TIME	3/8/07 1:15
RECEIVED BY		RECEIVED BY	Fedex
DATE/TIME	3/8/07	DATE/TIME	3/8/07 1315

RELINQUISHED BY	Fedex to FEDEX
DATE/TIME	3/8/07 1600
RECEIVED FOR FEL CUSTODY BY	[illegible]
DATE/TIME	3-9-07 1830

Report Page 1 of 1

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

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

Date issued: September 26, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills 6577 HAA5/THM **[2126731]**
Received: 9/07/06 13:30

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.

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: Marion Hills 6577 HAA5/THM
Received: 9/07/06 13:30

[2126731]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2126731001	14249 SE 51st Ave Grab	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2126731]

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

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126731001** *Sample ID:* **14249 SE 51st Ave Grab**						*Sampled:* 09/07/06 10:25 *Matrix:* Water	*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis			
Dibromoacetic Acid		**0.18 U**	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Dichloroacetic Acid		**0.79**	ug/L	0.66	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Monobromoacetic Acid		**0.28 U**	ug/L	0.28	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Monochloroacetic Acid		**4.3**	ug/L	0.88	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Total HAAs		**5.1**	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Trichloroacetic acid		**0.20 U**	ug/L	0.20	EPA 552.1	PEST4790	09/14/06 13:10	09/14/06 22:47	JL	E96080
Laboratory ID: **2126731002** *Sample ID:* **14249 SE 51st Ave Grab**						*Sampled:* 09/07/06 10:28 *Matrix:* Water	*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis			
Bromodichloromethane		**0.25 U**	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 20:18	WR	E96080
Bromoform		**0.41 U**	ug/L	0.41	EPA 524.2	VOC2692		09/20/06 20:18	WR	E96080
Chloroform		**0.25 U**	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 20:18	WR	E96080
Dibromochloromethane		**0.30 U**	ug/L	0.30	EPA 524.2	VOC2692		09/20/06 20:18	WR	E96080
Total THMs		**0.50**	ug/L	0.50	EPA 524.2	VOC2692		09/20/06 20:18	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

___FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

___FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34607

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

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only

Temperature Checked: 10C (Y) N
Custody Seals Intact: Y N/A
pH Checked: Y N

LAB # 2126731

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED	COMMENTS
001	9-7-06	10:25 AM	G	DW	1	MH-1	✓ HAAS	✓ THM	Clz Res 1.3
002	9-7-06	10:28 AM	G	DW	3	MH-2 ABC		✓	Ph 7.6
									Sampled per Lab Instructions AT 14249 SE 51 ST AV Summerfield

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

* Sample Type: G=Grab C=Composite

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

RELINQUISHED BY: GK	RELINQUISHED BY: [signature]	RELINQUISHED BY: [signature]
DATE/TIME: 9-7-06	DATE/TIME: 9/7/06 1330	DATE/TIME: 9/7/06 1600
RECEIVED BY: [signature]	RECEIVED BY: [signature]	RECEIVED FOR HBEL CUSTODY BY: [signature]
DATE/TIME: 9/7/06	DATE/TIME: 9/7/06 1336	DATE/TIME: 9-8-06 1030

Report Page 1 of 1

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

CHAIN 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) 467-1584

Date issued: August 7, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills 6577 TH-Annual **[2126355]**
Received: 7/20/06 13:43

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.

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: Marion Hills 6577 Tri-Annual **[2126355]**
Received: 7/20/06 13:43

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126355]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills 6577 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126355001**					*Sampled:* 07/20/06 9:55		*Received:* 07/20/06 13:43			
Sample ID: **MH Grab**					*Matrix:* Water		Results reported on Wet Weight Basis			
Odor		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE14903		07/20/06 16:00	PA	E83509
pH	Q	7.22	SU	0.200	EPA 150.1	WCDE14900		07/20/06 15:50	PA	E83509
Total Dissolved Solids		180	mg/L	5.0	EPA 160.1	WCDE14911		07/21/06 14:11	PA	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Barium		0.0040	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Sodium		4.3	mg/L	0.50	EPA 200.7	META8046		08/1/06 13:21	SP	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8048		08/1/06 13:21	SP	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8038		07/29/06 16:31	SP	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 14:35	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/4/06 17:59	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8043	07/28/06 12:24	07/31/06 12:27	SP	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6879		07/26/06 16:28	JL	E96080
Fluoride		0.12	mg/L	0.011	EPA 300.0	IC6871		07/21/06 15:45	JL	E96080
Nitrate as N		1.7	mg/L	0.0030	EPA 300.0	IC6871		07/21/06 15:45	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6871		07/21/06 15:45	JL	E96080
Sulfate		17	mg/L	1.4	EPA 300.0	IC6879		07/26/06 16:28	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2126355]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills 6577 Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2664		07/23/06 23:13	WR	E96080
Dibromoacetic Acid		0.18 U	ug/L	0.18	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Dichloroacetic Acid		0.66 U	ug/L	0.66	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Total HAAs		0.18 U	ug/L	0.18	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4759	07/25/06 12:59	07/26/06 10:34	JL	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1018		07/27/06 12:50	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1016		08/1/06 12:40	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE25953		07/21/06 15:52	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE25965	07/21/06 12:30	07/22/06 15:30	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25964	07/22/06 9:00	07/22/06 11:17	GG	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2126355]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills 6577 Tri-Annual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126355002**						*Sampled:*		*Received:* 07/20/06 13:43		
Sample ID: **Trip Blanks**						*Matrix:* Water		Results reported on Wet Weight Basis		
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Total THMs		0.80 U	ug/L	0.80	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2664		07/23/06 23:46	WR	E96080

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

Q Sample held beyond the accepted holding time.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

- ___ FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
- ___ FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
- ✓ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
- ___ FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone: (352) 787-0980 Fax: (352) 787-6333
Client Contact: G. Kissick (904) 237-0919
Project Name: Marion Hills #6577
Sampled By: G.K

Method(s) of Shipment: Courier

e-mail:

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

LAB # E126455

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE: 1°:2°	ANALYSES REQUESTED: CN	NO3NO2 N	SO4 F	Ph Color	TDS	DOC	MBAS	VOC	THM	HAAS	COMMENTS
001	7-20-06	9:37 AM	G	DW	1	MHA	✓											Cl2 Res 1.1
		9:38 AM			1	MHB		✓										Ph: 7.7
		9:39 AM			1	MHC			✓									Sampled AT
		9:40 AM			1	MHD				✓								P.O.E. / H.P.T.
		9:42 AM			1	MHE					✓							Per LAB
		9:44 AM			1	MHF						✓						INSTRUCTIONS
		9:50 AM			3	MHG 1,2,3							✓					(3) Trip Blanks
		9:55 AM			3	MHH 1,2,3								✓				LAB ID-001
001		9:45 AM	↓	↓	1	MHJ									✓	✓		

* Sample Type: G=Grab C=Composite

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

Preservation Key

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

RELINQUISHED BY	CK	RELINQUISHED BY	Courier
DATE/TIME	7-20-06	DATE/TIME	7-20-06 1743
RECEIVED BY	[illegible]	RECEIVED BY	[illegible]
DATE/TIME	7-20-06	DATE/TIME	7-20-06 1743

RELINQUISHED BY	Courier to FEDEX
DATE/TIME	7-20-06 1600
RECEIVED FOR LAB CUSTODY BY	[illegible]
DATE/TIME	7-20-06 1600

Report Page 6 of 6

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

CHAIN 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) 467-5584

Date issued: April 12, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills DW SOC [2125235]
Received: 3/31/06 10:30

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.

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: Marion Hills DW SOC
Received: 3/31/06 10:30

[2125235]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5844

CERTIFICATE OF ANALYSIS
[2125235]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills DW SOC

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125235001**						*Sampled:* 03/30/06 9:00		*Received:* 03/31/06 10:30		
Sample ID: **MH A-J Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 4:58	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 4:58	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4691	04/4/06 13:00	04/5/06 0:54	CAC	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/6/06 10:26	JL	E96080
Alachlor		0.59 U	ug/L	0.59	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
bis(2-ethylhexyl)phthalate		0.82 U	ug/L	0.82	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Hexachlorobenzene		0.29 U	ug/L	0.29	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Simazine		0.61 U	ug/L	0.61	EPA 525.2	SVOC2407	04/5/06 16:37	04/11/06 0:58	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2289		04/3/06 20:20	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2289		04/3/06 20:20	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2292		04/5/06 19:50	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2405	03/31/06 6:51	04/7/06 21:18	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2290	04/3/06 12:53	04/3/06 15:57	JJM	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg, FL. Zip: 34749
Phone: (352) 787-0980 Fax (352) 787-6333
Client Contact: G. Kissick (904) 232-2919
Project Name: Marion Hills (MH)
Sampled By: GK

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days
Requires Laboratory Approval

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

____FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

____FDOH # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725

____FDOH # E84418
2514 Osawaw Blvd.
Spring Hill, FL 34607

For Lab Use Only
Temperature upon receipt: Checked Y N
Custody Seals Intact: Y N/A
pH Checked Y N
LAB # 2125235

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	A 504	B 515.1	C 525.2	D 531.1	E 547	F 548	G 505	H 549	COMMENTS
								ST	ST	ST	NONE	ST	ST	ST	ST	
							ANALYSES REQUESTED	A	B	C	D	E	F	G	H	
001	3-30-06	9:00 AM	G	DW	3	MH-A		✓								Sampled AT Press.
	3-30-06	9:00	G	DW	1	MH-C			✓							TANK / P.O.E.
	3-30-06	9:00	G	DW	1	MH D				✓						Cl2 Res. 1.5
	3-30-06	9:00	G	DW	1	MH-E					✓					Ph: 7.8
	3-30-06	9:00	G	DW	1	MH-F						✓				
	3-30-06	9:00	G	DW	3	MH-G							✓			
	3-30-06	9:00	G	DW	3	MH-H								✓		
001	3-30-06	9:00	G	DW	1	MH-J									✓	
																PWS# 3424001

* Sample Type: G=Grab C=Composite

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

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

RELINQUISHED BY	GK	RELINQUISHED BY	RELINQUISHED BY Fed Ex
DATE/TIME	3-30-06	DATE/TIME 3-30-06 1:20	DATE/TIME 3/30/06 1600
RECEIVED BY		RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY
DATE/TIME	3-30-06 1200	DATE/TIME 3/30/06 1320	DATE/TIME 3/30/06 10:30

Report Page 4

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

CHAIN PAGE 1 of 1

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

Date issued: April 5, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion Hills **[2125185]**
Received: 3/24/06 14:30

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.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 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: Marion Hills
Received: 3/24/06 14:30

[2125185]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2125185]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion Hills

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2125185001**						*Sampled:* 03/23/06 9:00		*Received:* 03/24/06 14:30		
Sample ID: **M.H. Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2401	03/28/06 12:06	03/30/06 3:02	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody

and

Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg FL Zip: 34749
Phone: (352) 787-0981 Fax: (352) 787-6333
Client Contact: Gary Kissick (904) 237-0917
Project Name: Marion Hills
Sampled By: GK

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Laboratory Use Only
Temperature Checked (Y) N
Custody Seals Y N
pH Checked Y N
LAB # 212585

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
001	3-23-06	9:00 AM	G	DW	1	M.H.

PRESERVATIVE: Na2SO3

ANALYSES REQUESTED: Phthalate

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

COMMENTS
Sampled AT Presserve Tank / P.O.E
Cl2 Res 1.6 P.E
Ph: 7.8 P.E
GK

* Sample Type: G=Grab C=Composite

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

RELINQUISHED BY	GK	RELINQUISHED BY	
DATE/TIME	3-23-06	DATE/TIME	3-23-06 1:30
RECEIVED BY		RECEIVED BY	Paul
DATE/TIME	3-23-06 1200	DATE/TIME	3/23/06 1330

RELINQUISHED BY	Paul		
DATE/TIME	3/24/06		
RECEIVED FOR HBEL CUSTODY BY			
DATE/TIME	3/24/06 1230		

Report Page 1 of 1

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

CHAIN PAGE 1 of 1

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL
JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County – PW

System Name	PWS ID Number	System Name	PWS ID Number
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys 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 April 30, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name MARION HILLS SUBDIVISION County Marion PWS ID # 3424001
Plant Location Southeast 140th Street and Southeast 51st Ave, Summerfield, FL 34470 Phone 352-732-6027
Owner Name Aqua Utilities Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/14/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS
- ☒ Community (5D)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date WC42-2030 6/2//1980
- ☐ 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
Gary Kissick C-7846

O & M Log: ☒ Yes ☐ No
O & M Manual: ☒ Yes ☐ No
Emergency Response Plan: ☒ Yes ☐ No ☐ N/A

Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 29
Population Served 102 Basis Operator
Average Day (from MORs) 7,555 gpd
Max. Day (from MORs) 17,000 gpd 4/06
Max-day Design Capacity 36,000 gpd
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 Elliot Propane
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

Satisfy average-day demand? ☒ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
Hypochlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" Kent
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed.
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments:

PWS ID # 3424001
Date 2/14/07

GROUND WATER SOURCE

Well Number		1(AAC3109)			
Year Drilled		1979			
Depth Drilled		150'			
Drilling Method		Cable tool			
Type of Grout		Cement			
Static Water Level		Unknown			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Screen			
Length (outside casing)		105'			
Diameter (outside casing)		4"			
Material (outside casing)		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	>100'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-Rite			
	Model Number	Unknown			
	Rated Capacity (gpm)	50			
	Motor Horsepower	3			
Well casing 12" above grade?		No			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		N/A			

COMMENTS The well casing does not extend 12 inches above grade. The Department will accept the casing as it currently exists unless the well is shown to be chemically or microbially contaminated.

PWS ID # 3424001
Date 2/14/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.30 Remote 0.90
Remote tap location 14095 SE 151st Ave
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
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		
Capacity (gal)	1,000		
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 Provide dates of last storage tank cleaning and inspection.

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3424001
Date 2/14/07

COMMENTS/REMINDERS:

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **Compliance monitoring for Di(2-ethylhexyl)phthalate is due during the 1st quarter of 2007.** Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

3. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**

4. **Provide date of last cleaning and inspection for finished drinking water storage tank.**

   Accumulated sludge and biogrowths 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 biogrowth. [Rule 62-555.350(2), F.A.C.]

   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, 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 biogrowths, 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.]

   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.]

   Ensure proper disinfection and bacteriological evaluation in accordance with 62-555.340, 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. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and 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.]

Inspector _____ Title Env. Specialist I Date 2/19/07

Approved by _____ Title Environmental Manager Date 3/16/07

A UA
Utilities Florida.

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspections
Marion County

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.

2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.

2. The chlorine injection point will be replaced with in the next 14 days.

3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. Screens have been placed on all valves.

3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.

5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

2. The tap has been repaired.

3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

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

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

2/7/07

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: January-07

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

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

				CT Calculations or 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	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	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	15,000		1.4								1.2	
2	X	24 hrs	9,000		1.6								1.4	
3	X	24 hrs	11,000		1.4								1.2	
4		24 hrs	12,000											
5	X	24 hrs	10,000		1.6								1.2	
6		24 hrs	11,000											
7		24 hrs	11,000											
8	X	24 hrs	11,000		1.4								1.2	
9	X	24 hrs	10,000		1.2								1	
10	X	24 hrs	8,000		1.4								1.2	
11		24 hrs	9,000											
12	X	24 hrs	9,000		1.2								1	
13		24 hrs	10,000											
14		24 hrs	10,000											
15	X	24 hrs	11,000		1								0.8	
16		24 hrs	11,000											
17	X	24 hrs	10,000		1								0.6	
18		24 hrs	10,000											
19	X	24 hrs	10,000		1								0.8	
20		24 hrs	10,000											
21		24 hrs	11,000											
22	X	24 hrs	12,000		1								0.6	
23		24 hrs	11,000											
24	X	24 hrs	8,000		1								0.8	
25		24 hrs	9,000											
26	X	24 hrs	9,000		1								1	
27		24 hrs	9,000											
28		24 hrs	10,000											
29	X	24 hrs	10,000		1								0.8	
30		24 hrs	10,000											
31	X	24 hrs	9,000		1								1	
Total			316,000											
Average			10,194											
Maximum			15,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

3/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: **February-07**

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	9,000											
2	X	24 hrs	10,000		1								0.6	
3		24 hrs	10,000											
4		24 hrs	10,000											
5	X	24 hrs	11,000		1								0.8	
6		24 hrs	12,000											
7	X	24 hrs	10,000		1.2								1	
8		24 hrs	9,000											
9	X	24 hrs	10,000		1.4								1.2	
10		24 hrs	10,000											
11		24 hrs	11,000											
12	X	24 hrs	11,000		1.4								1.2	
13		24 hrs	12,000											
14	X	24 hrs	12,000		1.2								1	
15		24 hrs	11,000											
16	X	24 hrs	10,000		1.4								1.2	
17		24 hrs	10,000											
18		24 hrs	11,000											
19	X	24 hrs	11,000		1.4								1	
20		24 hrs	12,000											
21	X	24 hrs	11,000		1.4								1.2	
22		24 hrs	11,000											
23	X	24 hrs	11,000		1.2								1	
24		24 hrs	11,000											
25		24 hrs	12,000											
26	X	24 hrs	12,000		1.6								1.4	
27		24 hrs	12,000											
28	X	24 hrs	11,000		1.4								1.2	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			303,000											
Average			10,821											
Maximum			12,000											

** 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:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

4/5/07

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: March-07

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

				CT Calculations, or 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 Quanity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/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, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	7,000		1.4								1	
2	X	24 hrs	14,000		1.4								1	
3		24 hrs	14,000											
4		24 hrs	14,000											
5	X	24 hrs	9,000		1.6								1.2	
6		24 hrs	9,000											
7	X	24 hrs	10,000		1.2								1	
8		24 hrs	10,000											
9	X	24 hrs	9,000		1								0.8	
10		24 hrs	11,000											
11		24 hrs	12,000											
12	X	24 hrs	12,000		1.2								1	
13		24 hrs	13,000											
14	X	24 hrs	12,000		1								1	
15		24 hrs	12,000											
16		24 hrs	13,000											
17	X	24 hrs	14,000		1.2								1	
18		24 hrs	14,000											
19	X	24 hrs	15,000		1								1	
20	X	24 hrs	12,000		1.2								1	
21	X	24 hrs	15,000		1.4								1.2	
22		24 hrs	15,000											
23	X	24 hrs	13,000		1.2								1	
24		24 hrs	13,000											
25		24 hrs	14,000											
26	X	24 hrs	12,000		1								1	
27	X	24 hrs	13,000		1.2								1	
28	X	24 hrs	14,000		1.2								1.2	
29		24 hrs	14,000											
30	X	24 hrs	13,000		1.4								1.2	
31		24 hrs	14,000											
Total			386,000											
Average			12,452											
Maximum			15,000											

** 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:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

5/3/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **April-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation?
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time, (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	14,000											
2	X	24 hrs	11,000		1.4								1.2	
3		24 hrs	12,000											
4	X	24 hrs	15,000		1.4								1	
5		24 hrs	15,000											
6	X	24 hrs	13,000		1.6								1.2	
7		24 hrs	13,000											
8		24 hrs	13,000											
9	X	24 hrs	15,000		1.8								1.4	
10	X	24 hrs	11,000		1.6								1.4	
11	X	24 hrs	12,000		1.6								1.2	
12		24 hrs	13,000											
13	X	24 hrs	14,000		1.4								1.4	
14		24 hrs	15,000											
15		24 hrs	15,000											
16	X	24 hrs	15,000		1.4								1.2	
17		24 hrs	15,000											
18	X	24 hrs	11,000		1.2								1	
19		24 hrs	12,000											
20	X	24 hrs	14,000		1.3								1	
21		24 hrs	14,000											
22		24 hrs	15,000											
23	X	24 hrs	13,000		1.4								1.2	
24		24 hrs	14,000											
25	X	24 hrs	12,000		1.2								1	
26		24 hrs	13,000											
27	X	24 hrs	12,000		1.2								1	
28		24 hrs	13,000											
29		24 hrs	13,000											
30	X	24 hrs	15,000		1.2								1	
31		24 hrs												
Total			402,000											
Average			13,400											
Maximum			15,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

6/5/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: May-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24 hrs	12,000		1.4								1.2	
2	X	24 hrs	14,000		1								1	
3		24 hrs	15,000											
4	X	24 hrs	12,000		1								0.8	
5		24 hrs	13,000											
6		24 hrs	13,000											
7	X	24 hrs	13,000		1.2								1	
8		24 hrs	13,000											
9	X	24 hrs	13,000		1								0.8	
10		24 hrs	14,000											
11	X	24 hrs	13,000		1								0.6	
12		24 hrs	13,000											
13		24 hrs	13,000											
14	X	24 hrs	16,000		1								0.8	
15		24 hrs	16,000											
16	X	24 hrs	15,000		0.9								0.8	
17		24 hrs	15,000											
18	X	24 hrs	12,000		1								0.8	
19		24 hrs	13,000											
20		24 hrs	13,000											
21	X	24 hrs	14,000		1								0.6	
22		24 hrs	13,000											
23	X	24 hrs	16,000		0.8								0.6	
24		24 hrs	16,000											
25	X	24 hrs	25,000		0.6								0.5	
26		24 hrs	25,000											
27	X	24 hrs	13,000		1.2								1	
28		24 hrs	13,000											
29	X	24 hrs	21,000		1.4								1.2	
30	X	24 hrs	20,000		1.4								1	
31		24 hrs	20,000											
Total			467,000											
Average			15,065											
Maximum			25,000											

** 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: June-07

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

7/6/07

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 6424591	Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: June-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	12,000		1.2								1.2	
2		24 hrs	12,000											
3		24 hrs	13,000											
4	X	24 hrs	15,000		1.4								1.2	
5		24 hrs	15,000											
6	X	24 hrs	14,000		1.2								1	
7		24 hrs	14,000											
8	X	24 hrs	25,000		0.9								0.7	
9		24 hrs	24,000											
10	X	24 hrs	6,000		1								1	
11		24 hrs	7,000											
12	X	24 hrs	18,000		1.2								1	
13		24 hrs	19,000											
14		24 hrs	19,000											
15	X	24 hrs	18,000		1.4								1.2	
16		24 hrs	18,000											
17		24 hrs	18,000											
18	X	24 hrs	15,000		1.2								1.2	
19		24 hrs	16,000											
20	X	24 hrs	16,000		1.4								1.2	
21		24 hrs	16,000											
22	X	24 hrs	15,000		1.4								1	
23		24 hrs	16,000											
24		24 hrs	16,000											
25	X	24 hrs	16,000		1.2								1.2	
26		24 hrs	17,000											
27	X	24 hrs	18,000		1								0.8	
28		24 hrs	19,000											
29	X	24 hrs	15,000		1								0.6	
30		24 hrs	15,000											
31		24 hrs												
Total			477,000											
Average			15,900											
Maximum			25,000											

** 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: July-07

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

8/8/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **July-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation*
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	15,000											
2	X	24 hrs	19,000		0.9								0.8	
3	X	24 hrs	20,000		1								0.8	
4	X	24 hrs	13,000		1.2								0.8	
5		24 hrs	13,000											
6	X	24 hrs	14,000		1								0.9	
7		24 hrs	15,000											
8		24 hrs	15,000											
9	X	24 hrs	14,000		0.9								0.8	
10		24 hrs	14,000											
11	X	24 hrs	18,000		1								0.9	
12		24 hrs	19,000											
13	X	24 hrs	20,600		0.8								0.6	
14		24 hrs	20,600											
15		24 hrs	20,800											
16	X	24 hrs	16,000		2.4								1.2	
17		24 hrs	16,000											
18	X	24 hrs	14,000		2.3								1.2	
19		24 hrs	15,000											
20	X	24 hrs	16,000		2.2								1.2	
21		24 hrs	17,000											
22		24 hrs	17,000											
23	X	24 hrs	15,000		1.8								1.6	
24		24 hrs	15,000											
25	X	24 hrs	16,000		1.6								1.4	
26		24 hrs	17,000											
27	X	24 hrs	18,000		1.4								1.2	
28		24 hrs	18,000											
29		24 hrs	17,000											
30	X	24 hrs	39,000		1.2								1	
31		24 hrs	40,000											
Total			557,000											
Average			17,968											
Maximum			40,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
9/6/07	Paul Thompson	A7251

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: August-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	38,000		1.4								1.2	
2		24 hrs	38,000											
3	X	24 hrs	31,000		1.6								1.2	
4		24 hrs	32,000											
5		24 hrs	32,000											
6	X	24 hrs	50,000		1.4								1	
7		24 hrs	51,000											
8	X	24 hrs	40,000		1.2								1	
9		24 hrs	40,000											
10	X	24 hrs	43,000		1.2								1	
11		24 hrs	43,000											
12		24 hrs	44,000											
13	X	24 hrs	35,000		1.2								0.8	
14		24 hrs	34,000											
15	X	24 hrs	40,000		1								1	
16		24 hrs	41,000											
17	X	24 hrs	41,000		1								0.8	
18		24 hrs	41,000											
19		24 hrs	41,000											
20	X	24 hrs	41,000		1.2								1	
21		24 hrs	42,000											
22	X	24 hrs	43,000		1.4								1	
23		24 hrs	44,000											
24	X	24 hrs	39,000		1.2								1	
25		24 hrs	39,000											
26		24 hrs	40,000											
27	X	24 hrs	38,000		1								0.8	
28		24 hrs	38,000											
29	X	24 hrs	49,000		1								0.6	
30	X	24 hrs	36,000		1								0.8	
31	X	24 hrs	48,000		1								0.6	
Total			1,252,000											
Average			40,387											
Maximum			51,000											

** 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: September-07

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

10/09/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: September-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	48,000											
2		24 hrs	48,000											
3	X	24 hrs	42,000		1								0.8	
4		24 hrs	42,000											
5	X	24 hrs	47,000		1								0.6	
6		24 hrs	48,000											
7	X	24 hrs	47,000		1.8								1.4	
8		24 hrs	47,000											
9		24 hrs	49,000											
10	X	24 hrs	14,000		3								2.4	
11		24 hrs	13,000											
12	X	24 hrs	11,000		1.2								0.7	
13		24 hrs	10,000											
14	X	24 hrs	10,000		3								2	
15		24 hrs	10,000											
16		24 hrs	10,000											
17	X	24 hrs	9,000		1.6								1.4	
18		24 hrs	9,000											
19	X	24 hrs	10,000		1.4								1.2	
20		24 hrs	10,000											
21	X	24 hrs	10,000		1.4								1	
22		24 hrs	10,000											
23		24 hrs	10,000											
24	X	24 hrs	11,000		1.2								1	
25		24 hrs	11,000											
26	X	24 hrs	8,000		1.4								1.2	
27		24 hrs	9,000											
28	X	24 hrs	10,000		1.6								1.4	
29		24 hrs	10,000											
30		24 hrs	10,000											
31		24 hrs												
Total			633,000											
Average			21,100											
Maximum			49,000											

** 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: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

11/8/07

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	Remarks
				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		Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves Taking Water System Components Out of Operation
1	X	24 hrs	10,800		1.4								1.2	
2		24 hrs	10,000											
3	X	24 hrs	10,000		1.6								1.4	
4		24 hrs	9,000											
5	X	24 hrs	10,000		1.4								1.2	
6		24 hrs	10,000											
7		24 hrs	11,000											
8	X	24 hrs	10,000		1.2								1.2	
9		24 hrs	10,000											
10	X	24 hrs	10,000		1.4								1.2	
11		24 hrs	11,000											
12	X	24 hrs	8,000		1.4								1	
13		24 hrs	8,000											
14		24 hrs	7,000											
15	X	24 hrs	11,000		1.2								1	
16		24 hrs	10,000											
17	X	24 hrs	10,000		1.5								1	
18		24 hrs	11,000											
19	X	24 hrs	12,000		1.4								1	
20		24 hrs	12,000											
21		24 hrs	11,000											
22	X	24 hrs	13,000		1.5								1	
23		24 hrs	14,000											
24	X	24 hrs	15,000		1.4								1	
25		24 hrs	15,000											
26	X	24 hrs	7,000		1.2								1	
27		24 hrs	7,000											
28		24 hrs	8,000											
29	X	24 hrs	11,000		1.4								1.2	
30		24 hrs	11,000											
31	X	24 hrs	11,000		1.4								1.2	
Total			323,800											
Average			10,445											
Maximum			15,000											

** 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: November-07

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: November-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	10,000											
2	X	24 hrs	10,000		1.4								1	
3		24 hrs	10,000											
4		24 hrs	11,000										1	
5	X	24 hrs	13,000		1.2									
6		24 hrs	13,000										1.2	
7	X	24 hrs	10,000		1.4									
8		24 hrs	11,000										1	
9	X	24 hrs	12,000		1.4									
10		24 hrs	12,000											
11		24 hrs	12,000										1	
12	X	24 hrs	13,000		1.2									
13		24 hrs	13,000										1.2	
14	X	24 hrs	10,000		1.4									
15		24 hrs	10,000										1	
16	X	24 hrs	11,000		1.4									
17		24 hrs	12,000											
18		24 hrs	12,000										0.8	
19	X	24 hrs	11,000		1									
20		24 hrs	11,000										0.6	
21	X	24 hrs	11,000		1									
22		24 hrs	12,000										0.8	
23	X	24 hrs	10,000		1.2									
24		24 hrs	11,000											
25		24 hrs	11,000										0.6	
26	X	24 hrs	10,000		1									
27		24 hrs	11,000										0.8	
28	X	24 hrs	11,000		1								0.6	
29	X	24 hrs	9,000		1								1.2	
30	X	24 hrs	15,000		1.4									
31		24 hrs												
Total			338,000											
Average			11,267											
Maximum			15,000											

** 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: December-07

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

01/09/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **September-04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	15,000											
2		24 hrs	16,000										1.2	
3	X	24 hrs	3,000		1.6									
4		24 hrs	3,000										0.8	
5	X	24 hrs	10,000		1								1	
6	X	24 hrs	10,000		1.2								0.8	
7	X	24 hrs	11,000		1									
8		24 hrs	12,000										0.6	
9		24 hrs	12,000											
10	X	24 hrs	12,000		1								0.6	
11		24 hrs	12,000											
12	X	24 hrs	11,000		0.8								0.6	
13		24 hrs	12,000											
14	X	24 hrs	11,000		1								0.8	
15		24 hrs	12,000										0.7	
16		24 hrs	12,000											
17	X	24 hrs	12,000		1								0.8	
18	X	24 hrs	12,000		1								0.6	
19		24 hrs	12,000											
20	X	24 hrs	8,000		1								0.8	
21	X	24 hrs	16,000		1									
22		24 hrs	16,000										0.6	
23		24 hrs	15,000											
24	X	24 hrs	7,000		1								0.8	
25		24 hrs	7,000											
26	X	24 hrs	11,000		1								0.6	
27		24 hrs	12,000											
28	X	24 hrs	13,000		1								0.8	
29		24 hrs	13,000											
30		24 hrs	13,000											
31	X	24 hrs	12,000		0.8								0.6	
Total			353,000											
Average			11,387											
Maximum			16,000											

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

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

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.

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:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

2/2/06

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 06
FPSC-COMMISSION CLERK

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **January-06**

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

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

Day of the Month	Raw Water Source Ground Water	Plant Operation	Finished Water Produced										Lowest Chlorine Residual in Distribution System	Report any Unusual Operating Conditions, Events or Maintenance Work that Involved Water System Components and Operations
1		24 hrs	17,000											
2	X	24 hrs	15,000		1.4								1.2	
3		24 hrs	15,000											
4	X	24 hrs	18,000		1.2								1	
5		24 hrs	19,000											
6	X	24 hrs	19,000		1.4								1.2	
7		24 hrs	20,000											
8		24 hrs	20,000											
9	X	24 hrs	18,500		1.4								1	
10		24 hrs	18,500											
11	X	24 hrs	13,000		1.4								1.2	
12		24 hrs	13,000											
13	X	24 hrs	12,000		1.4								1	
14		24 hrs	13,000											
15		24 hrs	13,000											
16	X	24 hrs	15,000		1.2								1	
17		24 hrs	15,000											
18	X	24 hrs	14,000		1.4								1.2	
19		24 hrs	15,000											
20	X	24 hrs	19,000		1.4								1	
21		24 hrs	19,000											
22		24 hrs	19,000											
23	X	24 hrs	16,000		1.4								1.2	
24		24 hrs	16,000											
25	X	24 hrs	13,000		1.2								1	
26		24 hrs	14,000											
27	X	24 hrs	14,000		1.4								1.2	
28		24 hrs	14,000											
29		24 hrs	15,000											
30	X	24 hrs	14,000		1.2								1	
31		24 hrs	14,000											
Total			490,000											
Average			15,806											
Maximum			20,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Operator Type	Name	Operator Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

3/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: **February-06**

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

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

Day of the Month	Was Water Pumped on This Day? (Yes or No)	Hours Pumped	Finished Water Quantity Produced (gallons)	Disinfectant Residual Type	Lowest Disinfectant Residual Concentration in the Distribution System This Day (mg/L)	Highest Disinfectant Residual Concentration in the Distribution System This Day (mg/L)	Disinfectant Contact Time for the Peak Hourly Flow (minutes)	Number of Water Treatment Units in Operation	Minimum Disinfectant Contact Time Required (minutes)	Lowest Measured Disinfectant Dose (mg/L)	Minimum Disinfectant Dose Required (mg/L)	Lowest Residual Disinfectant Concentration in Distribution System (mg/L)	Explanation of Any Water Quality Problems, Repairs, Maintenance, Operational Problems, Failure of Water System Components, Other Operational Information
1	X	24 hrs	13,000		1.4							1.2	
2		24 hrs	14,000										
3	X	24 hrs	14,000		1.4							1	
4		24 hrs	14,000										
5		24 hrs	15,000										
6	X	24 hrs	14,000		1.2							1	
7		24 hrs	14,000										
8	X	24 hrs	12,000		1.4							1	
9		24 hrs	13,000										
10	X	24 hrs	16,000		1.2							1	
11		24 hrs	16,000										
12		24 hrs	16,000										
13	X	24 hrs	15,000		1							1	
14		24 hrs	15,000										
15	X	24 hrs	14,000		1.2							1	
16		24 hrs	14,000										
17	X	24 hrs	13,000		1.2							1	
18		24 hrs	13,000										
19		24 hrs	13,000										
20	X	24 hrs	14,000		1.4							1.2	
21		24 hrs	14,000										
22	X	24 hrs	12,000		1.4							1	
23		24 hrs	13,000										
24	X	24 hrs	13,000		1.4							1.2	
25		24 hrs	14,000										
26		24 hrs	14,000										
27	X	24 hrs	14,000		1.6							1.4	
28		24 hrs	14,000										
29		24 hrs											
30		24 hrs											
31		24 hrs											
Total			390,000										
Average			13,929										
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: March-06

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked per Week
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

4/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of the Month	Plant Staffed or Water Produced Indicator	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	Virus Inactivation/Removal Information If Applicable: Disinfectant Residual Entering Distribution System (mg/L)	Virus Inactivation/Removal Information If Applicable: Lowest Disinfectant Residual Measurement in Distribution System (mg/L)	Virus Inactivation/Removal Information If Applicable: Disinfectant Residual Measurement Taken at This Location and Time	Virus Inactivation/Removal Information If Applicable: Lowest Residual Disinfectant Concentration (C) in Water Prior to First Customer (mg/L)	Virus Inactivation/Removal Information If Applicable: Time of Disinfectant Contact (T) in Minutes	Virus Inactivation/Removal Information If Applicable: Temperature of Disinfected Water (°C)	Virus Inactivation/Removal Information If Applicable: Minimum CT Value (mg-min/L)	Virus Inactivation/Removal Information If Applicable: Log Inactivation/Removal Being Credited	Virus Inactivation/Removal Information If Applicable: Lowest Residual Disinfectant Concentration (C) Measured in Distribution System (mg/L)	Treatment or Treatment Operating Conditions, Repairs or Maintenance Work Done Involving Taking Water System Components Out of Operation
1	X	24 hrs	14,000		1.2							1	
2		24 hrs	14,000										
3	X	24 hrs	11,000		2							1.8	
4		24 hrs	12,000										
5		24 hrs	12,000										
6	X	24 hrs	16,000		1.6							1.4	
7		24 hrs	17,000										
8	X	24 hrs	20,000		1.4							1.2	
9		24 hrs	20,000										
10	X	24 hrs	8,000		1.2							1	
11		24 hrs	8,000										
12		24 hrs	9,000										
13	X	24 hrs	13,000		1.4							1.2	
14		24 hrs	14,000										
15	X	24 hrs	12,000		1.4							1	
16		24 hrs	12,000										
17	X	24 hrs	13,000		1.4							1.2	
18		24 hrs	13,000										
19		24 hrs	14,000										
20	X	24 hrs	13,000		1.4							1	
21		24 hrs	13,000										
22	X	24 hrs	13,000		1.4							1.2	
23		24 hrs	13,000										
24	X	24 hrs	12,000		1.2							1	
25		24 hrs	13,000										
26		24 hrs	13,000										
27	X	24 hrs	12,000		1.4							1.2	
28		24 hrs	12,000										
29	X	24 hrs	15,000		1.6							1.4	
30		24 hrs	15,000										
31	X	24 hrs	13,000		1.2							1	
Total			409,000										
Average			13,194										
Maximum			20,000										

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	Operator Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

5/4/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Plant Started or Water Produced (Mark with X)	Hours Plant Operated	Gallons Produced	Lowest Disinfectant Residual Concentration (mg/L) Measured During Peak Hour	Lowest Disinfectant Residual Concentration (mg/L) Measured During Peak Hour	Disinfectant Contact Time (min) During Peak Hour	Lowest CT Provided During Peak Hour (mg/L-min)	Log Inactivation/ Removal Provided	Minimum Log Inactivation/ Removal Required	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Minimum Residual Disinfectant Concentration (mg/L) Required in Distribution System	Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1		24 hrs	14,000										
2		24 hrs	14,000										
3	X	24 hrs	15,000		1.2							1	
4		24 hrs	16,000										
5	X	24 hrs	16,000		1.4							1.2	
6		24 hrs	16,000										
7	X	24 hrs	14,000		1.4							1	
8		24 hrs	14,000										
9		24 hrs	14,000										
10	X	24 hrs	20,000		1.6							1.4	
11		24 hrs	20,000										
12	X	24 hrs	33,000		1.4							1	
13		24 hrs	34,000										
14	X	24 hrs	22,000		1.4							1.2	
15		24 hrs	22,000										
16		24 hrs	22,000										
17	X	24 hrs	14,000		1.6							1.4	
18		24 hrs	14,000										
19	X	24 hrs	14,000		1.6							1.4	
20		24 hrs	14,000										
21	X	24 hrs	13,000		1.2							1	
22		24 hrs	13,000										
23		24 hrs	13,000										
24	X	24 hrs	9,000		1							0.6	
25		24 hrs	10,000										
26	X	24 hrs	17,000		1.4							1	
27		24 hrs	18,000										
28	X	24 hrs	12,000		1.4							1.2	
29		24 hrs	12,000										
30		24 hrs	13,000										
31		24 hrs											
Total			492,000										
Average			16,400										
Maximum			34,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ]	Consecutive
Number of Service Connections at End of Month:	65			Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310			City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court			City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Operator in Charge	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
Other Operator	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

6/6/06

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 6424591 | Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: **May-06**

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

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

	X	24 hrs	11,000		1.6								1.4	
		24 hrs	12,000										1.4	
	X	24 hrs	12,000		1.6									
		24 hrs	11,000										1.2	
	X	24 hrs	13,000		1.4									
		24 hrs	14,000											
		24 hrs	15,000										1.2	
	X	24 hrs	12,000		1.6									
		24 hrs	12,000										1	
	X	24 hrs	15,000		1.4									
		24 hrs	15,000										1.2	
	X	24 hrs	12,000		1.6									
		24 hrs	12,000											
		24 hrs	13,000										1	
	X	24 hrs	11,000		1.4									
		24 hrs	18,000										1	
	X	24 hrs	13,000		1.2									
		24 hrs	13,000										1	
	X	24 hrs	26,000		1.4									
		24 hrs	27,000											
		24 hrs	27,000										1.4	
	X	24 hrs	16,000		1.6									
		24 hrs	17,000										1	
	X	24 hrs	16,000		1.4									
		24 hrs	16,000										1	
	X	24 hrs	12,000		1.2									
		24 hrs	13,000											
		24 hrs	13,000										1.2	
	X	24 hrs	10,000		1.4									
		24 hrs	10,000										0.8	
	X	24 hrs	5,000		1									
			442,000											
			14,258											
			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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

7/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591	Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: June-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	5,000											
2	X	24 hrs	17,000		1.2								1	
3		24 hrs	18,000											
4		24 hrs	18,000											
5	X	24 hrs	7,000		1.2								1.2	
6		24 hrs	7,000											
7	X	24 hrs	5,000		1								0.8	
8		24 hrs	6,000											
9	X	24 hrs	13,000		1.2								1	
10		24 hrs	14,000											
11		24 hrs	14,000											
12	X	24 hrs	12,000		1.2								1	
13		24 hrs	11,000											
14	X	24 hrs	12,000		1.4								1.2	
15		24 hrs	12,000											
16	X	24 hrs	14,000		1.2								1	
17		24 hrs	15,000											
18		24 hrs	15,000											
19	X	24 hrs	11,000		1.2								0.8	
20		24 hrs	12,000											
21	X	24 hrs	14,000		1.2								1	
22		24 hrs	14,000											
23	X	24 hrs	11,000		1								1	
24		24 hrs	10,000											
25		24 hrs	10,000											
26	X	24 hrs	12,000		1								0.9	
27		24 hrs	12,000											
28	X	24 hrs	11,000		1.1								0.8	
29		24 hrs	12,000											
30	X	24 hrs	11,000		1								0.8	
31		24 hrs												
Total			355,000											
Average			11,833											
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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/8/06	Paul Thompson	A7251

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: July-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X" in Box)	Hours Plant in Operation	Gr. Quantity of Water Produced/gal	CT Calculations for Virus 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								Log Dose			
				Peak Hourly Flow Rate gpm	Lowest Measured Disinfectant Concentration (C) in Water Leaving Treatment Plant mg/L	Disinfectant Contact Time (T) in Minutes Based on Peak Hourly Flow	Lowest CT Provided Before or at First Customer During Peak Hourly Flow	Temp of Water °C	pH of Water if Applicable	Minimum CT Required for Log Dose	Lowest Calculated Log Dose Provided	Minimum Log Dose Required			
1		24 hrs	10,000												
2		24 hrs	11,000												
3	X	24 hrs	11,000		1.4									1.2	
4		24 hrs	11,000												
5	X	24 hrs	13,000		1.2									1	
6		24 hrs	13,000												
7	X	24 hrs	13,000		1									1	
8		24 hrs	13,000												
9		24 hrs	13,000												
10	X	24 hrs	12,000		1									0.8	
11		24 hrs	12,000												
12	X	24 hrs	14,000		1.2									1	
13		24 hrs	14,000												
14	X	24 hrs	13,000		1									1	
15		24 hrs	12,000												
16		24 hrs	12,000												
17	X	24 hrs	12,000		1.2									1	
18		24 hrs	12,000												
19	X	24 hrs	13,000		1.4									1	
20		24 hrs	12,000												
21	X	24 hrs	13,000		1.2									1	
22		24 hrs	13,000												
23		24 hrs	14,000												
24	X	24 hrs	14,000		1.4									1.2	
25		24 hrs	14,000												
26	X	24 hrs	19,000		1									0.8	
27		24 hrs	19,000												
28	X	24 hrs	13,000		1.2									1	
29		24 hrs	13,000												
30		24 hrs	13,000												
31	X	24 hrs	12,000		1.4									1	
Total			403,000												
Average			13,000												
Maximum			19,000												

** 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: August-06

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Duties of Operator	Name	Licensed Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
9/6/06	Paul Thompson	A7251

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of:	August-06

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

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

Day of the Month	Peak Hourly Flow Period? (Enter X)	Hours Plant Operated	Finished Water Pumped (gallons)	Disinfectant Residual Entering Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Explanation of Abnormal Operating Conditions, Repairs, Maintenance Work that Involved Taking Water System Components Out of Operation
1		24 hrs	12,000										
2	X	24 hrs	10,000		1.6							1.2	
3		24 hrs	10,000										
4	X	24 hrs	9,000		1.6							1.4	
5		24 hrs	9,000										
6		24 hrs	9,000										
7	X	24 hrs	12,000		1.4							1.2	
8		24 hrs	12,000										
9	X	24 hrs	13,000		1.4							1	
10		24 hrs	13,000										
11	X	24 hrs	12,000		1.4							1.2	
12		24 hrs	12,000										
13		24 hrs	12,000										
14	X	24 hrs	10,000		1.2							1	
15		24 hrs	11,000										
16	X	24 hrs	12,000		1.2							1.1	
17		24 hrs	12,000										
18	X	24 hrs	13,000		1.4							1	
19		24 hrs	12,000										
20		24 hrs	12,000										
21	X	24 hrs	11,000		1.2							1	
22		24 hrs	11,000										
23	X	24 hrs	12,000		1.2							1	
24		24 hrs	12,000										
25	X	24 hrs	13,000		1.4							1.2	
26		24 hrs	13,000										
27		24 hrs	14,000										
28	X	24 hrs	15,000		1.2							1	
29		24 hrs	15,000										
30	X	24 hrs	14,000		1.4							1.2	
31		24 hrs	14,000										
Total			371,000										
Average			11,968										
Maximum			15,000										

** 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: September-06

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operator(s) Who Operated Plant During Month	Name	License Class	License Number	Day(s) Shift(s) Worked
	Paul Thompson	A	7251	3 Days per week
	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

10/4/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591	Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: September-06

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

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

Day of Month	Was Plant Operated?	Hours Plant Operated	Finished Water Pumped (gallons)	Highest Turbidity Reading (NTU)	Lowest Disinfectant Residual in Water Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Number of Coliform Samples Taken	Number of Coliform Samples Positive	Was Chlorine Residual Maintained in Distribution System?	Number of Heterotrophic Bacteria Samples Taken	Number of Heterotrophic Bacteria Samples Positive	Minimum Chlorine Residual in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions – Refer to Maintenance Work That Involves Taking Water System Components Out of Operation
1	X	24 hrs	12,000		1.6							1	
2		24 hrs	12,000										
3		24 hrs	12,000										
4	X	24 hrs	12,000		1.4							1	
5		24 hrs	12,000										
6	X	24 hrs	34,000		1.2							1	
7		24 hrs	35,000										
8	X	24 hrs	11,000		1							1	
9		24 hrs	11,000										
10		24 hrs	11,000										
11	X	24 hrs	10,000		1.2							1	
12		24 hrs	11,000										
13	X	24 hrs	10,000		1							1	
14		24 hrs	10,000										
15	X	24 hrs	14,000		1.2							1	
16		24 hrs	14,000										
17		24 hrs	14,000										
18	X	24 hrs	15,000		1.2							0.8	
19		24 hrs	15,000										
20	X	24 hrs	15,000		1.2							1	
21		24 hrs	15,000										
22	X	24 hrs	16,000		1							0.6	
23		24 hrs	16,000										
24		24 hrs	17,000										
25	X	24 hrs	10,000		1							0.8	
26		24 hrs	11,000										
27	X	24 hrs	13,000		1.2							1	
28		24 hrs	12,000										
29	X	24 hrs	15,000		1.2							1	
30		24 hrs	15,000										
31		24 hrs											
Total			430,000										
Average			14,333										
Maximum			35,000										

** 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: October-06

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

11/3/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: October-06

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

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

		24 hrs	15,000										
	X	24 hrs	14,000		1.4							1	
		24 hrs	14,000										
	X	24 hrs	10,000		1.2							0.6	
		24 hrs	11,000										
	X	24 hrs	11,000		1							1	
		24 hrs	12,000										
		24 hrs	12,000										
	X	24 hrs	15,000		1							0.8	
		24 hrs	15,000										
	X	24 hrs	15,000		1							0.6	
		24 hrs	15,000										
	X	24 hrs	14,000		1.4							1.2	
		24 hrs	14,000										
		24 hrs	13,000										
	X	24 hrs	8,000		1.2							1	
		24 hrs	8,000										
	X	24 hrs	10,000		1.2							1.2	
		24 hrs	9,000										
	X	24 hrs	15,000		1							1	
		24 hrs	14,000										
		24 hrs	15,000										
	X	24 hrs	18,000		2.2							1.2	
		24 hrs	17,000										
	X	24 hrs	11,000		1.9							1	
		24 hrs	11,000										
	X	24 hrs	10,000		1.7							1	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	9,000		2.6							1.4	
		24 hrs	9,000										
			384,000										
			12,387										
			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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows			Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Operational Responsibility	Name	Operator Class	License Number	Days Operated per Week
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

12/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of:	September-04

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

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

	X	24 hrs	10,000		2.6							1.4	
		24 hrs	10,000										
	X	24 hrs	10,000		2.6							1.4	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	9,000		2							1.8	
		24 hrs	9,000										
	X	24 hrs	10,000		2							1.6	
		24 hrs	10,000										
	X	24 hrs	9,000		1.8							1.4	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	8,000		1.8							1.6	
		24 hrs	9,000										
	X	24 hrs	11,000		1.6							1.4	
		24 hrs	12,000										
	X	24 hrs	10,000		1.4							1.2	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	13,000		1.6							1.2	
		24 hrs	14,000										
	X	24 hrs	6,000		1.4							1.2	
		24 hrs	6,000										
	X	24 hrs	10,000		1.4							1	
		24 hrs	10,000										
		24 hrs	11,000										
	X	24 hrs	10,000		1.2							1	
		24 hrs	10,000										
	X	24 hrs	13,000		1.2							1	
		24 hrs	13,000										
		24 hrs											
			303,000										
			10,100										
			14,000										

**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: **December 2006**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows			PWS Identification Number:	6424591
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows		Plant Telephone Number:	(352) 787-0980
Plant Address:	957 N.W. 58th Court	City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	.259 MGD			
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 Type	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator(s)	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

1/8/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	6424591	Plant Name:	Ridge Meadows

III. Daily Data for the Month/Year of: December-06

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

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

Day of the Month	Entry Point Disinfectant Residual Taken? (Yes/No)	Hours Plant Operated	Finished Water Quantity Produced (gals)	Disinfectant Residual Reading	Lowest Disinfectant Concentration (Free Cl2, Combined Cl2 or ClO2) Entering Distribution During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hourly Flow (minutes)	Lowest Disinfectant Concentration (Free Cl2, Combined Cl2 or ClO2) Leaving Entry Point (mg/L)	Temp. of Water (°C)	Minimum CT Required for Inactivation (if applicable)	Minimum CT Provided (if applicable)	Turbidity of Water Entering Distribution (NTU)	Minimum Chlorine Residual Required (mg/L)	Lowest Residual Disinfectant Concentration (C) in Water Entering Distribution System (mg/L)	Explanation of Abnormal Operating Conditions, Repairs, Maintenance, Water System Components Out of Operation
1	X	24 hrs	9,000		1.2								1	
2		24 hrs	9,000											
3		24 hrs	10,000											
4	X	24 hrs	9,000		1.4								1.2	
5		24 hrs	9,000											
6	X	24 hrs	8,000		1.4								1	
7		24 hrs	8,000											
8	X	24 hrs	11,000		1.4								1.2	
9		24 hrs	12,000											
10		24 hrs	12,000											
11	X	24 hrs	15,000		1.2								1	
12		24 hrs	15,000											
13	X	24 hrs	5,000		1.4								1.2	
14		24 hrs	5,000											
15	X	24 hrs	10,000		1.4								1	
16		24 hrs	11,000											
17		24 hrs	11,000											
18	X	24 hrs	8,000		1.6								1.4	
19		24 hrs	8,000											
20	X	24 hrs	13,000		1.8								1.4	
21		24 hrs	13,000											
22	X	24 hrs	9,000		1.6								1.2	
23		24 hrs	9,000											
24		24 hrs	10,000											
25	X	24 hrs	11,000		1.4								1.3	
26		24 hrs	11,000											
27	X	24 hrs	12,000		1.6								1.4	
28		24 hrs	11,000											
29	X	24 hrs	9,000		1.4								1.2	
30		24 hrs	9,000											
31		24 hrs	9,000											
Total			311,000											
Average			10,032											
Maximum			15,000											

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

PWS ID:	6424591	Plant Name:	Ridge Meadows

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	255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509	307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370	2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

HBEL Report Number: 2130126 Sub-Contract Lab ID:

Lab Receipt Date and Time: 12/6/07 1215

Received for Laboratory By: PAH

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test ☐ Other:

Analysis Date and Time: 12/6/07 1505

PWS I.D 6424591

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice 1.1 °C

Disinfectant Check ☑ Not Detected ☐ >0.1 mg/L

System Name: Ridge Meadows

System Address: NW 58 Ct

City: Ocala System or Owner's Phone # 352 3030718 Fax #: 7323213

Collector: Mark March Collector's Phone #: 3030718

Relinquished By: M. March Received By: Relinquished By:

Date/Time: 12.6.07 Date/Time: 12/6/07 Date/Time: 12/6/07 1215

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

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

Sample Collection Date(s) 12/5/07 per M. March via phone 12/6/07

TO BE COMPLETED BY COLLECTOR OF SAMPLE

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal or E. coli Analysis Method (MF) SM9222B (Colilert) SM9223B

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type [1]	Disinfect Res'd mg/L	pH	Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
1	Well-1	0930	R	0			A			2130126001
2	Well-2	0933	R	0			A			002
3	763 NW 58 Ct	0945	D	1.4			A			003
4	762 NW 57 Ct	0955	D	1.2			A			2130126004

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.) 1.3

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

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other

Analyst: PAH

Person performing analysis is:
☑ A certified operator (# CS257)
☐ Supervised by a certified operator (#) ☐ Employed by a certified lab ☐ Employed by DEP or DOH

Report authorized by: 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.

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities
PO Box 490310
Leesburg Fla 34749

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

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

Top Form - ORIGINAL Middle Form - LABORATORY Pink Form - CLIENT

FORM # 1975 - PRINTING BY KEARN

DOCUMENT NUMBER-DATE 04316 MAY 22 08

FPSC-COMMISSION CLERK

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

SYSTEM NAME: Ridge Meadows

SYSTEM PWS ID #: 6424591

REPORT DATE: 12/20/07

SUBMISSION #: 0715790

Dear Customer,

Please read the instructions following the checked box(es).

☐ Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Central District.**

☑ Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Southwest District.**

☐ Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Northeast District.**

☐ Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **Marion County DOH**: (or other_____).

☐ Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP**:_____.

☐ We have also reported the results of these analyses to:_____.

☐ Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.

☑ **All results satisfactory.**

☐ **Consult your governing agency or project engineer for interpretation.**

This page does not constitute a portion of the NELAC report.
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you ! We appreciate your business !

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

#0715790

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

System Name: Ridge Meadows PWS I.D. #: 6424518

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

Address: [redacted] 58 ct

City: Ocala State: Fla ZIP Code: _____

Phone #: 3523030718 Fax #: 3527323213

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 12.10.07 Sample Time: 10:10 (AM) PM (Circle One)

Sample Location (be specific): Water Plant, P.O.E.

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Mark March

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

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

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

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

Signature: Mark March Date: 12.10.07

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2008
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: **6424591** System Name: **Ridge Meadows** Sample Number: Not Provided
Sample Location: Water Plant POE
Laboratory Assigned Submission Number: 0715790 Date Sample(s) Received: 12/10/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Inorganics, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable *Analyte Sheet(s) Attached*

CERTIFICATION

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

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

Signature: Lisa K Saupp Date: December 20, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

☐Other:_____

Person Notified:_____ Date Notified:_____

Comments:_____

Date Reviewed:_____ DEP / DOH Reviewing Official:_____

AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Ridge Meadows
PWS ID: 6424591
Submission Number: 0715790

INORGANIC CONTAMINANTS
62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	2.16		EPA353.2	0.05	12/10/07	3:49 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	12/10/07	3:49 PM	E83265

U - The parameter was analyzed but not detected.

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

#0715790

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities
Mailing Address: PO Box 490310
Leesburg, Fla. 34749
Telephone: 3523030718

PUBLIC WATER SYSTEM INFORMATION:
System Name: Ridge Meadows PWS ID No. 6424591
Physical Address: NW 58th Ct Ocala Phone No. 3030718

Type (check box): ☒ Community ☐ Nontransient Noncommunity ☐ Private ☐ Noncommunity ☐ HRS 10 D-4

SAMPLE INFORMATION:
Date and Hour Sampled: 12.10.07 10:10 AM
Sample Location (be specific): Water Plant R.O.E.
Sampler Name and Phone (please print): MARK MARCH
Signature: Mark March Title

Type (check box): ☐ Distribution ☐ THM Max Res. Time ☐ Recheck of MCL ☐ Composite of Multiple Sites ☐ Resample — Lab Invalidated ☒ Distribution Entry Point ☐ Clearance ☐ Raw ☐ Plant Tap

SAMPLE CUSTODY:

	Signature	Date	Time	Condition
Sampler Relinquished	Mark March	12.10.07	1425	
Transporter Relinquished:				

PARAMETERS REQUESTED (check box):

- ☐ Radiochemicals: ☐ Gross Alpha ☐ Others:
- ☐ Group I Unregulateds: ☐ All 13 ☐ Partial:
- ☐ Group II Unregulateds: ☐ All 23 ☐ Partial:
- ☐ Group III Unregulateds: ☐ All 11 ☐ Partial:
- ☒ Inorganics: ☐ All 17 ☒ Partial: NO2 / NO3
- ☐ Pesticides and PCBs: ☐ All 30 ☐ Partial:
- ☐ Secondaries: ☐ All 14 ☐ Partial:
- ☐ Trihalomethanes: ☐ All 4 ☐ Partial: ☐ t-THM Potential
- ☐ Volatile Organics: ☐ All 21 ☐ Partial:
- ☐ Miscellaneous:

FIELD TEST RESULTS (if applicable):
Chlorine Residual: pH:
Dissolved Oxygen: Temperature:
Performed By: Date:

FOR LABORATORY USE ONLY

Received By: Clarence Date 12-10-07 Time 2:25 pm Condition iced
Lab Number: 0715790
Comments: Temp: 1C

Subcontracted To:
Date Out:
Parameters:
Preservative:

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: December 4, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ridge Meadows Tri-Annual **[2127298]**
Received: 11/09/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
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.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. I 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: Ridge Meadows Tri-Annual
Received: 11/09/06 13:00

[2127298]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2127298]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Ridge Meadows Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127298001**						*Sampled:* 11/08/06 16:46		*Received:* 11/09/06 13:00		
Sample ID: **P.O.E. Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15354		11/9/06 14:25	RM	E83509
pH	Q	7.92	SU	0.200	EPA 150.1	WCGE26596		11/11/06 18:37	GS	E96080
Aluminum		0.0036	mg/L	0.0030	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Barium		0.0018 U	mg/L	0.0018	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Chromium		0.0021	mg/L	0.0018	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Copper		0.0083	mg/L	0.0014	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Sodium		9.9	mg/L	0.50	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Zinc		0.064	mg/L	0.010	EPA 200.7	META8218		12/1/06 14:00	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META8213		11/29/06 14:08	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8205		11/20/06 17:13	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8201		11/14/06 12:02	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8210		11/29/06 10:25	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8208	11/22/06 11:58	11/27/06 15:14	DM	E96080
Chloride		18	mg/L	5.0	EPA 300.0	IC7014		11/10/06 14:39	JL	E96080
Fluoride		0.059	mg/L	0.011	EPA 300.0	IC7015		11/10/06 14:38	JL	E96080
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7015		11/10/06 14:38	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7015		11/10/06 14:38	JL	E96080
Sulfate		14	mg/L	1.4	EPA 300.0	IC7014		11/10/06 14:39	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080

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

[2127298]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Ridge Meadows Tri-Annual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2727		11/17/06 14:52	WR	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1036		11/29/06 9:32	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26588		11/10/06 10:35	TCL	E96080
Total Dissolved Solids		190	mg/L	16	SM2540 C	WCGE26600		11/13/06 14:00	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26634	11/17/06 11:00	11/18/06 8:45	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26593	11/10/06 13:30	11/10/06 16:22	GG	E96080

Laboratory ID: **2127298002**
Sample ID: **TRIP BLANK**

Sampled: *Received:* 11/09/06 13:00
Matrix: Water
Results reported on Wet Weight Basis

1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2727		11/17/06 15:25	WR	E96080

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

Q Sample held beyond the accepted holding time.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Chain of Custody

and Agreement to Perform Services

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

Laboratory not responsible for omitted information

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

Company: Aqua Utilities
Address: PO Box 490310
Leesburg, Fla Zip: 34749
Phone: 3523030718 Fax: 3527323403
Client Contact: Mark
Project Name: Ridge Meadows
Sampled By: Mark March

Method(s) of Shipment: Truck
e-mail: Same

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

FOR LAB USE ONLY — Custody Seal — Intact — Temp °C — LAB # 1120447

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	1,2-methyl IV	CN	NO3 NO2 Cl SO4 F	PH-Color TDS	ODOR	MBAS	VOC
01	11.8.06	1640	G	Dw	1	P.O.E Bottle ID-A		X						
		1641	G	Dw	1	P.O.E ID-B			X					
		1642	G	Dw	1	P.O.E ID-C				X				
		1643	G	Dw	1	P.O.E ID D					X			
		1644	G	Dw	1	P.O.E ID E						X		
		1645	G	Dw	1	P.O.E ID F							X	
02	11.8.06	1646	G	Dw	3	P.O.E G-1 G-2 C-3								X
03					2	Trip Blanks-2x 11.9.06								X

*Sample Type: C=Grab, C=Composite **MATRIX: S=Soil, SED=Sediment, SW=Surface Water, GW=Ground Water, WW=Waste Water, DW=Drinking Water, O=Other

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

COMMENTS: all samples are P.O.E. at W.T.P.

RELINQUISHED BY		RELINQUISHED BY	RELINQUISHED BY
DATE/TIME	11.9.06 11:00	DATE/TIME 11/9/06 1:00	DATE/TIME 11-9-06 1600
RECEIVED BY		RECEIVED BY	RECEIVED FOR LABORATORY BY
DATE/TIME	11/9/06	DATE/TIME 11-9-06 1600	DATE/TIME

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

CHAIN 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) 467-1584

Date issued: September 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab [2126679]
Received: 8/31/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
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.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 286 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab
Received: 8/31/06 13:00

[2126679]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2126679001	2170 NE 45 St Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679002	4401 NE 46 La Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679003	764 NW 58 Ct Ridge Meadows	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679004	5132 SE 27 St Bellaire	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679005	4235 NW 26 Ter West View	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679006	2351 NE 55 Pl Chappell Hills	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679007	4745 NE 26 Ter 49th St Vill	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 552.1	PEST4784		
	2126679001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679002	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679003	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679004	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679005	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679006	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679007	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

Samples not spiked w/ surrogates during extraction for 552.1. The IS demonstrated extraction performance. Precision/Accuracy demonstrated with the LCS.

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

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679001** *Sample ID:* **2170 NE 45 St Ocala Oaks**							*Sampled: 08/30/06 11:00* *Matrix: Water*	*Received: 08/31/06 13:00* Results reported on Wet Weight Basis		
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromoacetic Acid		3.0	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Total HAAs		4.4	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Laboratory ID: **2126679002** *Sample ID:* **4401 NE 46 La Ocala Oaks**							*Sampled: 08/30/06 11:20* *Matrix: Water*	*Received: 08/31/06 13:00* Results reported on Wet Weight Basis		
Bromodichloromethane		0.47	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromoacetic Acid		0.20	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Laboratory ID: **2126679003** *Sample ID:* **764 NW 58 Ct Ridge Meadows**							*Sampled: 08/30/06 15:00* *Matrix: Water*	*Received: 08/31/06 13:00* Results reported on Wet Weight Basis		
Bromodichloromethane		0.43	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679004** *Sample ID:* **5132 SE 27 St Bellaire**							*Sampled:* 08/30/06 16:10 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromoacetic Acid		3.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Total HAAs		4.7	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Laboratory ID: **2126679005** *Sample ID:* **4235 NW 26 Terr West View**							*Sampled:* 08/30/06 16:45 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.42	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromoacetic Acid		0.18 U	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Total HAAs		1.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Laboratory ID: **2126679006** *Sample ID:* **2351 NE 55 Pl Chappell Hills**							*Sampled:* 08/30/06 17:30 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.53	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Total THMs		3.1	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromoacetic Acid		3.6	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Total HAAs		5.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Trichloroacetic acid		0.28	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080

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

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679007** *Sample ID:* **4745 NE 26 Terr 49th St VIII**					*Sampled:* 08/30/06 18:10 *Matrix:* Water		*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis			
Bromodichloromethane		0.49	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Chloroform		2.3	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromoacetic Acid		3.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Total HAAs		5.1	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Trichloroacetic acid		0.22	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Laboratory ID: **2126679008** *Sample ID:* **Trip Blank**					*Sampled:* *Matrix:* Water		*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

Laboratory not responsible for omitted information

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

Company: Aqua Utilities
Address: PO Box 490310
Leesburg Fla Zip: 34749
Phone: 3523030718 Fax:
Client Contact: Mark Mont
Project Name:
Sampled By: Mark Mont

Method(s) of Shipment: Truck
e-mail: Same

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

PRESERVATIVE: NH4Cl 1:1 HCl

ANALYSES REQUESTED: Hard, TTHM

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	Hard	TTHM	COMMENTS
001	8.30.06	1100	G	DW	4	Ocala Oaks #1 Cl 1.4	X	X	site address
002	8.30	1120	G	DW	4	Ocala Oaks #2 Cl 1.2	X	X	2170 NE 45 ST
						[illegible]			4401 NE 46 LA
						[illegible]			[illegible]
						[illegible]			[illegible]
						[illegible]			[illegible]
						[illegible]			[illegible]
008	8.30	1500	G	DW	4	Ridge Meadows Cl 1.0	X	X	764 NW 58 Ct
009	8.30	1610	G	DW	4	Bellaire Cl 1.2	X	X	5132 SE 27 ST
010	8.30	1645	G	DW	4	West View Cl 1.0	X	X	4235 NW 26 Terr
011	8.30	1730	G	DW	4	Chappell Hills Cl 1.4	X	X	2351 NE 55 PL

*Sample Type: G=Grab; C=Composite

RELINQUISHED BY	M. Mont	RELINQUISHED BY	[illegible]
DATE/TIME	8.31.06 1100	DATE/TIME	8/31/06 1100
RECEIVED BY	[illegible]	RECEIVED BY	Phoebe
DATE/TIME	8/31/06 1700	DATE/TIME	8/31/06 1700

RELINQUISHED BY: Phoebe to Fedex
DATE/TIME: 8/31/06 1600

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

CHAIN PAGE 1 of 2

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1594

Chain of Custody

Laboratory not responsible for omitted information

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

ACCREDITED IN ACCORDANCE WITH NELAC

Company: Aqua Utilities
Address: PO Box 490310
Leesburg Fla Zip: 34749
Phone: 3522306716 Fax:
Client Contact: Mark March
Project Name:
Sampled By: Mark March

Method(s) of Shipment: Hand

e-mail: Same

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

PRESERVATIVE

NA	H2							
HCl	HCl							

ANALYSES REQUESTED

TMAS	TTHM							
X	X							
	✓							

Preservation Key

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

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
007	8.30.06	1810	G	Dw	4	49th ST Village Cir
008					3	Trip Blanks 8/31/06

COMMENTS
site address
4745 NE 26 Terr

*Sample Types: G=Grab C=Composite

RELINQUISHED BY	M. March	RELINQUISHED BY	
DATE/TIME	8.31.06 1100	DATE/TIME	8/31/06 1800
RECEIVED BY		RECEIVED BY	
DATE/TIME	8/31/06 1100	DATE/TIME	8/31/06 1800

RELINQUISHED BY	Hand to Fed Ex
DATE/TIME	9/1/06 1600
RECEIVED BY	
DATE/TIME	

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

CHAIN PAGE 2 of 2

Department of Environmental Protection

Jeb Bush
Governor

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

December 22, 2006

RECEIVED
DEC 27 2006
By

Mr. Brian Heath
P.O. Box 490310
Leesburg, FL 34749

Re: Sanitary Survey Report
Ridge Meadows
PWS-ID No. 642-4591
Marion County

Dear Mr. Heath:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. On the last page of the report you will find a list of deficiencies that were noted during the recent inspection, along with recommended corrective action.

You are requested to correct all listed deficiencies, as recommended, and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 632-7600, extension 461.

Sincerely,

Mark Wilson
Environmental Specialist I
Drinking Water Section

MW/dm[c]

Enclosure

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Southwest District

SANITARY SURVEY REPORT

Plant Name RIDGE MEADOWS County Marion PWS ID # 6424591
Plant Location 957 NW 58th Ct. Ocala, FL 34470 Phone 352-369-4881
Owner Name Brian Heath Phone 352-787-0980
Owner Address P.O. Box 490310 Leesburg, FL 34749
Contact Person Brian Heath Title Area Manager Phone
This Survey Date 12/19/06 Last Survey Date 4/21/04 Last C.I. Date 11/23/05

PWS TYPE & CLASS
- ☒ Community
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date WC42-1287 05/1982
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
S/D

Food Service: ☐ Yes ☒ No ☐ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Please provide maximum day design capacity for plant in future MOR's.
Number of Service Connections 65
Population Served 228 Basis
Average Day (from MORs) 14,333 gpd
Max. Day (from MORs) 35,000 gpd
Max-day Design Capacity Unknown gpd
Comments

COMET: SITE ID PROJECT ID

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 Elliott Power Systems
Capacity of Standby (kW) 20 kW
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps
- ☐ High Service Pumps
- ☒ Treatment Equipment

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☒ Unk
Comments Provide log recording exercising of auxillary power source.

TREATMENT PROCESSES IN USE
Chlorination

What additional treatment is needed?
None
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Amco
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 6424591
Date 12/19/06

GROUND WATER SOURCE

Well Number		1 (AAC 1462)	2 (AAC 1463)		
Year Drilled		1981	1981		
Depth Drilled		135 ft	140 ft		
Drilling Method		Rotary	Rotary		
Type of Grout		Cement	Cement		
Static Water Level		57 ft			
Pumping Water Level					
Design Well Yield					
Test Yield					
Actual Yield (if different than rated capacity)					
Strainer		Open Hole	Open Hole		
Length (outside casing)		64 ft	64 ft		
Diameter (outside casing)		4 in	4 in		
Material (outside casing)		Steel	Steel		
Well Contamination History		Ok	Ok		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>100 ft	>100 ft		
	Reuse Water				
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Franklin	Sta-rite		
	Model Number	2821139310	CPJ02-02		
	Rated Capacity (gpm)	90 gpm	90 gpm		
	Motor Horsepower	5 hp	5 hp		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Fence	Fence		
Well Vent Protection		Yes	Yes		

COMMENTS Please provide DEP with any missing information.

PWS ID # 6424591
Date 12/19/06

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 5.00 Remote 3.25
Remote tap location Hose bib - house across street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
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/1		
Capacity (gal)	3,000		
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	N/A		
PRV/ARV	PRV		
On/Off Pressure	60 psi		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

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

Comments

PWS ID # 6424591
Date 12/19/06

COMPLIANCE MONITORING
COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacti)	024	1	Each well	monthly			monthly		12/31/06
		2	Distribution						
Volatile Organics	028	*(Note A)*	*(Note H)*	*(Notes A, 1)*			*(Notes A, 2)*		12/31/06
Pesticides & PCBs	029	*(Notes B, E)*	*(Note H)*	3 years *(Note 1)*			3 years *(Note 2)*		
Nitrate & Nitrite (as N)	030	1	POE	annually			annually		12/31/06
Inorganics	030	1	POE	3 years *(Note 1)*			3 years *(Note 2)*		12/31/06
Asbestos	030	1 *(Note F)*	Distribution	9 years *(Note 7)*			9 years *(Note 8)*		
Secondaries	031	1	POE	3 years *(Note 1)*			3 years *(Note 2)*		12/31/06
Radionuclides	033	*(Note C)*	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Group I UOCs	035	*(Notes B, E, G)*	POE	*(Note 4)*			*(Note 5)*		
Group II UOCs	034	1 *(Notes E,G)*	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Group III UOCs	036, 037	1 *(Note G)*	POE	*(Note 4)*			*(Note 5)*		
Lead and Copper	047	*(Note D)*	---	---			---		
TTHM (≥ 10,000 persons)	027	4/plant	Distribution	Quarterly			N/A	N/A	N/A

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID # 6424591
Date 12/19/06

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID # 6424591
Date 12/19/06

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No Isolation Valve Exercising Plan 62-555.350(12)(c) Please provide an isolation valve exercising plan.

Inspector Mark Galvin Title Env. Specialist I Date 12-21-06

Approved by Neal B. Lytle Title Env. Specialist III Date 12-21-06

Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

October 9, 2007

Mr. Brian Heath
P.O. Box 490310
Leesburg, FL 34749

Re: Compliance Inspection
Ridge Meadows
PWS-ID No. 642-4591
Marion County

Dear Mr. Heath:

The attached Compliance Inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 632-7600, extension 460.

Sincerely,

James Berghorn
Environmental Specialist
Drinking Water Section

JB/dsm

Attachment

cc: Mark March, Aqua Source Operator

COMPLIANCE INSPECTION

Supervisor Initials: [signature]
Date Reviewed: 10/8/07
Inspectors Initials: [signature]

OWNER/ADDRESS
Brian Heath
P.O. Box 490310
Leesburg, FL 34749

SYSTEM NAME Ridge Meadows
ID# 6424591
SYSTEM TYPE C
COUNTY Marion

SUPERVISOR: Craig McArthur
INSPECTOR: Jim Berghorn
INSPECTION DATE: 10/3/07

Check List:

(☐) Well Protection - Housing ☐ Security Fencing ☐
*(☐) Sanitary Seal/Disinfection Port *(☐) Sanitary Hazard _____
*(☐) 6' x 6' x 4" Concrete Apron - Cracked ☐ Missing ☐ Inadequate size ☐
(☐) Raw Water Tap - Missing ☐ Threaded ☐ Wrong location ☐
*(☐) Check Valve - Inoperable ☐ Missing ☐ Wrong location ☐
(☐) Time Clock ☐ Flow Meter ☒ - Make AMCO Missing ☐ Broken ☐
(☐) Water Pressure Gauge - Missing ☐ Broken/Cracked ☐ On/Off _____ P.S.I.
*(☐) Disinfection Free Cl_2 Plant _____ mg/l Remote 0.98 mg/l Chlorinator Stenner 17 gpd
*(☐) Gas Chlorination: Need Separate Room ☐ Cross-Ventilation ☐
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus; Ammonia; Wrenches; Auto Switch Over; Lack of Chlorination Alarm
(☐) NSF or UL Approved Chlorine Yes ☒ No ☐
*(☐) Cross-Connection - Location: _____
*(☐) Auxiliary Power/Second Well Operated Monthly - Yes ☐ No ☐
(☐) Certified Operator Name: Mark March Number C-8287 (☒) Maintenance Logs Not found
(☐) OTHER TREATMENT – Softeners ☐ Filters ☐ Aerators ☐ Other _____
(☐) Tanks checked annually Yes ☐ No ☐ Date Cleaned _____ Date Inspected _____
(☐) ARV/PRV testing on Hydro tank Yes ☐ No ☐ (☐) Exercising of isolation valves Yes ☐ No ☐
(☐) O & M manual Yes ☐ No ☐ Distribution Map Yes ☐ No ☐ N/A ☐
(☐) Emergency/response Plan Yes ☐ No ☐ (☐) Preventative maintenance plan Yes ☐ No ☐
(☐) System flushing plan Yes ☐ No ☐ System flushed Yes ☐ No ☐
(☒) Miscellaneous Chlorine drum filled with rain water
(☐) NO DEFICIENCIES NOTED THIS DATE
*(X) REQUIRES REINSPECTION

Well # 1 ID# AAC 1463	Well # 2 ID# AAC 1462	Well #	ID#	Well #	ID#
4">12"	4">12"				
2500 gal HNT					
By pass					
Sight glass					
PRV					
Blow off					

Comments
Elliott generator 20 KW Propane
Could not locate the current log book
Need to relocate chlorine drum so rain water does not run on top of drum

AQUA

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

October 12, 2007

James Berghorn
Environmental Specialist
FDEP Southwest District
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

RE: Reply to Compliance Inspection
Ridge Meadows
PWS ID No. 6424591
Marion County

Dear Mr. Berghorn:

Thank you for your inspection on October 3, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The current log book is located onsite and is kept in the building on the shelf atop the desk, see photo #1.

2. The chlorine drum at the facility is located partially under an eve, see attached photo #2. Both bung holes in the top of the barrel are plugged, see photo #3, the lip of each bung hole is elevated above the drain hole, see photo #4. The barrel is also slightly tilted toward the building and the drain hole is located at the lowest point on the top of the barrel. Any rainwater that collects on top of the barrel is able to drain off before it reaches a level above the lip of the bung hole.

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: Photos

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Ridge Meadows PWS 642-4591

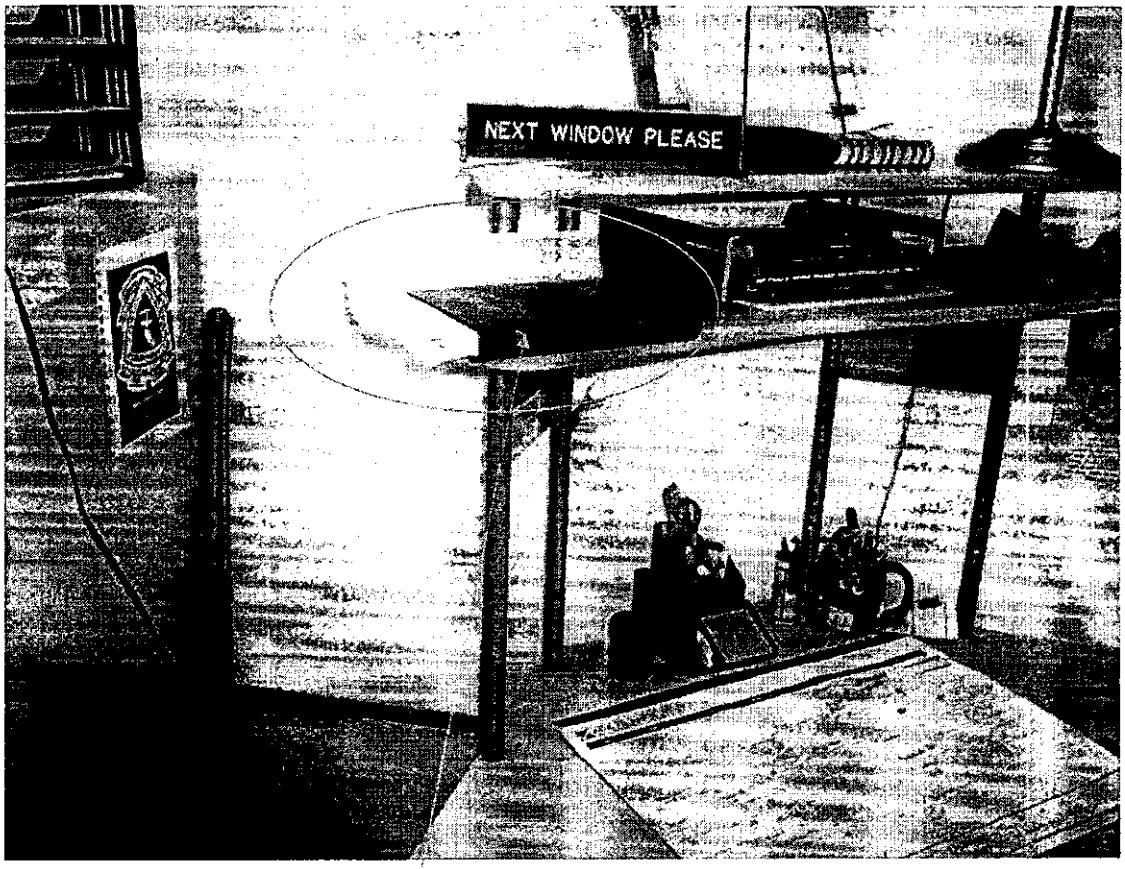

Photo 1: The current operators' logbook is located inside the building on the shelf at the desk.

Photo 2: Illustrating where the water from the roof hits the chlorine barrel.

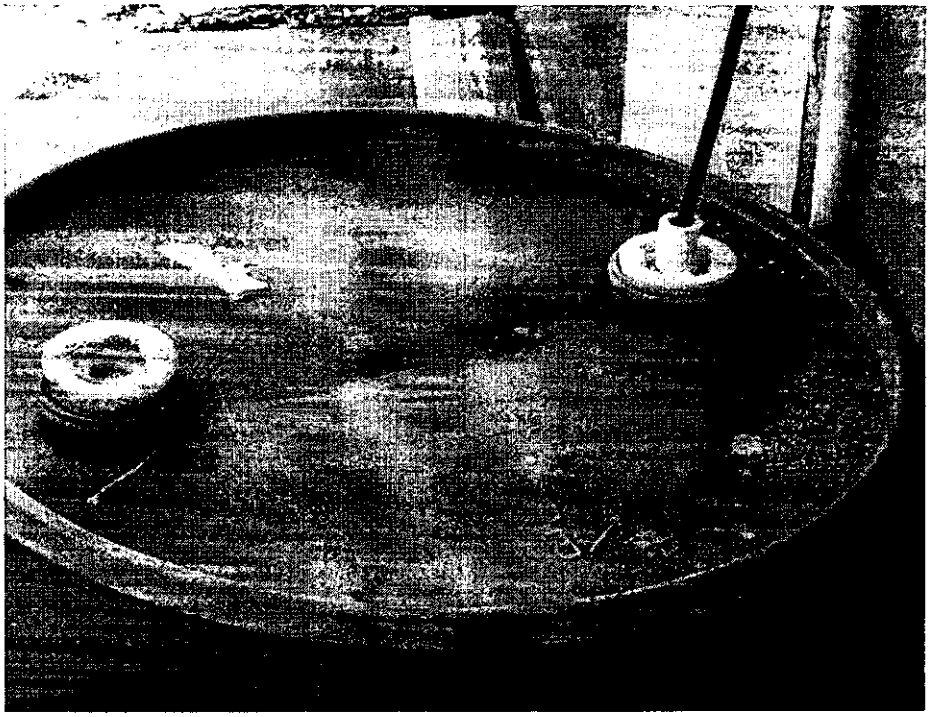

Photo 3: Illustrating both bung holes are plugged

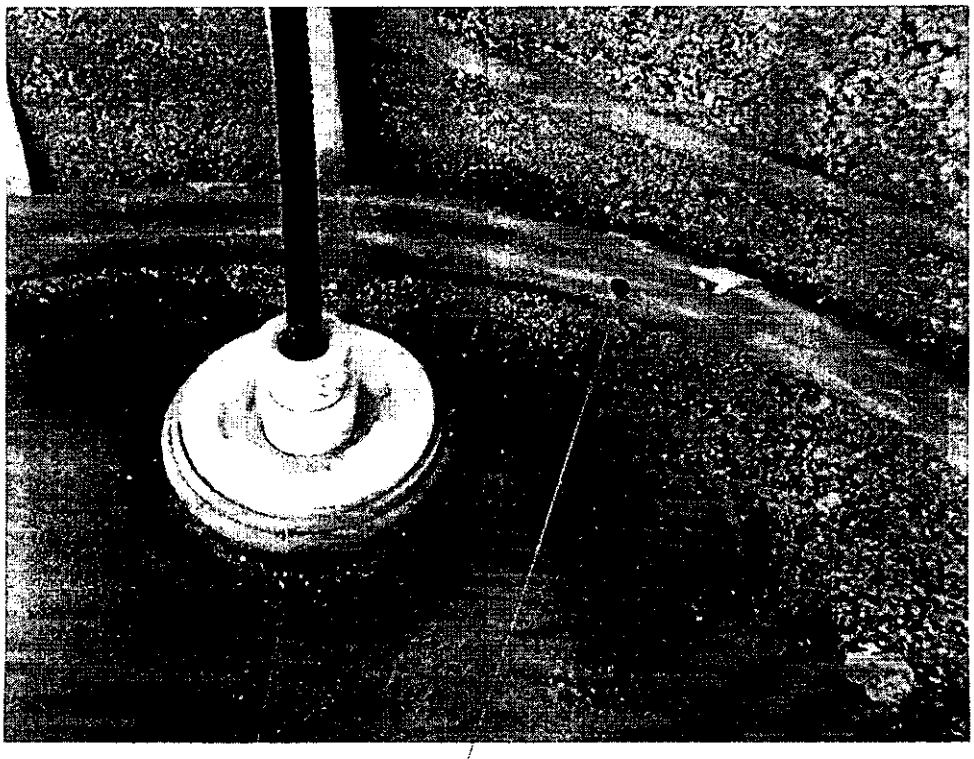

Photo 4: Drain hole for top of drum

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-07

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
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(s)	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
2/7/07	Paul Thompson	A7251

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: January-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	9,000		1.4									1.2	
2		24 hrs	10,000												
3	X	24 hrs	8,000		1									1	
4		24 hrs	8,000												
5	X	24 hrs	8,000		1.4									1	
6		24 hrs	8,000												
7		24 hrs	8,000												
8	X	24 hrs	9,000		1.2									1	
9		24 hrs	9,000												
10	X	24 hrs	9,000		0.8									0.6	
11		24 hrs	10,000												
12	X	24 hrs	6,000		1									0.8	
13		24 hrs	7,000												
14		24 hrs	7,000												
15	X	24 hrs	9,000		1.2									1	
16		24 hrs	9,000												
17	X	24 hrs	7,000		1.4									1.2	
18		24 hrs	7,000												
19	X	24 hrs	8,000		1.2									1.2	
20		24 hrs	7,000												
21		24 hrs	7,000												
22	X	24 hrs	5,000		1.2									1	
23		24 hrs	5,000												
24	X	24 hrs	7,000		1.4									1.2	
25		24 hrs	7,000												
26	X	24 hrs	8,000		1.6									1.4	
27		24 hrs	8,000												
28		24 hrs	8,000												
29	X	24 hrs	6,000		1.6									1.2	
30		24 hrs	7,000												
31	X	24 hrs	7,000		1.4									1	
Total			238,000												
Average			7,677												
Maximum			10,000												

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	*Brian Heath*		*Contact Person's Title:*	*Area Manager*	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:		(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

3/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: February-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	8,000											
2	X	24 hrs	7,000		1.4								1.2	
3		24 hrs	7,000											
4		24 hrs	7,000											
5	X	24 hrs	6,000		1.2								1	
6		24 hrs	7,000											
7	X	24 hrs	7,000		1								0.8	
8		24 hrs	8,000											
9	X	24 hrs	8,000		1								0.6	
10		24 hrs	8,000											
11		24 hrs	8,000											
12	X	24 hrs	7,000		1.2								1	
13		24 hrs	8,000											
14	X	24 hrs	8,000		1								0.6	
15	X	24 hrs	8,000		1.6								1.4	
16	X	24 hrs	10,000		1.6								1.2	
17		24 hrs	11,000											
18		24 hrs	11,000											
19	X	24 hrs	10,000		1.4								1.4	
20		24 hrs	10,000											
21	X	24 hrs	8,000		1.4								1.2	
22		24 hrs	8,000											
23	X	24 hrs	8,000		1.6								1.4	
24		24 hrs	8,000											
25		24 hrs	8,000											
26	X	24 hrs	9,000		1.4								1.2	
27		24 hrs	9,000											
28	X	24 hrs	6,000		1.2								1	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			228,000											
Average			8,143											
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:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

4/5/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: **March-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	9,000		1.2								1	
2		24 hrs	9,000											
3		24 hrs	10,000											
4		24 hrs	9,000											
5	X	24 hrs	7,000		1.4								1.2	
6		24 hrs	7,000											
7	X	24 hrs	6,000		1.4								1	
8		24 hrs	7,000											
9	X	24 hrs	7,000		1.2								1.2	
10		24 hrs	8,000											
11		24 hrs	8,000											
12	X	24 hrs	6,000		1.4								1.2	
13		24 hrs	6,000											
14	X	24 hrs	7,000		1.2								1	
15		24 hrs	6,000											
16	X	24 hrs	8,000		1.4								1.2	
17		24 hrs	8,000											
18		24 hrs	9,000											
19	X	24 hrs	8,000		1.2								1	
20		24 hrs	8,000											
21	X	24 hrs	7,000		1.2								1	
22		24 hrs	7,000											
23	X	24 hrs	8,000		1.4								1.1	
24		24 hrs	8,000											
25		24 hrs	8,000											
26	X	24 hrs	22,000		1.6								1.2	
27		24 hrs	23,000											
28	X	24 hrs	9,000		0.8								0.6	
29		24 hrs	9,000											
30	X	24 hrs	9,000		1.6								0.8	
31		24 hrs	9,000											
Total			272,000											
Average			8,774											
Maximum			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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

5/3/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: April-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	9,000											
2	X	24 hrs	7,000		1.4								1.2	
3		24 hrs	7,000											
4	X	24 hrs	8,000		1.4								1.4	
5		24 hrs	8,000											
6	X	24 hrs	7,000		1.6								1.2	
7		24 hrs	8,000											
8		24 hrs	8,000											
9	X	24 hrs	11,000		1.4								1.2	
10	X	24 hrs	8,000		1.6								1.4	
11	X	24 hrs	6,000		1.6								1.2	
12		24 hrs	6,000											
13	X	24 hrs	8,000		1.4								1.2	
14		24 hrs	8,000											
15		24 hrs	9,000											
16	X	24 hrs	9,000		1.4								1	
17		24 hrs	9,000											
18	X	24 hrs	6,000		1.6								1.4	
19		24 hrs	6,000											
20	X	24 hrs	9,000		1.8								1.4	
21		24 hrs	9,000											
22		24 hrs	10,000											
23	X	24 hrs	9,000		1.6								1.4	
24		24 hrs	10,000											
25	X	24 hrs	8,000		1.4								1.2	
26		24 hrs	9,000											
27	X	24 hrs	11,000		1.4								1.2	
28		24 hrs	11,000											
29		24 hrs	10,000											
30	X	24 hrs	10,000		1.2								1.2	
31		24 hrs												
Totals			254,000											
Average			8,467											
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: May-07

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

6/5/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: May-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	9,000		1.4								1.2	
2	X	24 hrs	11,000		1.2								1.2	
3		24 hrs	12,000											
4	X	24 hrs	8,000		1.4								1.2	
5		24 hrs	8,000											
6		24 hrs	9,000											
7	X	24 hrs	12,000		1								0.8	
8	X	24 hrs	11,000		1								0.6	
9	X	24 hrs	9,000		1.2								1	
10		24 hrs	9,000											
11	X	24 hrs	9,000		1.4								1.2	
12		24 hrs	9,000											
13		24 hrs	9,000											
14	X	24 hrs	7,000		1.2								1	
15		24 hrs	6,000											
16	X	24 hrs	9,000		1.6								1.2	
17		24 hrs	10,000											
18	X	24 hrs	9,000		1.4								1.2	
19		24 hrs	10,000											
20		24 hrs	10,000											
21	X	24 hrs	9,000		1.6								1.4	
22		24 hrs	10,000											
23	X	24 hrs	7,000		1.4								1	
24		24 hrs	8,000											
25	X	24 hrs	18,000		1.4								1.2	
26		24 hrs	18,000											
27		24 hrs	19,000											
28	X	24 hrs	10,000		1.4								1	
29		24 hrs	9,000											
30	X	24 hrs	7,000		1.2								1	
31		24 hrs	8,000											
Total			309,000											
Average			9,968											
Maximum			19,000											

** 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: June-07

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

7/6/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: June-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration, at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	7,000		0.8								0.6	
2		24 hrs	7,000											
3		24 hrs	8,000											
4	X	24 hrs	8,000		1.4								1.1	
5		24 hrs	9,000											
6	X	24 hrs	6,000		1.2								1	
7		24 hrs	6,000											
8	X	24 hrs	7,000		0.8								0.6	
9		24 hrs	7,000											
10		24 hrs	7,000											
11	X	24 hrs	5,000		1								0.6	
12		24 hrs	5,000											
13	X	24 hrs	19,000		1.2								1	
14	X	24 hrs	6,000		1.2								0.8	
15	X	24 hrs	7,000		1.2								1.2	
16		24 hrs	7,000											
17		24 hrs	7,000											
18	X	24 hrs	8,000		0.6								0.5	
19	X	24 hrs	7,000		0.8								0.8	
20	X	24 hrs	7,000		1.2								1	
21		24 hrs	7,000											
22	X	24 hrs	6,000		1.4								1	
23		24 hrs	6,000											
24		24 hrs	7,000											
25	X	24 hrs	8,000		1								0.8	
26		24 hrs	9,000											
27	X	24 hrs	8,000		0.6								0.5	
28		24 hrs	8,000											
29	X	24 hrs	8,000		1								1	
30		24 hrs	8,000											
31		24 hrs												
Total			225,000											
Average			7,500											
Maximum			19,000											

** 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: July-07

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

8/8/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: July-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	8,000											
2	X	24 hrs	9,000		0.8								0.6	
3		24 hrs	9,000											
4	X	24 hrs	6,000		0.8								0.8	
5		24 hrs	6,000											
6	X	24 hrs	8,000		0.9								0.8	
7		24 hrs	9,000											
8		24 hrs	8,000											
9	X	24 hrs	8,000		0.8								0.8	
10		24 hrs	8,000											
11	X	24 hrs	7,000		1.2								1	
12		24 hrs	8,000											
13	X	24 hrs	7,000		0.8								0.6	
14		24 hrs	7,000											
15		24 hrs	9,000											
16	X	24 hrs	8,000		1.8								0.8	
17		24 hrs	8,000											
18	X	24 hrs	9,000		2								1	
19		24 hrs	8,000											
20	X	24 hrs	8,000		1.8								0.8	
21		24 hrs	8,000											
22		24 hrs	8,000											
23	X	24 hrs	7,000		1.6								1	
24		24 hrs	8,000											
25	X	24 hrs	9,000		1.6								1.2	
26		24 hrs	9,000											
27	X	24 hrs	9,000		1.4								1.2	
28		24 hrs	9,000											
29		24 hrs	10,000											
30	X	24 hrs	8,000		1.2								1	
31		24 hrs	8,000											
Total			251,000											
Average			8,097											
Maximum			10,000											

** 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: August-07

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

9/6/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: August-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	10,000		1.6								1.2	
2		24 hrs	10,000											
3	X	24 hrs	9,000		1.4								1.2	
4		24 hrs	10,000											
5		24 hrs	10,000											
6	X	24 hrs	7,000		1.6								1.4	
7		24 hrs	8,000											
8	X	24 hrs	9,000		1.4								1.2	
9		24 hrs	8,000											
10	X	24 hrs	9,000		1.4								1	
11		24 hrs	9,000											
12		24 hrs	9,000											
13	X	24 hrs	8,000		1.2								1	
14		24 hrs	9,000											
15	X	24 hrs	8,000		0.8								0.6	
16	X	24 hrs	10,000		1								1	
17	X	24 hrs	10,000		1.2								1	
18		24 hrs	10,000											
19		24 hrs	10,000											
20	X	24 hrs	9,000		1.4								1.2	
21		24 hrs	9,000											
22	X	24 hrs	10,000		1.4								1	
23		24 hrs	10,000											
24	X	24 hrs	9,000		1.4								1.2	
25		24 hrs	10,000											
26		24 hrs	10,000											
27	X	24 hrs	10,000		1.6								1.2	
28		24 hrs	10,000											
29	X	24 hrs	9,000		1.4								1.2	
30		24 hrs	9,000											
31	X	24 hrs	10,000		1.4								1	
Total			288,000											
Average			9,290											
Maximum			10,000											

** 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: September-07

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

10/09/07

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: September-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	11,000											
2		24 hrs	11,000											
3	X	24 hrs	12,000		1.2								1	
4		24 hrs	11,000											
5	X	24 hrs	12,000		1.4								1.2	
6		24 hrs	13,000											
7	X	24 hrs	13,000		1.6								1.2	
8		24 hrs	12,000											
9		24 hrs	13,000											
10	X	24 hrs	13,000		1.6								1.2	
11		24 hrs	13,000											
12	X	24 hrs	13,000		1.6								1.2	
13		24 hrs	13,000											
14	X	24 hrs	12,000		1.7								1.2	
15		24 hrs	12,000											
16		24 hrs	13,000											
17	X	24 hrs	13,000		1.4								1.2	
18		24 hrs	12,000											
19	X	24 hrs	13,000		1.2								1	
20		24 hrs	14,000											
21	X	24 hrs	11,000		1								0.8	
22		24 hrs	12,000											
23		24 hrs	12,000											
24	X	24 hrs	13,000		1								0.6	
25	X	24 hrs	11,000		0.8								0.5	
26	X	24 hrs	10,000		1.2								1	
27		24 hrs	10,000											
28	X	24 hrs	10,000		0.6								0.6	
29		24 hrs	10,000											
30		24 hrs	10,000											
31		24 hrs												
Total			358,000											
Average			11,933											
Maximum			14,000											

** 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: October, 2007

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

11/08/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3424036	Plant Name:	West View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	10,000		1.4								1.2	
2		24 hrs	10,000											
3		24 hrs	8,000		1.6								1.2	
4		24 hrs	9,000											
5		24 hrs	11,000		1.4								1.2	
6		24 hrs	12,000											
7		24 hrs	12,000											
8		24 hrs	8,000		1.2								1	
9		24 hrs	8,000		1.4								1.2	
10		24 hrs	7,000											
11		24 hrs	6,000		1.4								1	
12		24 hrs	7,000		1.4								1.2	
13		24 hrs	7,000											
14		24 hrs	7,000											
15		24 hrs	7,000		1.1								0.9	
16		24 hrs	7,000											
17		24 hrs	6,000		1.1								0.9	
18		24 hrs	7,000											
19		24 hrs	7,000		1								0.8	
20		24 hrs	7,000											
21		24 hrs	6,000											
22		24 hrs	8,000		1.4								1	
23		24 hrs	8,000											
24		24 hrs	5,000		1.4								1.2	
25		24 hrs	5,000											
26		24 hrs	7,000		1.2								1.2	
27		24 hrs	7,000											
28		24 hrs	6,000											
29		24 hrs	8,000		1.4								1.2	
30		24 hrs	7,000											
31		24 hrs	6,000		1.4								1.2	
Total			236,000											
Average			7,613											
Maximum			12,000											

** 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: November-07

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
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(s):	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: November-07

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

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

				CT Calculations or 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	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 C·T 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	12 Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	7,000											
2	X	24 hrs	6,000		1.2								1	
3		24 hrs	6,000											
4		24 hrs	6,000											
5	X	24 hrs	5,000		1.4								1.2	
6		24 hrs	5,000											
7	X	24 hrs	6,000		1.2								1	
8		24 hrs	6,000											
9	X	24 hrs	5,000		1.4								1.2	
10		24 hrs	6,000											
11		24 hrs	6,000											
12	X	24 hrs	7,000		1.2								1.2	
13		24 hrs	8,000											
14	X	24 hrs	5,000		1.4								1	
15		24 hrs	6,000											
16	X	24 hrs	6,000		1.2								1	
17		24 hrs	6,000											
18		24 hrs	6,000											
19	X	24 hrs	6,000		1.2								1.2	
20		24 hrs	6,000											
21	X	24 hrs	7,000		1.4								1.2	
22		24 hrs	6,000											
23	X	24 hrs	6,000		1.4								1	
24		24 hrs	6,000											
25		24 hrs	7,000											
26	X	24 hrs	5,000		1.4								1.2	
27		24 hrs	5,000											
28	X	24 hrs	6,000		1.4								1	
29		24 hrs	7,000											
30	X	24 hrs	6,000		1.2								1	
31		24 hrs												
Total			181,000											
Average			6,033											
Maximum			8,000											

** 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: December-07

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

01/09/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: December-07

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

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

				CT Calculations, or 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	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	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	6,000											
2		24 hrs	7,000											
3	X	24 hrs	5,000		1.4								1.2	
4		24 hrs	5,000											
5	X	24 hrs	5,000		1.2								1	
6		24 hrs	5,000											
7	X	24 hrs	7,000		1.4								1.2	
8		24 hrs	7,000											
9		24 hrs	7,000											
10	X	24 hrs	8,000		1.4								1	
11		24 hrs	8,000											
12	X	24 hrs	8,000		1.2								1	
13		24 hrs	9,000											
14	X	24 hrs	6,000		1.4								1.2	
15		24 hrs	6,000											
16		24 hrs	6,000											
17	X	24 hrs	5,000		1.2								1.2	
18		24 hrs	5,000											
19	X	24 hrs	6,000		1.4								1.2	
20		24 hrs	6,000											
21	X	24 hrs	7,000		1.2								1	
22		24 hrs	7,000											
23		24 hrs	7,000											
24	X	24 hrs	7,000		1.4								1.2	
25		24 hrs	7,000											
26	X	24 hrs	5,000		1.4								1.2	
27		24 hrs	6,000											
28	X	24 hrs	14,000		1.4								1	
29		24 hrs	14,000											
30		24 hrs	14,000											
31	X	24 hrs	9,000		1.2								1	
Total			224,000											
Average			7,226											
Maximum			14,000											

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

PWS ID:	3424036	Plant Name:	West View

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

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

follows:

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

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

polymer are as follows:

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

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.

[t] 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:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000				
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	Licensed Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date: 3/7/06

Paul Thompson
Printed or Typed Name

A7251
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: **January-06**

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

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

Day of the Month	Was Plant in Operation Today?	Hours Plant in Operation	Net Quantity of Finished Water Produced	Purchased Finished Water	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Time of Lowest Residual Disinfectant Concentration	Was Sample Taken at Point of Lowest Residual?	Turbidity of Water Entering Distribution System	Minimum Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Was Sample Taken at Point of Minimum Residual?	Turbidity of Water Entering Distribution System	Minimum Residual Disinfectant Concentration (mg/L) in Water in Distribution System	Emergency or Unusual Operating Conditions, Repair or Maintenance Work and Its Effect on Water System Components Out of Operation
1		24 hrs	7,000										
2	X	24 hrs	7,000		1.2							1	
3		24 hrs	7,000										
4	X	24 hrs	6,000		1							0.6	
5		24 hrs	6,000										
6	X	24 hrs	7,000		1.2							1	
7		24 hrs	7,000										
8		24 hrs	7,000										
9	X	24 hrs	7,000		1.4							1.2	
10		24 hrs	8,000		1.4							1	
11	X	24 hrs	5,000		1.6							1.4	
12		24 hrs	6,000										
13	X	24 hrs	8,000		1.4							1.4	
14		24 hrs	8,000										
15		24 hrs	8,000										
16	X	24 hrs	6,000		1.6							1.4	
17		24 hrs	6,000										
18	X	24 hrs	6,000		1.4							1.2	
19		24 hrs	5,000										
20	X	24 hrs	7,600		1.6							1.4	
21		24 hrs	7,600										
22		24 hrs	7,800										
23	X	24 hrs	6,000		1.6							1.2	
24		24 hrs	6,000										
25	X	24 hrs	4,000		1.6							1.4	
26		24 hrs	5,000										
27	X	24 hrs	6,000		1.4							1.2	
28		24 hrs	6,000										
29		24 hrs	7,000										
30	X	24 hrs	6,000		1.2							1	
31		24 hrs	6,000										
Total			202,000										
Average			6,516										
Maximum			8,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

3/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: **February-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	6,000		1.4								1.2	
2		24 hrs	5,000											
3	X	24 hrs	7,000		1.4								1.2	
4		24 hrs	7,000											
5		24 hrs	7,000											
6	X	24 hrs	5,000		1.4								1	
7		24 hrs	6,000											
8	X	24 hrs	6,000		1.6								1.4	
9		24 hrs	6,000											
10	X	24 hrs	5,000		1.6								1.2	
11		24 hrs	6,000											
12		24 hrs	6,000											
13	X	24 hrs	6,000		1.4								1.2	
14		24 hrs	6,000											
15	X	24 hrs	6,000		1.2								1	
16		24 hrs	7,000											
17	X	24 hrs	6,000		1.4								1.2	
18		24 hrs	6,000											
19		24 hrs	7,000											
20	X	24 hrs	6,000		1.4								1	
21		24 hrs	7,000											
22	X	24 hrs	6,000		1.4								1.2	
23		24 hrs	6,000											
24	X	24 hrs	9,000		1.2								1	
25		24 hrs	10,000											
26		24 hrs	10,000											
27	X	24 hrs	6,000		1.4								1.2	
28		24 hrs	6,000											
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			182,000											
Average			6,500											
Maximum			10,000											

** 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-06

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000		
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	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/6/06	Paul Thompson	A7251

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of the Month	Plant Staffed or Water Produced	Hours Plant Operated	Finished Water Produced (gal)	CT Calculations for Each Segment Demonstrating Four-Log Virus Inactivation Applicable								Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation, etc.
				Peak Hourly Flow Rate (gpm)	Actual Detention Time Provided Between Point of Chlorine Application and First Customer (min)	Minimum Required Detention Time Between Point of Chlorine Application and First Customer (min)	Temperature Provided Between Point of Chlorine Application and First Customer (°C)	Log of Virus Inactivation Required	pH at Point of Application	Maximum Temperature (°C) Required (Table 1)	Minimum CT Required (Table 1)	Minimum CT Provided		
1	X	24 hrs	6,000		1.4								1	
2		24 hrs	6,000											
3	X	24 hrs	7,000		1.6								1.3	
4		24 hrs	7,000											
5		24 hrs	7,000											
6	X	24 hrs	6,000		1.6								1.4	
7		24 hrs	7,000											
8	X	24 hrs	6,000		1.4								1.2	
9		24 hrs	6,000											
10	X	24 hrs	7,000		1.4								1	
11		24 hrs	7,000											
12		24 hrs	6,000											
13	X	24 hrs	7,000		1.6								1.4	
14		24 hrs	8,000											
15	X	24 hrs	7,000		1.4								1.2	
16		24 hrs	7,000											
17	X	24 hrs	8,000		1.4								1	
18		24 hrs	8,000											
19		24 hrs	7,000											
20	X	24 hrs	7,000		1.2								1	
21		24 hrs	7,000											
22	X	24 hrs	8,000		1.4								1.2	
23		24 hrs	9,000											
24	X	24 hrs	8,000		1.4								1	
25		24 hrs	8,000											
26		24 hrs	8,000											
27	X	24 hrs	7,000		1.4								1.2	
28		24 hrs	7,000											
29	X	24 hrs	7,000		1.2								1	
30		24 hrs	8,000											
31	X	24 hrs	8,000		1.4								1.2	
Total			222,000											
Average			7,161											
Maximum			9,000											

** 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-06

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000		
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	Operator Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

5/4/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Any Plant Water Not Used for Operation? (Yes/No)	Hours Plant Operated	No. Hours of Finished Water Produced	Peak Hourly Rate (gpm)	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Time of Lowest Residual Disinfectant Concentration (hours)	Highest Turbidity Measured (NTU) in Water Entering Distribution System	Was CT Value Maintained? (Yes/No)	No. Hours of Water Not in Compliance	Lowest Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System	Minimum CT Required (mg-min/L)	Lowest Residual Disinfectant Concentration (mg/L) in Water in Distribution System	Emergency or Abnormal Operating Conditions or Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	9,000										
2		24 hrs	9,000										
3	X	24 hrs	8,000		1.4							1.2	
4		24 hrs	8,000										
5	X	24 hrs	10,000		1.4							1	
6		24 hrs	10,000										
7	X	24 hrs	7,000		1.4							1.2	
8		24 hrs	7,000										
9		24 hrs	7,000										
10	X	24 hrs	8,000		1.4							1	
11	X	24 hrs	9,000		1.2							1.2	
12	X	24 hrs	10,000		1.2							1.2	
13	X	24 hrs	9,000		1.4							1	
14		24 hrs	9,000										
15		24 hrs	10,000										
16		24 hrs	9,000										
17	X	24 hrs	9,000		1							1	
18		24 hrs	9,000										
19	X	24 hrs	9,000		1							0.6	
20		24 hrs	10,000										
21	X	24 hrs	9,000		1.2							1	
22		24 hrs	9,000										
23		24 hrs	10,000										
24	X	24 hrs	9,000		1.4							1.2	
25		24 hrs	9,000										
26	X	24 hrs	12,000		1.4							1.2	
27		24 hrs	12,000										
28	X	24 hrs	11,000		1.6							1.4	
29		24 hrs	11,000										
30		24 hrs	11,000										
31		24 hrs											
Total			279,000										
Average			9,300										
Maximum			12,000										

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

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

See page 4 for instructions

I. General Information for the Month Year of: May-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
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 in Charge	Name	License Class	License Number	Days Worked
	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6/6/06	Paul Thompson	A7251

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: **May-06**

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

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

	X	24 hrs	10,000		1.8							1.2	
		24 hrs	10,000										
	X	24 hrs	11,000		1.6							1.4	
		24 hrs	11,000										
	X	24 hrs	12,000		1.4							1.2	
		24 hrs	12,000										
		24 hrs	12,000										
	X	24 hrs	14,000		1.4							1.2	
		24 hrs	14,000										
	X	24 hrs	8,000		1.6							1.4	
		24 hrs	9,000										
	X	24 hrs	11,000		1.4							1.2	
		24 hrs	11,000										
		24 hrs	11,000										
	X	24 hrs	11,000		1.2							1	
		24 hrs	11,000										
	X	24 hrs	11,000		1.2							1.2	
		24 hrs	12,000										
	X	24 hrs	12,000		1.2							1	
		24 hrs	13,000										
		24 hrs	13,000										
	X	24 hrs	13,000		1.4							1	
		24 hrs	13,000										
	X	24 hrs	13,000		1.6							1.2	
		24 hrs	14,000										
	X	24 hrs	10,000		1.4							1.2	
		24 hrs	11,000										
		24 hrs	11,000										
	X	24 hrs	10,000		1.4							1	
		24 hrs	10,000										
	X	24 hrs	12,000		1.2							1	
			356,000										
			11,484										
			14,000										

** 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: June-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

7/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: June-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	13,000											
2	X	24 hrs	10,000		1.4								1.2	
3		24 hrs	10,000											
4		24 hrs	10,000											
5	X	24 hrs	9,000		1.2								1.2	
6		24 hrs	8,000											
7	X	24 hrs	9,000		1.4								1.2	
8		24 hrs	9,000											
9	X	24 hrs	12,000		1.4								1	
10		24 hrs	12,000											
11		24 hrs	12,000											
12	X	24 hrs	10,000		1.2								1	
13		24 hrs	10,000											
14	X	24 hrs	8,000		1.4								1.2	
15		24 hrs	8,000											
16	X	24 hrs	11,000		1.2								1.2	
17		24 hrs	11,000											
18		24 hrs	11,000											
19	X	24 hrs	6,000		1.2								1	
20		24 hrs	6,000											
21	X	24 hrs	9,000		1.4								1.2	
22		24 hrs	10,000											
23	X	24 hrs	12,000		0.8								0.6	
24		24 hrs	12,000											
25		24 hrs	13,000											
26	X	24 hrs	8,000		2.5								1.2	
27		24 hrs	9,000											
28	X	24 hrs	8,000		2.5								1.2	
29		24 hrs	9,000											
30	X	24 hrs	7,000		2.5								1.2	
31		24 hrs												
Total			292,000											
Average			9,733											
Maximum			13,000											

** 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: July-06

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	29	Total Population Served at End of Month:	102
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/8/06	Paul Thompson	A7251

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: July-06

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

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

				CT Calculations, or 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	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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	8,000											
2		24 hrs	8,000											
3	X	24 hrs	7,000		1.6								1.4	
4		24 hrs	7,000											
5	X	24 hrs	9,000		1.4								1	
6		24 hrs	9,000											
7	X	24 hrs	11,000		1.4								1.2	
8		24 hrs	12,000											
9		24 hrs	12,000											
10	X	24 hrs	4,000		1.2								1	
11		24 hrs	4,000											
12	X	24 hrs	8,000		1.1								1	
13		24 hrs	8,000											
14	X	24 hrs	8,000		2.4								1	
15		24 hrs	8,000											
16		24 hrs	8,000											
17	X	24 hrs	7,000		2.4								1	
18		24 hrs	6,000											
19	X	24 hrs	11,000		2								1.6	
20		24 hrs	10,000											
21	X	24 hrs	10,000		2.4								1.2	
22		24 hrs	10,000											
23		24 hrs	10,000											
24	X	24 hrs	9,000		2								1.2	
25		24 hrs	9,000											
26	X	24 hrs	7,000		2								1.2	
27		24 hrs	8,000											
28	X	24 hrs	9,000		1.8								1.6	
29		24 hrs	9,000											
30		24 hrs	9,000											
31	X	24 hrs	11,000		1.4								1.4	
Total			266,000											
Average			8,581											
Maximum			12,000											

** 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: August-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000			
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 Type	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

9/6/06

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of: August-06

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

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

Day of the Month	Plant Staffed by Operator	Source Water Pumping Hours	Finished Water Pumping Hours	Finished Water Pumping Rate (gpm)	Finished Water Pumping Hours	Finished Water Pumping Rate (gpm)	Disinfectant Contact Time (min)	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Highest Disinfectant Residual in Distribution System (mg/L)	Number of Distribution System Coliform Samples Taken	Highest Turbidity Measurement Entering Distribution System (NTU)	Unusual Conditions, Source Water Problems, Water Treatment Problems, Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	10,000										
2	X	24 hrs	8,000		1.6							1.2	
3		24 hrs	8,000										
4	X	24 hrs	9,000		1.4							1	
5		24 hrs	10,000										
6		24 hrs	10,000										
7	X	24 hrs	8,000		1.4							1.2	
8		24 hrs	8,000										
9	X	24 hrs	11,000		1.2							1	
10		24 hrs	11,000										
11	X	24 hrs	13,000		1							1	
12		24 hrs	14,000										
13		24 hrs	14,000										
14	X	24 hrs	6,000		1.4							1	
15	X	24 hrs	60,000		1.2							1	
16	X	24 hrs	23,000		1.4							1.2	
17	X	24 hrs	11,000		1.2							1	
18	X	24 hrs	9,000		1							0.8	
19		24 hrs	9,000										
20		24 hrs	9,000										
21	X	24 hrs	10,000		1.2							1	
22		24 hrs	11,000										
23	X	24 hrs	8,000		1.2							0.9	
24	X	24 hrs	7,000		1.4							1	
25		24 hrs	7,000										
26		24 hrs	7,000										
27		24 hrs	6,000										
28	X	24 hrs	7,000		1.2							1	
29		24 hrs	7,000										
30	X	24 hrs	13,000		1.4							1.2	
31		24 hrs	14,000										
Total			358,000										
Average			11,548										
Maximum			60,000										

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
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	Operator Class	License Number	Days/Shifts Worked
Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10/4/06	Paul Thompson	A7251

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of:	September-06

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

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

Day of Month	Grab Sample Taken	Time Sample Taken	Finished Water Quantity	Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Turbidity Grab Sample (NTU)	Turbidity Continuous Monitoring (NTU)	Lowest Chlorine Residual (mg/L)	Highest Turbidity Measurement (NTU)	Date & Time of Highest Turbidity Measurement	Lowest Chlorine Residual (mg/L)	Date & Time of Lowest Chlorine Residual	Disinfectant Residual in Distribution System (mg/L)	Events Associated with Unusual Operating Conditions (Use of Alternate Water Sources, Interruptions in Treatment, Water Storage Components Out of Operation)
1	X	24 hrs	11,000	1.2									1.2	
2		24 hrs	12,000											
3		24 hrs	12,000											
4	X	24 hrs	8,000	1.4									1.2	
5		24 hrs	8,000											
6	X	24 hrs	11,000	1.6									1.4	
7		24 hrs	12,000											
8	X	24 hrs	10,000	1.4									1.2	
9		24 hrs	10,000											
10		24 hrs	10,000											
11	X	24 hrs	12,000	1.4									1	
12		24 hrs	12,000											
13	X	24 hrs	10,000	1									0.8	
14		24 hrs	10,000											
15	X	24 hrs	12,000	1.2									1	
16		24 hrs	12,000											
17		24 hrs	13,000											
18	X	24 hrs	7,000	0.8									0.5	
19	X	24 hrs	10,000	1.2									1	
20	X	24 hrs	8,000	1.4									1.2	
21		24 hrs	8,000											
22	X	24 hrs	10,000	1.1									0.8	
23		24 hrs	10,000											
24		24 hrs	10,000											
25	X	24 hrs	15,000	1.2									1	
26		24 hrs	16,000											
27	X	24 hrs	12,000	1.4									1.2	
28		24 hrs	13,000											
29	X	24 hrs	14,000	1.2									1	
30		24 hrs	14,000											
31		24 hrs												
Total			332,000											
Average			11,067											
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: October-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View		Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road	City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D

Name	Class	License Number	Days Shift Worked
Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

11/3/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3424036	Plant Name:	West View

III. Daily Data for the Month/Year of:	October-06

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

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

Day of Month	Was Plant in Operation?	Plant Operating Time	Total Water Produced (gallons)	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Was Fluoride Added?	Fluoride Concentration (mg/L)	Was Corrosion Control Chemical Added?	Corrosion Control Chemical Concentration (mg/L)	Was Backwash Water Recycled?	Backwash Water Recycled (gallons)	Highest Turbidity Measurement (NTU)	Reason for Abnormal Operating Conditions (Cause of Interruption, Work Done, Equipment Taken Out of Operation)
1		24 hrs	15,000										
2	X	24 hrs	14,000		1.4							1.2	
3		24 hrs	14,000										
4	X	24 hrs	17,000		1.2							1	
5		24 hrs	18,000										
6	X	24 hrs	18,000		1.4							1	
7		24 hrs	19,000										
8		24 hrs	19,000										
9	X	24 hrs	20,000		1.6							1.2	
10		24 hrs	20,000										
11	X	24 hrs	18,000		1.4							1.2	
12		24 hrs	18,000										
13	X	24 hrs	14,000		1.4							1	
14		24 hrs	14,000										
15		24 hrs	14,000										
16	X	24 hrs	11,000		1.4							1.2	
17		24 hrs	11,000										
18	X	24 hrs	8,000		1.2							1	
19		24 hrs	9,000										
20	X	24 hrs	8,000		0.8							0.6	
21		24 hrs	8,000										
22		24 hrs	9,000										
23	X	24 hrs	9,000		2.5							1.4	
24		24 hrs	8,000										
25	X	24 hrs	9,000		2.6							1.4	
26		24 hrs	8,000										
27	X	24 hrs	10,000		2.6							1.4	
28		24 hrs	9,000										
29		24 hrs	9,000										
30	X	24 hrs	9,000		2.7							1.4	
31		24 hrs	9,000										
Total			396,000										
Average			12,774										
Maximum			20,000										

** 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: November-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.)	D	

Name	Grade of Operator	Operator License Number	Days Operator Was Present
Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

12/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: **November-06**

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)

[ ] Ultraviolet Radiation [ ] Other (Describe):

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

X	24 hrs	15,000		2.6								1.4	
	24 hrs	15,000											
X	24 hrs	11,000		2.6								1.4	
	24 hrs	11,000											
	24 hrs	11,000											
X	24 hrs	18,000		2								1.4	
	24 hrs	19,000											
X	24 hrs	8,000		2.2								1.6	
	24 hrs	8,000											
X	24 hrs	7,000		1.8								1.4	
	24 hrs	8,000											
	24 hrs	8,000											
X	24 hrs	9,000		1.8								1.6	
	24 hrs	9,000											
X	24 hrs	10,000		1.4								1.2	
	24 hrs	10,000											
X	24 hrs	9,000		1.6								1.2	
	24 hrs	9,000											
	24 hrs	8,000											
X	24 hrs	7,000		1.4								1.2	
	24 hrs	7,000											
X	24 hrs	8,000		1.6								1.4	
	24 hrs	8,000											
X	24 hrs	12,000		1.4								1.4	
	24 hrs	12,000											
	24 hrs	12,000											
X	24 hrs	8,000		1.4								1.2	
	24 hrs	8,000											
X	24 hrs	5,000		1.4								1	
	24 hrs	5,000											
	24 hrs												
		295,000											
		9,833											
		19,000											

**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: December-06

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served at End of Month:	102	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	20,000				
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	Days/Shift Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator(s)	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
1/8/07	Paul Thompson	A7251

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

PWS Identification Number: 3424036 | Plant Name: West View

III. Daily Data for the Month/Year of: **December-06**

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

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

Day of Month	Plant Operated (X)	Hours Plant Operated	Net Quantity of Finished Water Produced (gals)	Lowest Disinfectant Concentration (Free Cl2, Combined Cl2, or ClO2) Measured in Finished Water Leaving Plant (mg/l)	Disinfectant Contact Time (CT) Value Achieved During Period of Lowest Disinfectant Concentration (mg/l-min)	Minimum Ratio of Disinfectant Contact Time (CT) Achieved to Disinfectant Contact Time (CT) Required	Temperature of Water (°C)	Minimum CT Required for 4-Log Virus Inactivation	Lowest Free Chlorine Residual Measured in Distribution System (mg/l)	Minimum Number of Required Free Chlorine Samples	Highest Turbidity Measurement Recorded During Day (NTU)	Explanation of Any Turbidity Measurements Which Were Not Taken as Required by Water System Corrective Action Plan or Operation
1	X	24 hrs	8,000		1.6						1.4	
2		24 hrs	8,000									
3		24 hrs	8,000									
4	X	24 hrs	7,000		1.4						1.2	
5		24 hrs	8,000									
6	X	24 hrs	8,000		1.2						1	
7		24 hrs	7,000									
8	X	24 hrs	7,000		1.4						1.2	
9		24 hrs	7,000									
10		24 hrs	7,000									
11	X	24 hrs	5,000		1						1.2	
12		24 hrs	5,000									
13	X	24 hrs	7,000		1.4						1.2	
14		24 hrs	7,000									
15	X	24 hrs	7,000		1.6						1.4	
16		24 hrs	8,000									
17		24 hrs	8,000									
18	X	24 hrs	8,000		1.4						1	
19		24 hrs	8,000									
20	X	24 hrs	7,000		1.4						1	
21		24 hrs	8,000									
22	X	24 hrs	8,000		1.4						1.2	
23		24 hrs	8,000									
24		24 hrs	9,000									
25	X	24 hrs	8,000		1.4						1	
26		24 hrs	8,000									
27	X	24 hrs	6,000		1.4						1.2	
28		24 hrs	7,000									
29	X	24 hrs	7,000		1.6						1.2	
30		24 hrs	7,000									
31		24 hrs	7,000									
Total			228,000									
Average			7,355									
Maximum			9,000									

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

PWS ID:	3424036	Plant Name:	West View

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

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

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	255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509	307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370	2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

HBEL Report Number: 2130127 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test ☐ Other: _____ PWS I.D 3412403 6

System Name: West View

System Address: NW 45 Rd

City: Ocala System or Owner's Phone # 352 3030718 Fax #: 7323213

Collector: Mark March Collector's Phone #: 3030718

Relinquished By: M March Received By: [illegible] Relinquished By: [illegible]

Date/Time: 12.6.07 1000 Date/Time: 12/6/07 Date/Time: 12/6/07 1215

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

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

Sample Collection Date(s) 12-5-07

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
1	Well-1	1330	R	0	
2	4463 NW 26th Ave	1340	D	1.4	
3	4235 NW 26th Ter	1345	D	1.4	

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.) 1.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other _____

Person performing analysis is: ☒ A certified operator (# CS257) ☐ 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
PO Box 490310
Leesburg Fla. 34749

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal or E. coli Analysis Method (MF) SM9222B (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
	A			2130127001
	A			002
	A			2130127003

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

Analyst: [illegible]

Report authorized by: [illegible]
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: _____

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

Top Form - ORIGINAL
Middle Form - LABORATORY
Pink Form - CLIENT
FORM # 1975 - PRINTING BY HEARN

FPSC-COMMISSION CLERK
DOCUMENT NUMBER-DATE
04319 MAY 22 08

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

Date issued: March 28, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: West View **[2128204]**
Received: 3/21/07 12:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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: West View
Received: 3/21/07 12:00

[2128204]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128204]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* West View

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128204001**										
Sample ID: **Westview P.O.E grab**										
Sampled: 03/20/07 15:45 *Received: 03/21/07 12:00*										
Matrix: Water Results reported on Wet Weight Basis										
Nitrate as N		**4.0**	mg/L	0.0030	EPA 300.0	IC7163		03/22/07 11:40	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7163		03/22/07 11:40	JL	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

(Agreement to Perform Services)

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

Laboratory not responsible for omitted information

___FDOH # E98080
5600 U.S. 1 North
Fort Pierce, FL 34946

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

___FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

Company: Aqua Utilities
Address: P.O. Box 490310
Leesburg, Fla Zip: 34749
Phone: 3523830718 Fax: 732 3213
Client Contact: Mark
Project Name:
Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: Same

X Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Cooler(s) Y N
Custody Seal Y N
pH Checked Y N
LAB # 212209

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED	COMMENTS
~~3.20.07~~		~~1630~~	G	~~DW~~	1	~~Bellaire P.O.E.~~	U		
001	3.20.07	1545	G	DW	1	West View - P.O.E	U		all samples are P.O.E's
~~3.20.07~~		~~1445~~	G	~~DW~~	1	~~Chapel Hills P.O.E~~	U		
~~3.20.07~~		~~1445~~	G	~~DW~~	1	~~Collier Oaks P.O.E~~	U		
~~3.20.07~~		~~1445~~	G	~~DW~~	1	~~Cooley Oaks II P.O.E~~	U		
~~3.20.07~~		~~0700~~	G	~~DW~~	1	~~North Hills P.O.E~~	U		

U_{O_2} U_{O_3}

Sample transferred to new WO # 212209

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

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

	RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
Report Page	M. Mark	3/21/07 1100	[illegible]	3/21/07
	[illegible]	3/21/07 1020	Goode	3/21/07 1200
	Goode to Fedex	3-21-07 1600	RECEIVED FOR LAB CUSTODY BY: [illegible]	

WHITE - w/ REPORT; YELLOW - FILE; PINK - CLIENT; GOLD - SAMPLER

CHAIN PAGE 1 of 1

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

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

System Name: Westview PWS I.D. #: 3424030

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

Address: 8475 nw 45th rd

City: Ocala State: FL ZIP Code: 34475

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: n/a

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 03/20/07 Sample Time: 3:45 PM

Sample Location (be specific): Westview P.O.E grab

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

Sample Type (Check Only One)

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

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: n/a

CERTIFICATION (to be completed by sampler)

I, Mark Thomas for Mark March, FIELD COORDINATOR
Print Name Print Title

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

Signature: _____ Date: 4/5/07

Reporting Format 62-550.730 Effective January 1995, Revised January 2004

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2007

Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/21/07

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

Lab Assigned Report Number or Job ID: 2128204001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☒ Nitrate	☐ Partial		☐ Bromate
☒ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer (Print Name), Laboratory Director (Print Title)

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

Signature Cindy Cromer Date: 28-Mar-07

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc.
Workorder: West View
Sample Location: Westview P.O.E grab
Sample Number: 2128204001
Sampling Date: 3/20/07 15:45
PWS ID (From Page 1): _____
Date Received: 3/21/07 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	**4.0**		EPA 300.0	0.0030	3/22/07 11:40	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	3/22/07 11:40	E96080

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

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

Date issued: January 4, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

RECEIVED
JAN 09 2007
By

Client: Aqua Utilities Florida, Inc.
Workorder ID: Westview Tri-Annual DW Scan **[2127454]**
Received: 12/07/06 13:30

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.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 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: Westview Tri-Annual DW Scan
Received: 12/07/06 13:30

[2127454]

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST4843		
2127454001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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
[2127454]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Westview Tri-Annual DW Scan

Laboratory ID: **2127454001**
Sample ID: **POE @ Water Plant Grab**

Sampled: 12/06/06 15:16 *Received:* 12/07/06 13:30
Matrix: Water Results reported on Wet Weight Basis

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Odor - Dechlorinated		1.0	T.O.N.	1.0	EPA 140.1	WCDE15446		12/7/06 14:30	PA	E83509
pH	Q	7.74	SU	0.200	EPA 150.1	WCDE15449		12/8/06 15:34	PA	E83509
Total Dissolved Solids		180	mg/L	5.0	EPA 160.1	WCDE15450		12/8/06 16:13	PA	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Barium		0.0018 U	mg/L	0.0018	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Copper		0.0057	mg/L	0.0014	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Sodium		12	mg/L	0.50	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Zinc		0.042	mg/L	0.010	EPA 200.7	META8228		12/12/06 16:45	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META8232		12/20/06 15:48	DM	E96080
Lead		0.00070	mg/L	0.00061	EPA 200.9	META8227		12/11/06 19:48	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8231		12/18/06 21:40	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8230		12/13/06 14:26	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8235	12/19/06 18:02	12/20/06 13:25	DM	E96080
Chloride		19	mg/L	5.0	EPA 300.0	IC7046		12/12/06 15:41	JL	E96080
Fluoride		0.067	mg/L	0.011	EPA 300.0	IC7044		12/8/06 12:15	JL	E96080
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7044		12/8/06 12:15	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7044		12/8/06 12:15	JL	E96080
Sulfate		13	mg/L	1.4	EPA 300.0	IC7046		12/12/06 15:41	JL	E96080
Surfactants as LAS, Mol.wt.340		0.059	mg/L	0.042	EPA 425.1	WCDE15466	12/8/06 10:45	12/8/06 11:30	RM	E83509
1,2-Dibromo-3-chloropropane		0.0019 U	ug/L	0.0019	EPA 504.1	PEST4841	12/13/06 16:31	12/14/06 7:56	JL	E96080
1,2-Dibromoethane		0.0045 U	ug/L	0.0045	EPA 504.1	PEST4841	12/13/06 16:31	12/14/06 7:56	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
Endrin		0.098 U	ug/L	0.098	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
Heptachlor epoxide		0.026 U	ug/L	0.026	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
Methoxychlor		0.042 U	ug/L	0.042	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
Toxaphene		0.58 U	ug/L	0.58	EPA 505	PEST4843	12/13/06 11:16	12/13/06 17:42	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080

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
[2127454]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Westview Tri-Annual DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4840	12/9/06 14:25	12/12/06 18:30	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2736		12/19/06 21:18	WR	E96080
Alachlor		0.62 U	ug/L	0.62	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Benzo(a)pyrene		0.071 U	ug/L	0.071	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
bis(2-ethylhexyl)phthalate		0.86 U	ug/L	0.86	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Di(2-ethylhexyl)adipate		0.69 U	ug/L	0.69	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Simazine		0.64 U	ug/L	0.64	EPA 525.2	SVOC2473	12/12/06 12:04	01/2/07 23:16	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2356		12/19/06 15:20	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2356		12/19/06 15:20	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2354		12/11/06 15:16	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2474	12/12/06 12:04	01/2/07 15:15	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2355	12/13/06 8:26	12/13/06 16:44	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1036		12/28/06 14:08	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26717		12/8/06 15:30	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26769	12/16/06 15:00	12/17/06 18:11	GG	E96080

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

[2127454]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Westview Tri-Annual DW Scan

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2127454002**					*Sampled:*		*Received:* 12/07/06 13:30			
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	VOC2736		12/19/06 21:52	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2736		12/19/06 21:52	WR	E96080

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

Q Sample held beyond the accepted holding time.

1 of 2

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-5584

Chain-of-Custody and Agreement to Perform Services

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

Laboratory not responsible for omitted information

Company: Aqua Utilities
Address: PO Box 490310
Leesburg Flo Zip: 34749
Phone: 352 308 0118 Fax:
Client Contact: Mark
Project Name: West View
Sampled By: Mark Mark

Method(s) of Shipment: Truck

e-mail: Same

X Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days
Requires Laboratory Approval

____FDOH # E96080
5600 U.S. 1 North
Fort Pierce, FL 34948

____FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

____FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

ACCREDITED IN ACCORDANCE WITH NELAC

Date/Time Received for Lab: ____ Checked by: ____ pH: ____ Temp: ____ Cl2: ____ Preservation Confirmed: Y N Y N LAB # 342 4036

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	ANALYSES REQUESTED: 1-Metals	Cyanide	607 Nitrogen-Ammonia Fluoride	PH-Color TDS	Odor	Color Mtbe SM	504 EDB/DBC Reg VOC's	COMMENTS Bottle ID #
001	12/6/06	1500	G	DW	1	all samples are P.O.E.		X							A
		1502		DW	1	at Water Plant			X						B
		1503		DW	1	POE				X					C
		1504		DW	1	POE					X				D
		1505		DW	1	POE						X			E
		1506		DW	1	POE							X		F
		1507		DW	3	POE								X	H
002	12/6/06	1508	G	DW	3	POE									J
003					2	Trip Blank								X	
						P.W.S. # 3424036									

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

RELINQUISHED BY		RELINQUISHED BY	RELINQUISHED BY
DATE/TIME	12/7/06 1100	DATE/TIME 12/7/06 1330	DATE/TIME 12/7/06 1600
RECEIVED BY		RECEIVED BY	RECEIVED FOR LIBEL CUSTODY BY
DATE/TIME	12/7/06	DATE/TIME 12/7/06 1330	DATE/TIME 12/8/06 1015

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

2 of 2

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

Chain-of-Custody
and
Agreement to Perform Services

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

Laboratory not responsible for omitted information

___FDOH # E96080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
___FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
✓ FDOH # E83509 — 255 Enterprise Rd., Suite 1, Deltona, FL 32725
___FDOH # E84418 — 2514 Osawaw Blvd., Spring Hill, FL 34607

Company: Aqua Utilities
Address: PO Box 490310
Leesburg, Fla. ZIP 34749
Phone: 3033718 Fax:
Client Contact: Mark
Project Name: West View
Sampled By: Mark Mont

Method(s) of Shipment: truck

e-mail: same

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

For Lab Use Only
Temperature Checked: 24°C (Y) N
Custody Seals Intact: Y N/A
pH Checked: Y N
LAB # 212754

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE	515.1	525.2	531.1 CARBAMATES	Chlorinated Acids	547 Glyphosate	548.1 Endothall	549.2 Diquat	504	COMMENTS
001	12606	1510	G	DW	1	all samples are		X								Bottle ID
		1511			3	POE at Water Plant			X							L
		1512			1	POE				X						M
		1513			1	POE					X					N
		1514			3	POE						X				O
		1515			1	POE							X			P
001	12606	1516	G	DW	3	POE								X		Q
																R

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

RELINQUISHED BY	M. Mont	RELINQUISHED BY	[illegible]	RELINQUISHED BY	Angela to Fedex
DATE/TIME	12-7-06 1100	DATE/TIME	12/8/06 1:30	DATE/TIME	12/7/06 1600
RECEIVED BY	[illegible]	RECEIVED BY	Angela	RECEIVED FOR HBEL CUSTODY BY	[illegible]
DATE/TIME	12/7/06	DATE/TIME	12/7/06 1530	DATE/TIME	12-8-06 1015

Report Page 6 of 9

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

CHAIN PAGE 2 of 2

SOUTHERN ANALYTICAL LABORATORIES, INC.
[illegible]

Harbor Branch Environmental Laboratory
DW Arsenic
Sample ID: 2127454001

December 29, 2006
Sample No.: 66222.02
PWS ID: _____

Inorganic Contaminants
62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	12/28/06	14:08	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

6.12.12

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: SAL

The samples are to be shipped by FEDEX **to arrive on** 12-12-06. **TAT:** STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: DW Arsenic
AUF

SAMPLE TYPE: Composite = C, Grab = G,

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = S, NaOH = SH, Unpreserved = U

MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O

	Client Code	MATRIX	COLLECTION DATE	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: PRESERVATIVE: N	As by Arsenic	SAMPLE COMMENTS
01		DW	12-6-06	1700	G	212745300 1	1		✓	2x125mL P HNO3
02		DW	12-6-06	1500	G	212745400 1	1		✓	

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
Jennifer to Fedex	12-7-06	1600	Fed Ex		
RELINQUISHED BY: Fed Ex	DATE	TIME	LABORATORY NAME AND RECEIVED BY: K. Nordmark	DATE 12/13/06	TIME 0835

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

Date issued: September 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab **[2126679]**
Received: 8/31/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
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.

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: Marion County HAA5/TTHM Grab **[2126679]**
Received: 8/31/06 13:00

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID . Analytical Method	Description
2126679001	2170 NE 45 St Ocala Oaks	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679002	4401 NE 46 La Ocala Oaks	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679003	764 NW 58 Ct Ridge Meadows	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679004	5132 SE 27 St Bellaire	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679005	4235 NW 26 Terr West View	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679006	2351 NE 55 Pl Chappell Hills	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679007	4745 NE 26 Terr 49th St Vill	
	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 552.1			
	PEST4784		
	2126679001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679002	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679003	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679004	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679005	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679006	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.
	2126679007	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

Samples not spiked w/ surrogates during extraction for 552.1. The IS demonstrated extraction performance. Precision/Accuracy demonstrated with the LCS.

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

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679001** *Sample ID:* **2170 NE 45 St Ocala Oaks**										
Sampled: 08/30/06 11:00 *Received:* 08/31/06 13:00 *Matrix:* Water Results reported on Wet Weight Basis										
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromoacetic Acid		3.0	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Total HAAs		4.4	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Laboratory ID: **2126679002** *Sample ID:* **4401 NE 46 La Ocala Oaks**										
Sampled: 08/30/06 11:20 *Received:* 08/31/06 13:00 *Matrix:* Water Results reported on Wet Weight Basis										
Bromodichloromethane		0.47	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromoacetic Acid		0.20	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Laboratory ID: **2126679003** *Sample ID:* **764 NW 58 Ct Ridge Meadows**										
Sampled: 08/30/06 15:00 *Received:* 08/31/06 13:00 *Matrix:* Water Results reported on Wet Weight Basis										
Bromodichloromethane		0.43	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080

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

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679004** *Sample ID:* **5132 SE 27 St Bellaire**							*Sampled:* 08/30/06 16:10 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromoacetic Acid		3.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Total HAAs		4.7	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Laboratory ID: **2126679005** *Sample ID:* **4235 NW 26 Terr West View**							*Sampled:* 08/30/06 16:45 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.42	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromoacetic Acid		0.18 U	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Total HAAs		1.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Laboratory ID: **2126679006** *Sample ID:* **2351 NE 55 Pl Chappell Hills**							*Sampled:* 08/30/06 17:30 *Matrix:* Water	*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.53	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Total THMs		3.1	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromoacetic Acid		3.6	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Total HAAs		5.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Trichloroacetic acid		0.28	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126679007** *Sample ID:* **4745 NE 26 Terr 49th St VIII**						*Sampled:* 08/30/06 18:10 *Matrix:* Water		*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.49	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Chloroform		2.3	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromoacetic Acid		3.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Total HAAs		5.1	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Trichloroacetic acid		0.22	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Laboratory ID: **2126679008** *Sample ID:* **Trip Blank**						*Sampled:* *Matrix:* Water		*Received:* 08/31/06 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2484

Chain of Custody

Laboratory not responsible for omitted information

FDOH # E98080 — 5600 U.S. 1 North, Fort Pierce, FL 34946
FDOH # E85370 — 307 Coolidge Avenue, Lehigh Acres, FL 33936
FDOH # E83509 — 4155 St. Johns Pkwy., Suite 1300, Sanford, FL 32771
FDOH # E84418 — 16331 Cortez Blvd., Brooksville, FL 34601

ACCREDITED IN ACCORDANCE WITH

Company: Aqua Utilities
Address: PO Box 49030
Leesburg Flo Zip: 34749
Phone: 3523030718 Fax:
Client Contact: Mark Marsh
Project Name:
Sampled By: Mark Marsh

Method(s) of Shipment: Marks Truck

e-mail: Same

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

PRESERVATIVE: NH4 HCl | 1:1 HCl

ANALYSES REQUESTED: NH3-N | TTHM

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

LAB #	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	COMMENTS
001	8.30.06	1100	G	DW	4	Ocala Oaks #1 Cl 1.4	Site address
002	8.30	1120	G	DW	4	Ocala Oaks #2 Cl 1.2	9170 NE 145 ST
						~~Ocala Oaks #3 Cl 1.0~~	4401 NE 46 LA.
						~~Emeralda Ridge #2 Cl~~	~~9170 NE 145 ST~~
						~~Emeralda Ridge #1~~	~~Town Ave~~
						~~Emeralda Ridge #3~~	~~6602 SW 46th~~
						~~Emeralda Ridge #2~~	~~MAY Cl-1.0~~
003	8.30	1500	G	DW	4	Ridge Meadows Cl 1.0	~~Ocala Oaks #1~~
004	8.30	1610	G	DW	4	Bellaire Cl 1.2	764 NW 58 Ct
005	8.30	1645	G	DW	4	West View Cl 1.0	5932 SE 27 ST
006	8.30	1730	G	DW	4	Chappell Hills Cl 1.4	4235 NW 26 Terr
							2351 NE 55 PL

*Sample Type: C=Grab, C=Composite

	RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
1st	M. Marsh	8.31.06 1100	[illegible]	8/31/06 1100
2nd	[illegible]	8/31/06 1100	[illegible]	8/31/06 1300
3rd	[illegible]	[illegible]	[illegible]	[illegible]

RELINQUISHED BY: Hand to Fedex
DATE/TIME: 8/31/06 1600

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

CHAIN PAGE 1 of 1

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US I North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain of Custody

Laboratory not responsible for omitted information

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

FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

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

FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

Company: Aqua Utilities
Address: PO Box 490310
Leesburg Fla Zip: 34749
Phone: 3522030716 Fax:
Client Contact: Mark March
Project Name:
Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: Same

- ✓ Standard Laboratory Turn Around Time
- Or
- Rush in ___ Business Days *Requires Laboratory Approval*

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE NA	PRESERVATIVE HCl	ANALYSES REQUESTED THMs	ANALYSES REQUESTED HAA5	COMMENTS
001	8.30.06	1810	G	DW	4	49th St Village Ct 12				X	site address
002					3	Trip Blank 8/31/06			✓		4745 NE 26 Terr

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

*Sample Type: G=Grab C=Composite

	RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
1	M. March	8.31.06 1100	[illegible]	8/31/06 11:00
2	[illegible]	8/31/06 1300	[illegible]	8/31/06 1300
3	[illegible] to Fedex	9/1/06 1600		

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

CHAIN PAGE 2 of 2

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
JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County – PW

System Name	PWS ID Number	System Name	PWS ID Number
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys 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 April 30, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04319 MAY 22 80
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WESTVIEW SUBDIVISION County Marion PWS ID # 3424036
Plant Location 2475 Northwest 45th Place, Ocala, FL 34470 Phone 352-732-6027
Owner Name Aqua Utilites Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/15/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS
☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
As built 1/6/1981
☐ 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
Mark March C-8287
O & M Log: ☒ Yes ☐ No
O & M Manual: ☒ Yes ☐ No
Emergency Response Plan: ☒ Yes ☐ No ☐ N/A

Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Maximum-day design capacity is incorrectly reported as 20.000 gpd.

Number of Service Connections 29
Population Served 102 Basis Operator
Average Day (from MORs) 9,960 gpd
Max. Day (from MORs) 60,000 gpd 8/06
Max-day Design Capacity 50,000 gpd
Comments Maximum-day design capacity exceeded in 8/2006.

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 Elliot Propane
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps All
☐ High Service Pumps
☒ Treatment Equipment All
Satisfy average-day demand? ☒ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
Hypochlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" ABB
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments:

PWS ID # 3424036
Date 2/15/07

GROUND WATER SOURCE

Well Number		1(AAC3104)			
Year Drilled		1981			
Depth Drilled		140'			
Drilling Method		Rotary			
Type of Grout		Cement			
Static Water Level		27'			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Screen			
Length (outside casing)		42'			
Diameter (outside casing)		4"			
Material (outside casing)		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	>100'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-Rite			
	Model Number	Unknown			
	Rated Capacity (gpm)	70			
	Motor Horsepower	5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		Yes*			
Above Ground Check Valve		Yes**			
Fence/Housing		Yes			
Well Vent Protection		N/A			

COMMENTS * The raw water sample tap was leaking at the time of inspection.
** The check valve was not functional at the time of inspection.

PWS ID # 3424036
Date 2/15/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 50%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.5 Remote 2.2+
Remote tap location 2608 NW 26th Ave.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☒	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☒	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
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		
Capacity (gal)	2,000		
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	50/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide date of last tank cleaning and inspection.

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3424036
Date 2/15/07

DEFICIENCIES:

1. **Failure to operate the water treatment plant within the designated maximum-day operating capacity.** A review of records indicates flows exceeded the maximum-day design capacity during August 2006.

   No supplier of water shall operate any drinking water treatment plant at a capacity greater than the plant's permitted operating capacity except with the Department's prior approval, which shall be given when such operation will not cause a violation of a maximum contaminant level, a treatment technique requirement, or other operating requirements and is for no more than three months, or under circumstances that the supplier of water documents as highly unusual and nonrecurring. [Rule 62-555.350(4), F.A.C.]

   The total capacity of all water source and treatment facilities connected to a water system shall at least equal the water system's design maximum-day water demand (including design fire-flow demand if fire protection is being provided). [Rule 62-555.320(6), F.A.C.]

   Flushing activities, leaks, and/or breaks shall be recorded on monthly operation reports (MOR). For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions on the MOR (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance on the MOR (attach additional sheets as necessary). [Rule 62-555.900(3), F.A.C.]

   Suppliers of water seeking to have the permitted operating capacity of a water treatment plant re-rated shall submit to the appropriate Department of Environmental Protection District Office a construction permit application using Form 62-555.900(1), Application for a Specific Permit to Construct PWS Components, as incorporated into subsection 62-555.520(2), F.A.C. [Rule 62-555.528(2), F.A.C.]

2. **Failure to maintain raw water sampling tap.** The tap was leaking at the time of inspection.

   Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

3. **Failure to provide a functional check valve at the wellhead.**

   Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

COMMENTS/REMINDERS:

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**

3. **Provide date of last cleaning and inspection for finished drinking water storage tank.**

   Accumulated sludge and biogrowths 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 biogrowth. [Rule 62-555.350(2), F.A.C.]

PWS ID # 3424036
Date 2/15/07

COMMENTS/REMINDERS (continued):

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, 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 biogrowths, 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.]

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.]

Ensure proper disinfection and bacteriological evaluation in accordance with 62-555.340, 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. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and 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.]

Inspector _____ Title Env. Specialist I Date 2/20/07

Approved by _____ Title Environmental Manager Date 3/20/07

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: 3424036

PWS Name: **Westview Subdivision**

Mailing Address: _____

_____

Date: _____

Business Name: _____

_____

Owner(s) Name: _____

_____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

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

Attention: Nathan Hess, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated February 15, 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)

A UA
Utilities Florida.

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspections
Marion County

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.

2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.

2. The chlorine injection point will be replaced with in the next 14 days.

3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. Screens have been placed on all valves.

3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.

5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

2. The tap has been repaired.

3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

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

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

2-8-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

DOCUMENT NUMBER-DATE
04319 MAY 22 08
FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **January-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	13,000		1.6									1.2	
2		24 hrs	13,000												
3	X	24 hrs	10,000		1.6									1.1	
4		24 hrs	10,000												
5	X	24 hrs	12,000		1.5									1	
6		24 hrs	12,000												
7		24 hrs	12,000												
8	X	24 hrs	10,000		1.5									1	
9		24 hrs	10,000												
10	X	24 hrs	10,000		1.5									1.1	
11		24 hrs	10,000												
12	X	24 hrs	12,000		1.4									1	
13		24 hrs	12,000												
14		24 hrs	12,000												
15	X	24 hrs	9,000		1.5									1	
16		24 hrs	9,000												
17	X	24 hrs	10,000		1.4									1	
18		24 hrs	10,000												
19	X	24 hrs	13,000		1.4									1	
20		24 hrs	13,000												
21		24 hrs	13,000												
22	X	24 hrs	12,000		1.5									1	
23		24 hrs	12,000												
24	X	24 hrs	9,000		1.5									1.1	
25		24 hrs	9,000												
26	X	24 hrs	11,000		1.5									1	
27		24 hrs	11,000												
28		24 hrs	11,000												
29	X	24 hrs	9,000		1.5									1.1	
30		24 hrs	9,000												
31	X	24 hrs	10,000		1.7									1.4	
Total			338,000												
Average			10,903												
Maximum			13,000												

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:		(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

3-8-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: February-07

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	10,000											
2	X	24 hrs	11,000		1.7								1.4	
3		24 hrs	11,000											
4		24 hrs	11,000											
5	X	24 hrs	21,000		1.8								1.4	
6		24 hrs	21,000											
7	X	24 hrs	12,000		1.8								1.4	
8		24 hrs	12,000											
9	X	24 hrs	12,000		1.4								1	
10		24 hrs	12,000											
11		24 hrs	12,000											
12	X	24 hrs	8,000		1.2								0.8	
13		24 hrs	8,000											
14	X	24 hrs	10,000		2.1								2.2	
15		24 hrs	10,000											
16	X	24 hrs	11,000		1.7								1.5	
17		24 hrs	11,000											
18		24 hrs	11,000											
19	X	24 hrs	10,000		1.8								1.5	
20		24 hrs	10,000											
21	X	24 hrs	7,000		1.6								1.2	
22		24 hrs	7,000											
23	X	24 hrs	13,000		1.5								1.2	
24		24 hrs	13,000											
25		24 hrs	13,000											
26	X	24 hrs	13,000		1.5								1.1	
27		24 hrs	13,000											
28	X	24 hrs	18,000		1.6								1.3	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			331,000											
Average			11,821											
Maximum			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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg / State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala / State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

4-9-07

Signature and Date

Gary Kissick

Printed or Typed Name

C7846

License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **March-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	18,000											
2	X	24 hrs	11,000		1.5								1.2	
3		24 hrs	11,000											
4		24 hrs	11,000											
5	X	24 hrs	10,000		1.6								1.3	
6		24 hrs	10,000											
7	X	24 hrs	11,000		1.5								1.2	
8		24 hrs	11,000											
9	X	24 hrs	12,000		1.6								1.3	
10		24 hrs	12,000											
11		24 hrs	12,000											
12	X	24 hrs	12,000		1.5								1.1	
13		24 hrs	12,000											
14	X	24 hrs	8,000		1.4								1	
15		24 hrs	8,000											
16	X	24 hrs	11,000		1.4								1	
17		24 hrs	11,000											
18		24 hrs	11,000											
19	X	24 hrs	10,000		1.4								1	
20		24 hrs	10,000											
21	X	24 hrs	12,000		1.6								1.3	
22		24 hrs	12,000											
23	X	24 hrs	13,000		1.5								1.2	
24		24 hrs	13,000											
25		24 hrs	13,000											
26	X	24 hrs	15,000		1.5								1.1	
27		24 hrs	15,000											
28	X	24 hrs	16,000		1.6								1.2	
29		24 hrs	16,000											
30	X	24 hrs	16,000		1.5								1.1	
31		24 hrs	16,000											
Total			379,000											
Average			12,226											
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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

5-3-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: April-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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	16,000											
2	X	24 hrs	21,000		1.4								1	
3		24 hrs	21,000											
4	X	24 hrs	16,000		1.2								0.8	
5		24 hrs	16,000											
6	X	24 hrs	15,000		1.5								1.2	
7		24 hrs	15,000											
8		24 hrs	15,000											
9	X	24 hrs	8,000		1.4								1	
10		24 hrs	8,000											
11	X	24 hrs	9,000		1.4								1	
12		24 hrs	9,000											
13	X	24 hrs	12,000		1.5								1.1	
14		24 hrs	12,000											
15		24 hrs	12,000											
16	X	24 hrs	12,000		1.4								1	
17		24 hrs	12,000											
18	X	24 hrs	11,000		1.4								0.9	
19		24 hrs	11,000											
20	X	24 hrs	21,000		1.5								1	
21		24 hrs	21,000											
22		24 hrs	21,000											
23	X	24 hrs	15,000		1.9								1.6	
24		24 hrs	15,000											
25	X	24 hrs	13,000		1.5								1.1	
26		24 hrs	13,000											
27	X	24 hrs	17,000		1.5								1.1	
28		24 hrs	17,000											
29		24 hrs	17,000											
30	X	24 hrs	13,000		1.9								1.6	
31		24 hrs												
Total			434,000											
Average			14,467											
Maximum			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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

6-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: May-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24 hrs	13,000											
2	X	24 hrs	15,000		1.8								1.5	
3		24 hrs	15,000											
4	X	24 hrs	13,000		1.5								1.1	
5		24 hrs	13,000											
6		24 hrs	13,000											
7	X	24 hrs	11,000		1.4								1	
8		24 hrs	11,000											
9	X	24 hrs	11,000		1.4								1	
10		24 hrs	11,000											
11	X	24 hrs	13,000		1.5								1.1	
12		24 hrs	13,000											
13		24 hrs	13,000											
14	X	24 hrs	11,000		1.3								1	
15		24 hrs	10,000											
16	X	24 hrs	13,000		1.3								1	
17		24 hrs	12,000											
18	X	24 hrs	14,000		1.2								1	
19		24 hrs	14,000											
20		24 hrs	14,000											
21	X	24 hrs	12,000		1.3								0.9	
22		24 hrs	12,000											
23	X	24 hrs	12,000		1.3								0.9	
24		24 hrs	12,000											
25	X	24 hrs	18,000		1.3								0.9	
26		24 hrs	18,000											
27		24 hrs	18,000											
28	X	24 hrs	27,000		1.2								0.9	
29		24 hrs	27,000											
30	X	24 hrs	26,000		1.3								1	
31		24 hrs	26,000											
Total			461,000											
Average			14,871											
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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

7-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: June-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	23,000		1.3								0.9	
2		24 hrs	23,000											
3		24 hrs	23,000											
4	X	24 hrs	24,000		1.7								1.4	
5		24 hrs	24,000											
6	X	24 hrs	21,000		1.5								1.1	
7		24 hrs	21,000											
8	X	24 hrs	28,000		1.5								1.1	
9		24 hrs	28,000											
10		24 hrs	28,000											
11	X	24 hrs	26,000		1.8								1.4	
12		24 hrs	26,000											
13	X	24 hrs	23,000		1.5								1.1	
14		24 hrs	23,000											
15	X	24 hrs	13,000		1.5								1.1	
16		24 hrs	13,000											
17		24 hrs	13,000											
18	X	24 hrs	8,000		1.5								1.1	
19		24 hrs	8,000											
20*	X	24 hrs	8,000		1.2								0.8	
21		24 hrs	8,000											
22	X	24 hrs	15,000		1.2								0.8	
23		24 hrs	15,000											
24		24 hrs	15,000											
25	X	24 hrs	8,000		1.3								0.9	
26		24 hrs	8,000											
27	X	24 hrs	10,000		1.3								0.9	
28		24 hrs	10,000											
29	X	24 hrs	10,000		1.3								0.9	
30		24 hrs	10,000											
31		24 hrs												
Total			513,000											
Average			17,100											
Maximum			28,000											

** 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: July-07

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

8-7-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: July-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	10,000											
2	X	24 hrs	7,000		1.3								0.9	
3		24 hrs	7,000											
4	X	24 hrs	10,000		1.3								0.9	
5		24 hrs	10,000											
6	X	24 hrs	12,000		0.8								0.4	
7		24 hrs	12,000											
8		24 hrs	12,000											
9	X	24 hrs	11,000		1.3								0.8	
10		24 hrs	11,000											
11	X	24 hrs	19,000		1.3								0.8	
12		24 hrs	19,000											
13	X	24 hrs	11,000		1.3								0.8	
14		24 hrs	11,000											
15		24 hrs	11,000											
16	X	24 hrs	10,000		1.3								0.8	
17		24 hrs	10,000											
18	X	24 hrs	10,000		1.2								0.8	
19		24 hrs	10,000											
20	X	24 hrs	10,000		1.2								0.8	
21		24 hrs	10,000											
22		24 hrs	10,000											
23	X	24 hrs	8,000		1								0.6	
24		24 hrs	8,000											
25	X	24 hrs	11,000		1.4								1	
26		24 hrs	11,000											
27	X	24 hrs	10,000		1.2								0.8	
28		24 hrs	10,000											
29		24 hrs	10,000											
30	X	24 hrs	7,000		1.3								0.9	
31		24 hrs	7,000											
Total			325,000											
Average			10,484											
Maximum			19,000											

** 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: August-07

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

9-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **August-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	*Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	10,000		1.3								0.9	
2		24 hrs	10,000											
3	X	24 hrs	12,000		1.4								1	
4		24 hrs	12,000											
5		24 hrs	12,000											
6	X	24 hrs	14,000		1.4								1	
7		24 hrs	14,000											
8	X	24 hrs	11,000		1.6								1.2	
9		24 hrs	11,000											
10	X	24 hrs	10,000		1.6								1.2	
11		24 hrs	10,000											
12		24 hrs	10,000											
13	X	24 hrs	10,000		1.6								1.2	
14		24 hrs	10,000											
15	X	24 hrs	9,000		1.5								1	
16		24 hrs	9,000											
17	X	24 hrs	12,000		1.5								1.1	
18		24 hrs	12,000											
19		24 hrs	12,000											
20	X	24 hrs	12,000		1.6								1.2	
21		24 hrs	12,000											
22	X	24 hrs	13,000		1.5								1.1	
23		24 hrs	13,000											
24	X	24 hrs	12,000		1.5								1.1	
25		24 hrs	12,000											
26		24 hrs	12,000											
27	X	24 hrs	10,000		1.5								1.1	
28		24 hrs	10,000											
29	X	24 hrs	13,000		1.4								1	
30		24 hrs	13,000											
31	X	24 hrs	11,000		1.4								1	
Total			353,000											
Average			11,387											
Maximum			14,000											

** 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: September-07

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week

II. Certification by Lead/Chief Operator

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

10/09/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: September-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	11,000											
2		24 hrs	11,000											
3	X	24 hrs	12,000		1.5								1.1	
4		24 hrs	12,000											
5	X	24 hrs	12,000		1.4								1	
6		24 hrs	12,000											
7	X	24 hrs	15,000		1.6								1.1	
8		24 hrs	15,000											
9		24 hrs	15,000											
10	X	24 hrs	21,000		1.5								1.1	
11		24 hrs	21,000											
12	X	24 hrs	18,000		1.5								1.1	
13		24 hrs	18,000											
14	X	24 hrs	15,000		1.4								1	
15		24 hrs	15,000											
16		24 hrs	15,000											
17	X	24 hrs	16,000		1.4								1	
18		24 hrs	16,000											
19	X	24 hrs	14,000		1.4								1	
20		24 hrs	14,000											
21	X	24 hrs	17,000		1.4								1	
22		24 hrs	17,000											
23		24 hrs	17,000											
24	X	24 hrs	15,000		0.8								0.4	
25		24 hrs	15,000											
26	X	24 hrs	15,000		1.5								1.1	
27		24 hrs	15,000											
28	X	24 hrs	18,000		1.6								1.2	
29		24 hrs	18,000											
30		24 hrs	18,000											
31		24 hrs												
Total			463,000											
Average			15,433											
Maximum			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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

11-6-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net 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/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	X	24 hrs	15,000		1.6								1.2	
2		24 hrs	15,000											
3	X	24 hrs	19,000		1.6								1.2	
4		24 hrs	19,000											
5	X	24 hrs	29,000		1.4								1.2	
6		24 hrs	29,000											
7		24 hrs	30,000											
8	X	24 hrs	7,000		1.6								1.2	
9		24 hrs	7,000											
10	X	24 hrs	7,000		1.5								1.1	
11		24 hrs	7,000											
12	X	24 hrs	11,000		0.8								0.4	
13		24 hrs	11,000											
14		24 hrs	11,000											
15	X	24 hrs	22,000		1.4								1	
16		24 hrs	22,000											
17	X	24 hrs	8,000		1.3								0.9	
18		24 hrs	8,000											
19	X	24 hrs	9,000		1.4								1	
20		24 hrs	9,000											
21		24 hrs	9,000											
22	X	24 hrs	8,000		1.1								0.7	
23		24 hrs	8,000											
24	X	24 hrs	7,000		1.1								0.7	
25		24 hrs	7,000											
26	X	24 hrs	10,000		1.1								0.7	
27		24 hrs	10,000											
28		24 hrs	10,000											
29	X	24 hrs	7,000		1.2								0.8	
30		24 hrs	7,000											
31	X	24 hrs	6,000		2								1.6	
Total			384,000											
Average			12,387											
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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator(s)	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: November-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking a Water System Components Out of Operation
1		24 hrs	6,000											
2	X	24 hrs	9,000		1.6								1.2	
3		24 hrs	9,000											
4		24 hrs	9,000											
5	X	24 hrs	8,000		1.6								1.2	
6		24 hrs	8,000											
7	X	24 hrs	7,000		1.6								1.2	
8		24 hrs	7,000											
9	X	24 hrs	12,000		1.6								1.2	
10		24 hrs	12,000											
11		24 hrs	12,000											
12	X	24 hrs	10,000		1.7								1.5	
13		24 hrs	10,000											
14	X	24 hrs	7,000		1.5								1.3	
15		24 hrs	7,000											
16	X	24 hrs	9,000		1.5								1.3	
17		24 hrs	9,000											
18		24 hrs	9,000											
19	X	24 hrs	10,000		1.3								1	
20		24 hrs	10,000											
21	X	24 hrs	8,000		1.4								1.2	
22		24 hrs	8,000											
23	X	24 hrs	11,000		1.3								1	
24		24 hrs	11,000											
25		24 hrs	11,000											
26	X	24 hrs	14,000		1.3								1	
27		24 hrs	14,000											
28	X	24 hrs	12,000		1.3								1	
29		24 hrs	12,000											
30	X	24 hrs	9,000		1.3								1	
31		24 hrs												
Total			290,000											
Average			9,667											
Maximum			14,000											

** 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: December-07

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

1-7-08
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: December-07

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	9,000											
2		24 hrs	9,000											
3	X	24 hrs	7,000		1.3								1	
4		24 hrs	7,000											
5	X	24 hrs	10,000		1.2								0.9	
6		24 hrs	10,000											
7	X	24 hrs	11,000		1.3								1	
8		24 hrs	11,000											
9		24 hrs	11,000											
10	X	24 hrs	8,000		1.2								0.9	
11		24 hrs	8,000											
12	X	24 hrs	10,000		1.2								0.9	
13		24 hrs	10,000											
14	X	24 hrs	8,000		1.2								0.9	
15		24 hrs	8,000											
16		24 hrs	8,000											
17	X	24 hrs	8,000		0.8								0.5	
18		24 hrs	8,000											
19	X	24 hrs	8,000		1.4								1.1	
20		24 hrs	8,000											
21	X	24 hrs	8,000		1.3								1	
22		24 hrs	8,000											
23		24 hrs	8,000											
24	X	24 hrs	8,000		1.4								1.1	
25		24 hrs	8,000											
26	X	24 hrs	7,000		1.3								1	
27		24 hrs	7,000											
28	X	24 hrs	9,000		1.3								1	
29		24 hrs	9,000											
30		24 hrs	9,000											
31	X	24 hrs	8,000		1.3								1	
Total			266,000											
Average			8,581											
Maximum			11,000											

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

PWS ID:	3424646	Plant Name:	Woodberry Forest

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

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

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.

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:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

2-3-06

Signature and Date

Gary Kissick

Printed or Typed Name

C7846

License Number

DOCUMENT NUMBER-DATE

04319 MAY 22 08

FPSC-COMMISSION CLERK

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: **January-06**

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

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

Day of the Month	Was Raw Water Pumped on This Day? (Enter X)	Hours Plant Operated	Finished Water Pumped (gallons)	Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Time of Lowest Residual (hours)	Number of Disinfectant Residual Samples Taken in Distribution System This Day	Number of Bacteriological Samples Taken This Day	Number of Coliform Positive Samples This Day	Number of Fecal Coliform or E. coli Positive Samples This Day	Number of Heterotrophic Bacteria Samples This Day	Highest Heterotrophic Bacteria Result (CFU/mL)	Turbidity of Treated Water Entering Distribution System (NTU)	Comments or Abnormal Operating Conditions; Repairs or Maintenance Work in Water Supply Components and Its Operation
1		24 hrs	11,000											
2	X	24 hrs	14,000	1									0.6	
3		24 hrs	14,000											
4	X	24 hrs	12,000	1.5									1.3	
5		24 hrs	12,000											
6	X	24 hrs	13,000	1.6									1.3	
7		24 hrs	13,000											
8		24 hrs	13,000											
9	X	24 hrs	12,000	1.6									1.3	
10		24 hrs	12,000											
11	X	24 hrs	13,000	1									0.6	
12		24 hrs	13,000											
13	X	24 hrs	12,000	1.6									1.3	
14		24 hrs	12,000											
15		24 hrs	12,000											
16	X	24 hrs	11,000	1.1									0.8	
17		24 hrs	11,000											
18	X	24 hrs	13,000	1									0.7	
19		24 hrs	13,000											
20	X	24 hrs	14,000	1									0.7	
21		24 hrs	14,000											
22		24 hrs	14,000											
23	X	24 hrs	12,000	1.8									1.5	
24		24 hrs	12,000											
25	X	24 hrs	13,000	1.3									0.9	
26		24 hrs	13,000											
27	X	24 hrs	14,000	1.4									1	
28		24 hrs	14,000											
29		24 hrs	14,000											
30	X	24 hrs	12,000	1.1									0.7	
31		24 hrs	12,000											
Total			394,000											
Average			12,710											
Maximum			14,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3-5-06	Gary Kissick	C7846

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

PWS Identification Number: 3424646 | Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: February-06

Means of Achieving Four-Log Virus Inactiviation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	13,000		1.1								0.7	
2		24 hrs	13,000											
3	X	24 hrs	14,000		1.1								0.7	
4		24 hrs	14,000											
5		24 hrs	14,000											
6	X	24 hrs	16,000		1.6								1.2	
7		24 hrs	16,000											
8	X	24 hrs	12,000		1.3								1	
9		24 hrs	12,000											
10	X	24 hrs	14,000		1								0.7	
11		24 hrs	14,000											
12		24 hrs	14,000											
13	X	24 hrs	11,000		1.6								1.2	
14		24 hrs	11,000											
15	X	24 hrs	11,000		2.2								1.8	
16		24 hrs	11,000											
17	X	24 hrs	18,000		1.1								0.7	
18		24 hrs	18,000											
19		24 hrs	18,000											
20	X	24 hrs	16,000		2.2								2.1	
21		24 hrs	16,000											
22	X	24 hrs	14,000		1.8								1.4	
23		24 hrs	14,000											
24	X	24 hrs	13,000		1.1								0.7	
25		24 hrs	13,000											
26		24 hrs	13,000											
27	X	24 hrs	12,000		1.6								1.1	
28		24 hrs	12,000											
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			387,000											
Average			13,821											
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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg / State: FL / Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala / State: FL / Zip Code:	34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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(s)	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operator(s)	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

4-6-06	Gary Kissick	C7846
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: **March-06**

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

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

Day of the Month	Plant Source(s) Used by Plant Operated	Hours Plant Was in Operation	Net Quantity of Finished Water Produced (gal)	Disinfectant Concentration (mg/L) Entering Distribution System (Prechlorination, if Applicable)	Disinfectant Concentration (mg/L) Entering Distribution System (Primary Disinfection)	Disinfectant Concentration (mg/L) Entering Distribution System (Post-Chlorination, if Applicable)	Time of Contact (Minutes)	Temperature of Water (°C)	Minimum Residual Disinfectant Concentration (mg/L)	Location of Residual Disinfectant Measurement	Maximum Turbidity Measured (NTU)	Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Occurrence of Unusual Operating Conditions, Repairs or Maintenance Performed on Plant or Water System Components, Out of Operation
1	X	24 hrs	12,000		1.5							1	
2		24 hrs	12,000										
3	X	24 hrs	15,000		1.2							0.8	
4		24 hrs	15,000										
5		24 hrs	15,000										
6	X	24 hrs	15,000		1.6							1.2	
7		24 hrs	15,000										
8	X	24 hrs	17,000		1.4							0.9	
9		24 hrs	17,000										
10	X	24 hrs	16,000		1.6							1.2	
11		24 hrs	16,000										
12		24 hrs	16,000										
13	X	24 hrs	14,000		1.7							1.2	
14		24 hrs	14,000										
15	X	24 hrs	14,000		1.6							1.1	
16		24 hrs	14,000										
17	X	24 hrs	18,000		1.7							1.3	
18		24 hrs	18,000										
19		24 hrs	18,000										
20	X	24 hrs	13,000		1.3							0.8	
21		24 hrs	13,000										
22	X	24 hrs	18,000		1.8							1.4	
23		24 hrs	18,000										
24	X	24 hrs	18,000		1.3							0.9	
25		24 hrs	18,000										
26		24 hrs	18,000										
27	X	24 hrs	14,000		1.6							1.1	
28		24 hrs	14,000										
29	X	24 hrs	19,000		1.8							1.3	
30		24 hrs	19,000										
31	X	24 hrs	20,000		1.7							1.1	
Total			493,000										
Average			15,903										
Maximum			20,000										

** 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-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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	Operator Class	Operator Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operator(s)	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

5-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: April-06

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

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

Day of the Month	Did Plant Operate on This Day?	Hours Plant Operated	Net Finished Water Produced (gal)	Peak Hourly Flow Rate (gpm)	Lowest Disinfectant Concentration (mg/L) Prior to First Customer During Peak Hourly Flow	Time Disinfectant Concentration Prior to First Customer During Peak Hourly Flow Was Measured	Lowest Disinfectant Concentration (mg/L) Prior to First Customer During Peak Hourly Flow	Peak Hourly Flow Was Measured at Entry Point No.	Was Lowest Disinfectant Concentration Prior to First Customer Measured at Entry Point No.	Minimum Disinfectant Residual Maintained in Distribution System (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Number of Distribution System Coliform Samples Taken	Highest Percent Positive for Coliform Bacteria in Distribution System (%)	Emergencies or Abnormal Operating Conditions, Repairs or Maintenance Work Performed on Water System Components, Cause of Operation
1		24 hrs	20,000											
2		24 hrs	20,000											
3	X	24 hrs	18,000		1.7								1.2	
4		24 hrs	18,000											
5	X	24 hrs	20,000		1.7								1.2	
6		24 hrs	20,000											
7	X	24 hrs	17,000		1								0.6	
8		24 hrs	17,000											
9		24 hrs	17,000											
10	X	24 hrs	15,000		1.4								0.8	
11		24 hrs	15,000											
12	X	24 hrs	15,000		1.3								0.7	
13		24 hrs	15,000											
14	X	24 hrs	25,000		1								0.5	
15		24 hrs	25,000											
16		24 hrs	25,000											
17	X	24 hrs	13,000		2.2								1.8	
18		24 hrs	13,000											
19	X	24 hrs	18,000		1.7								1.2	
20		24 hrs	18,000											
21	X	24 hrs	20,000		1.8								1.3	
22		24 hrs	20,000											
23		24 hrs	20,000											
24	X	24 hrs	23,000		1.6								1.1	
25		24 hrs	23,000											
26	X	24 hrs	19,000		1.7								1.1	
27		24 hrs	19,000											
28	X	24 hrs	23,000		1.8								1.2	
29		24 hrs	23,000											
30		24 hrs	23,000											
31		24 hrs												
Total			577,000											
Average			19,233											
Maximum			25,000											

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

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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

6-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month Year of: **May-06**

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

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

	X	24 hrs	21,000		1.5							1	
		24 hrs	21,000										
	X	24 hrs	20,000		1.5							1	
		24 hrs	20,000										
	X	24 hrs	19,000		1.7							1.3	
		24 hrs	19,000										
		24 hrs	19,000										
	X	24 hrs	20,000		1.8							1.2	
		24 hrs	20,000										
	X	24 hrs	15,000		1.6							1	
		24 hrs	15,000										
	X	24 hrs	16,000		1.7							1.2	
		24 hrs	16,000										
		24 hrs	16,000										
	X	24 hrs	17,000		2.2							2	
		24 hrs	17,000										
	X	24 hrs	18,000		1.4							0.8	
		24 hrs	18,000										
	X	24 hrs	21,000		1.5							0.8	
		24 hrs	21,000										
		24 hrs	21,000										
	X	24 hrs	15,000		1.5							0.8	
		24 hrs	15,000										
	X	24 hrs	16,000		1.5							0.8	
		24 hrs	16,000										
	X	24 hrs	16,000		1.5							0.8	
		24 hrs	16,000										
		24 hrs	16,000										
	X	24 hrs	21,000		1.4							0.7	
		24 hrs	21,000										
	X	24 hrs	15,000		1							0.4	
			557,000										
			17,968										
			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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

7-6-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: June-06

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	15,000											
2	X	24 hrs	20,000		1.2								0.6	
3		24 hrs	20,000											
4		24 hrs	20,000											
5	X	24 hrs	18,000		2								1.4	
6		24 hrs	18,000											
7	X	24 hrs	19,000		1.6								1	
8		24 hrs	19,000											
9	X	24 hrs	20,000		1.5								1	
10		24 hrs	20,000											
11		24 hrs	20,000											
12	X	24 hrs	16,000		1.2								0.6	
13		24 hrs	16,000											
14	X	24 hrs	20,000		1.3								0.7	
15		24 hrs	20,000											
16	X	24 hrs	17,000		1.3								0.7	
17		24 hrs	17,000											
18		24 hrs	17,000											
19	X	24 hrs	16,000		1.3								0.7	
20		24 hrs	16,000											
21	X	24 hrs	18,000		1.5								1	
22		24 hrs	18,000											
23	X	24 hrs	17,000		1.6								1.1	
24		24 hrs	17,000											
25		24 hrs	17,000											
26	X	24 hrs	17,000		1.5								0.9	
27		24 hrs	17,000											
28	X	24 hrs	18,000		1.6								1	
29		24 hrs	18,000											
30	X	24 hrs	19,000		0.8								0.3	
31		24 hrs												
Total			540,000											
Average			18,000											
Maximum			20,000											

** 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: July-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

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

8-4-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: July-06

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

Type of Disinfectant Residual Maintained in Distribution System:
[X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quanity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
				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 = (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	*Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24 hrs	19,000											
2		24 hrs	19,000											
3	X	24 hrs	17,000		1.4								0.8	
4		24 hrs	17,000											
5	X	24 hrs	17,000		1.5								0.9	
6		24 hrs	17,000											
7	X	24 hrs	18,000		1.4								0.8	
8		24 hrs	18,000											
9		24 hrs	18,000											
10	X	24 hrs	16,000		1.1								0.6	
11		24 hrs	16,000											
12	X	24 hrs	17,000		1.5								0.9	
13		24 hrs	17,000											
14	X	24 hrs	21,000		1.5								0.9	
15		24 hrs	21,000											
16		24 hrs	21,000											
17	X	24 hrs	18,000		1.4								0.8	
18		24 hrs	18,000											
19	X	24 hrs	15,000		1.4								0.7	
20		24 hrs	15,000											
21	X	24 hrs	20,000		1.3								0.7	
22		24 hrs	20,000											
23		24 hrs	20,000											
24	X	24 hrs	21,000		1.3								0.7	
25		24 hrs	21,000											
26	X	24 hrs	23,000		1.6								1	
27		24 hrs	23,000											
28	X	24 hrs	18,000		1.6								1	
29		24 hrs	18,000											
30		24 hrs	18,000											
31	X	24 hrs	20,000		1.4								0.7	
Total			577,000											
Average			18,613											
Maximum			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

See page 4 for instructions

I. General Information for the Month/Year of: August-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Treatment Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

9-7-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month Year of: August-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of Month	Backwash Occurred	Plant In Operation	Finished Water Volume Produced (gallons)	Raw Water Turbidity (NTU)	Finished Water Turbidity (NTU)	Raw Water Iron (mg/l)	Finished Water Iron (mg/l)	Raw Water Manganese (mg/l)	Finished Water Manganese (mg/l)	Raw Water Color (color units)	Finished Water Color (color units)	Finished Water Fluoride (mg/l)	Finished Water Disinfectant Residual (mg/l)	Remarks (Including Corrective Actions & Results, Maintenance Work that Involved Taking Water System Components Out of Operation) *
1		24 hrs	20,000											
2	X	24 hrs	20,000		1.6								1	
3		24 hrs	20,000											
4	X	24 hrs	20,000		1.5								0.8	
5		24 hrs	20,000											
6		24 hrs	20,000											
7	X	24 hrs	20,000		1.5								0.8	
8		24 hrs	20,000											
9	X	24 hrs	27,000		1.4								0.8	
10		24 hrs	27,000											
11	X	24 hrs	16,000		1.5								0.9	
12		24 hrs	16,000											
13		24 hrs	16,000											
14	X	24 hrs	12,000		1.3								0.7	
15		24 hrs	12,000											
16	X	24 hrs	13,000		1.2								0.7	
17		24 hrs	13,000											
18	X	24 hrs	13,000		1.2								0.9	
19		24 hrs	13,000											
20		24 hrs	13,000											
21	X	24 hrs	9,000		1.5								1.1	
22		24 hrs	9,000											
23	X	24 hrs	12,000		1.5								1	
24		24 hrs	12,000											
25	X	24 hrs	10,000		1.5								1.1	
26		24 hrs	10,000											
27		24 hrs	10,000											
28	X	24 hrs	8,000		1.5								1	
29		24 hrs	8,000											
30	X	24 hrs	10,000		1.5								1	
31		24 hrs	10,000											
Total			459,000											
Average			14,806											
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 page 4 for instructions

I. General Information for the Month/Year of: September-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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 Designation	Name	Grade	Operator License Number	Days/Shifts Worked
Lead/Chief Operator & Other Operators	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-5-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: September-06

Means of Achieving Four-Log Virus Inactivation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:
[X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of Month	Was Plant Operated?	Hours Plant Operated	Finished Water Pumped (gallons)	Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual in Distribution System (mg/L)	Was Fluoride Added?	Fluoride Concentration Entering Distribution System (mg/L)	Was Corrosion Control Chemical Added?	Corrosion Control Chemical Concentration Entering Distribution System (mg/L)	Was Backwash Water Recycled?	Backwash Water Recycled (gallons)	Lowest Free Chlorine Residual in Backwash Water Entering Plant (mg/L)	Duration of Maintenance Work that Required Taking Water System Components Out of Operation
1	X	24 hrs	9,000		1.4							1	
2		24 hrs	9,000										
3		24 hrs	9,000										
4	X	24 hrs	10,000		1.1							0.7	
5		24 hrs	10,000										
6	X	24 hrs	8,000		1.2							0.7	
7		24 hrs	8,000										
8	X	24 hrs	14,000		1.2							0.7	
9		24 hrs	14,000										
10		24 hrs	14,000										
11	X	24 hrs	8,000		1.9							1.5	
12		24 hrs	8,000										
13	X	24 hrs	12,000		1.6							1.2	
14		24 hrs	12,000										
15	X	24 hrs	12,000		1.5							1	
16		24 hrs	12,000										
17		24 hrs	12,000										
18	X	24 hrs	9,000		1.4							0.9	
19		24 hrs	9,000										
20	X	24 hrs	9,000		1.7							1.2	
21		24 hrs	9,000										
22	X	24 hrs	13,000		1.7							1.2	
23		24 hrs	13,000										
24		24 hrs	13,000										
25	X	24 hrs	9,000		1.3							0.8	
26		24 hrs	9,000										
27	X	24 hrs	11,000		1.4							0.8	
28		24 hrs	11,000										
29	X	24 hrs	11,000		1.3							0.8	
30		24 hrs	11,000										
31		24 hrs											
Total			318,000										
Average			10,600										
Maximum			14,000										

** 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: October-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest			Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000				
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	Operator Class	License Number	Day(s) Shift(s) Worked
Gary Kissick	C	7846	3 Days per week
Mark March	C	8287	3 Days per week
Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11-3-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of:	October-06

Means of Achieving Four-Log Virus Inactivation/Removal: *
[X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:
[X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

		24 hrs	11,000										
	X	24 hrs	11,000		1.3							0.7	
		24 hrs	11,000										
	X	24 hrs	11,000		1.3							0.7	
		24 hrs	11,000										
	X	24 hrs	14,000		1.3							0.8	
		24 hrs	14,000										
		24 hrs	14,000										
	X	24 hrs	9,000		1.3							0.7	
		24 hrs	9,000										
	X	24 hrs	13,000		1.2							0.7	
		24 hrs	13,000										
	X	24 hrs	14,000		1.4							0.9	
		24 hrs	14,000										
		24 hrs	14,000										
	X	24 hrs	12,000		1.4							0.8	
		24 hrs	12,000										
	X	24 hrs	10,000		1.4							0.8	
		24 hrs	10,000										
	X	24 hrs	13,000		1.4							0.8	
		24 hrs	13,000										
		24 hrs	13,000										
	X	24 hrs	10,000		1.4							0.8	
		24 hrs	10,000										
	X	24 hrs	13,000		1.4							0.8	
		24 hrs	12,000										
	X	24 hrs	11,000		1.5							0.8	
		24 hrs	10,000										
		24 hrs	10,000										
	X	24 hrs	10,000		0.8							0.6	
		24 hrs	10,000										
			362,000										
			11,677										
			14,000										

** 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: November-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	[X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water [ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000		
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

12-8-06
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: November-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day in the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal.)	Calculations for CT Data to Demonstrate Four-Log Virus Inactivation (if Applicable)							Water Quality Data			
				Peak Hourly Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) in Water Delivered to Customers During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) in Minutes During Peak Hourly Flow	Lowest Log Inactivation Provided Before or at First Customer During Peak Hourly Flow (mg-min/L)	Temperature of Water (°C)	pH of Water (If Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating Free Chlorine Residual (mg/L) in Distribution System (mg/L)	Minimum UV Dose Required (mJ/cm2)	Lowest Residual Disinfectant Concentration (C) in Water Delivered to Customers (mg/L)	Emergency or Abnormal Operating Conditions Requiring Maintenance Work (Attach Explanation) (Describe Water System Components Out of Operation)
1	X	24 hrs	10,000		1.5							1	
2		24 hrs	10,000										
3	X	24 hrs	11,000		1.5							1	
4		24 hrs	11,000										
5		24 hrs	11,000										
6	X	24 hrs	8,000		1.3							0.8	
7		24 hrs	8,000										
8	X	24 hrs	11,000		1.3							0.8	
9		24 hrs	11,000										
10	X	24 hrs	11,000		1.3							0.7	
11		24 hrs	11,000										
12		24 hrs	11,000										
13	X	24 hrs	11,000		1.2							0.7	
14		24 hrs	11,000										
15	X	24 hrs	12,000		1.4							0.8	
16		24 hrs	12,000										
17	X	24 hrs	13,000		1.4							0.9	
18		24 hrs	13,000										
19		24 hrs	13,000										
20	X	24 hrs	12,000		1.4							0.9	
21		24 hrs	12,000										
22	X	24 hrs	13,000		1.2							0.7	
23		24 hrs	13,000										
24	X	24 hrs	10,000		1.5							0.9	
25		24 hrs	10,000										
26		24 hrs	10,000										
27	X	24 hrs	8,000		1.5							1	
28		24 hrs	8,000										
29	X	24 hrs	11,000		1.5							1	
30		24 hrs	11,000										
31		24 hrs											
Total			327,000										
Average			10,900										
Maximum			13,000										

** 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: December-06

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest			PWS Identification Number:	3424646
PWS Type:	[X] Community	[ ] Non-Transient Non-Community	[ ] Transient Non-Community	[ ] Consecutive	
Number of Service Connections at End of Month:	55		Total Population Served at End of Month:	193	
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest		Plant Telephone Number:	(352) 787-0980
Plant Address:	9050 S.E. County Hwy C-25	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:	[X] Raw Ground Water	[ ] Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000			
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	Gary Kissick	C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	3 Days per week

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1-9-07
Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424646	Plant Name:	Woodberry Forest

III. Daily Data for the Month/Year of: December-06

Means of Achieving Four-Log Virus Inactivation/Removal: * [X] Free Chlorine [ ] Chlorine Dioxide [ ] Ozone [ ] Combined Chlorine (Chloramines)
[ ] Ultraviolet Radiation [ ] Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: [X] Free Chlorine [ ] Combined Chlorine (Chloramines) [ ] Chlorine Dioxide

Day of the Month	Plant Shutdown for Water Conservation (Check)	Hours Plant Operated	Net Quantity of Water Produced (gals)	Calculations for Log Inactivation/Removal (Complete if Applicable)										Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Unusual Conditions/Events/Operations (Fire, Line Breaks, Pressure Problems, Power Failures, Chemical Spills, Water System Components Out of Operation)
				Peak Hourly Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Hourly Flow (mg/L)	Disinfectant Contact Time (T) During Peak Hourly Flow (min)	Lowest Product of Actual Disinfectant Contact Time and Residual Disinfectant Concentration (CT) Before or At First Customer During Peak Hourly Flow (mg/L-min)	Temperature of Water (°C)	pH of Water (If Applicable)	Minimum CT Required for Log Inactivation (mg/L-min)	Lowest Operating CT for CT Calculation Segment (mg/L-min)	Minimum CT Required for Log Removal (mg/L-min)			
1	X	24 hrs	13,000		1.4									0.9	
2		24 hrs	13,000												
3		24 hrs	13,000												
4	X	24 hrs	9,000		1.4									0.9	
5		24 hrs	9,000												
6	X	24 hrs	9,000		1.4									0.9	
7		24 hrs	9,000												
8	X	24 hrs	11,000		1.2									0.7	
9		24 hrs	11,000												
10		24 hrs	11,000												
11	X	24 hrs	11,000		1.3									0.8	
12		24 hrs	11,000												
13	X	24 hrs	8,000		1.3									0.8	
14		24 hrs	8,000												
15	X	24 hrs	12,000		1.5									1.1	
16		24 hrs	12,000												
17		24 hrs	12,000												
18	X	24 hrs	9,000		1.5									1.1	
19		24 hrs	9,000												
20	X	24 hrs	11,000		1.4									1	
21		24 hrs	11,000												
22	X	24 hrs	9,000		1.6									1.1	
23		24 hrs	9,000												
24		24 hrs	9,000												
25	X	24 hrs	11,000		1.5									1.1	
26		24 hrs	11,000												
27	X	24 hrs	10,000		1.6									1.2	
28		24 hrs	10,000												
29	X	24 hrs	10,000		1.6									1.2	
30		24 hrs	10,000												
31		24 hrs	10,000												
Total			321,000												
Average			10,355												
Maximum			13,000												

* *Refer to the instructions for this report to determine which plants must provide this information.*

PWS ID:	3424646	Plant Name:	Woodberry Forest

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

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2384

HBEL Report Number: 213006[illegible]5 Sub-Contract Lab ID:

Lab Receipt Date and Time: 12/4/07 1230

Received for Laboratory By: PAH

Analysis Date and Time: 12/4/07 1655

Analysis Method Requested:
☑ Colilert ☐ Membrane Filtration PWS I.D. 3 4 2 4 6 4 6

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 5.7 °C
Disinfectant Check ☑ Not Detected ☐ >0.1 mg/l

System Name: ALF/Woodberry Forest #657 (WF)

System Address: 9050 SE. County Road 25

City: Bellview System or Owner's Phone #: (352) 787-0980 Fax #: 787-6333

Collector: G. Kissick Collector's Phone #: (904) 237-0919

Relinquished By: GK Received By: [illegible] Relinquished By: [illegible]

Date/Time: 12-4-07 Date/Time: 12/4/07 Date/Time: 12/4/07 1730

Type of Supply: (check only one) ☑ Community Water System ☐ Private Well ☐ Noncommunity Water System ☐ Swimming Pool ☐ Nontransient-Noncommunity Water System ☐ Bottled Water ☐ Limited Use System ☐ Other

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date(s): 12-3-07

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
W	well	2:55 PM	R	Ø	
R-1	11950 SE 94th Ct.	3:05 PM	D	1.0	
R2	9445 SE 119th St.	3:10 PM	D	1.0	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other
Person performing analysis is:
☑ A certified operator (# DWC7846) ☐ 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
P.O. Box 490310
Leesburg FL 34749
ATTN PAUL

LABORATORY CERTIFICATE OF ANALYSIS
Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B
Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. [2]	Lab Sample Number
	A			213006[illegible]001
	A			002
	A			213006[illegible]089

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid

Analyst: PAH

Report authorized by: [signature] Technical Director or Designee

Date: 12/4/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

ACCREDITED IN ACCORDANCE WITH

☐ Satisfactory ☐ Repeat Samples Required
☐ Incomplete Collection Information ☐ Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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

Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DOCUMENT NUMBER-DATE 04319 MAY 22
FPSC-COMMISSION CLERK

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: April 23, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest 6577 NO2/NO3 **[2128393]**
Received: 4/12/07 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.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 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: Woodberry Forest 6577 NO2/NO3 **[2128393]**
Received: 4/12/07 13:00

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2128393]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest 6577 NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2128393001**							*Sampled:* 04/12/07 7:10	*Received:* 04/12/07 13:00		
Sample ID: **WF-07 Grab**							*Matrix:* Water	Results reported on Wet Weight Basis		
Nitrate as N		**1.6**	mg/L	0.0030	EPA 300.0	IC7182		04/13/07 12:57	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7182		04/13/07 12:57	JL	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS DARK
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

___FDOH # E96080
5600 U.S. 1 North
Fort Pierce, FL 34946

___FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

___FDOH # E83509
4155 St. Johns Pkwy.
Suite 1300
Sanford, FL 32771

___FDOH # E84418
16331 Cortez Blvd.
Brooksville, FL 34601

Company: Aqua Utilities Florida
Address: P.O. Box 478310
Leesburg Zip: 34749
Phone (352) 787-0980 Fax: 787-6333
Client Contact: G. Kissick (904) 237-0919
Project Name: Woodberry Forest #657
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature °C
Custody Seal
Intact
Cooler
LAB #: 212-0313

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE NO2	PRESERVATIVE NO3	ANALYSES REQUESTED	COMMENTS
001	4-12-07	7:10 AM	G	DW	1	WF-07	✓	✓		PWS# 3424446
										Cl2 Res 1.4
										Ph. 7.7
										Sampled AT Pressure Tank

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid U=Unpreserved
SH=Sodium Hydroxide

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY	GK	RELINQUISHED BY		RELINQUISHED BY	
DATE/TIME	4-12-07	DATE/TIME	4/12/07 1:00	DATE/TIME	4/12/07 1600
RECEIVED BY		RECEIVED BY		RECEIVED FOR FIELD CUSTODY BY	
DATE/TIME	4/12/07	DATE/TIME	4/12/07 1300	DATE/TIME	

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-1584

Date issued: September 26, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest 6577 HAA5/THM **[2126733]**
Received: 9/07/06 13:30

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.

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: Woodberry Forest 6577 HAA5/THM **[2126733]**
Received: 9/07/06 13:30

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2126733001	9325 SE 119th Ln Grab		
		EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

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

[2126733]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest 6577 HAA5/THM

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2126733001** *Sample ID:* **9325 SE 119th Ln Grab**						*Sampled:* 09/07/06 8:00 *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Dibromoacetic Acid		0.18 U	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Dichloroacetic Acid		0.98	ug/L	0.66	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Total HAAs		0.98	ug/L	0.18	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Trichloroacetic acid		0.20 U	ug/L	0.20	EPA 552.1	PEST4790	09/14/06 13:10	09/15/06 1:11	JL	E96080
Laboratory ID: **2126733002** *Sample ID:* **9325 SE 119th Ln Grab**						*Sampled:* 09/07/06 8:03 *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Bromodichloromethane		0.37	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 22:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2692		09/20/06 22:00	WR	E96080
Chloroform		0.61	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 22:00	WR	E96080
Dibromochloromethane		0.39	ug/L	0.30	EPA 524.2	VOC2692		09/20/06 22:00	WR	E96080
Total THMs		1.4	ug/L	0.50	EPA 524.2	VOC2692		09/20/06 22:00	WR	E96080
Laboratory ID: **2126733003** *Sample ID:* **Trip Blanks**						*Sampled:* *Matrix:* Water		*Received:* 09/07/06 13:30 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 22:33	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2692		09/20/06 22:33	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2692		09/20/06 22:33	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2692		09/20/06 22:33	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2692		09/20/06 22:33	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody

and

Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946

___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936

___FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725

___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities Florida

Address: P.O. Box 490310

Leesburg Zip: 34749

Phone: (352) 787-0980 Fax (352) 787-6333

Client Contact: G Kissick (904) 237-0919

Project Name: Woodberry Forest #577

Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days

Requires Laboratory Approval

For Lab Use Only

Temperature Checked: 7.0°C Y / N

Custody Seals Intact: Y / N/A

pH Checked: Y / N

LAB # 2126733

PRESERVATIVE

ANALYSES REQUESTED

A B

HAA5 / TTHM

Preservation Key

H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A	B	COMMENTS
001	9-7-06	8:00 AM	G	DW	1	WF-1	✓		Cl2 Res. 0.8
002	9-7-06	8:03 AM	G	DW	3	WF-2 abc		✓	Ph 7.7
									Sampled per Lab
									Instructions at
									9325 SE 119th Ln
									Belview
003					3	Trip Blanks		✓	

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4

RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
GK	9-7-06	[illegible]	9/7/06
[illegible]	9/7/06	[illegible]	9/7/06 1330
[illegible] → Fedx	9/7/06 1600	Amanda Shelton	9-8-06 1030

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN 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) 467-1584

Date issued: September 12, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest 6577 DW Scan **[2126392]**
Received: 7/25/06 13:25

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-5884

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Woodberry Forest 6577 DW Scan
Received: 7/25/06 13:25

[2126392]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2126392001	WF P.O.E. Grab		
		EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 160.1			
	2126378008	Total Dissolved Solids	Precision - Outside acceptance limits between DUPs.
EPA 505			
	PEST4761		
	2126392001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
EPA 552.1			
	PEST4783		
	2126392001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits.

During extraction of 552.1 HAAs, the samples were not spiked with the surrogate. The IS was used to evaluate performace. Precision and Accuracy were determined with the LCS.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5584

CERTIFICATE OF ANALYSIS

[2126392]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest 6577 DW Scan

Laboratory ID: **2126392001**
Sample ID: **WF P.O.E. Grab**

Sampled: 07/25/06 8:58 *Received:* 07/25/06 13:25
Matrix: Water Results reported on Wet Weight Basis

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Odor		1.2	T.O.N.	1.0	EPA 140.1	WCDE14923		07/25/06 15:00	PA	E83509
pH	Q	7.46	SU	0.200	EPA 150.1	WCDE14922		07/25/06 15:55	PA	E83509
Total Dissolved Solids		140	mg/L	5.0	EPA 160.1	WCDE14936		07/27/06 16:17	PA	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Barium		0.0034	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Sodium		5.6	mg/L	0.50	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Zinc		0.015	mg/L	0.010	EPA 200.7	META8046		08/1/06 13:47	SP	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8038		07/29/06 16:35	SP	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 14:39	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8049		08/4/06 18:03	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8043	07/28/06 12:24	07/31/06 12:56	SP	E96080
Chloride		13	mg/L	5.0	EPA 300.0	IC6880		07/27/06 0:46	JL	E96080
Fluoride		0.097	mg/L	0.011	EPA 300.0	IC6882		07/26/06 14:20	JL	E96080
Nitrate as N		1.7	mg/L	0.0030	EPA 300.0	IC6882		07/26/06 14:20	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6882		07/26/06 14:20	JL	E96080
Sulfate		8.0	mg/L	1.4	EPA 300.0	IC6880		07/27/06 0:46	JL	E96080
Surfactants, as LAS, Mol.wt.340		0.042 U	mg/L	0.042	EPA 425.1	WCDE14947	07/26/06 13:36	07/26/06 14:00	PA	E83509
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 0:10	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4762	07/28/06 12:35	07/29/06 0:10	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
PCB -		0.14 U	ug/L	0.14	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST4761	07/27/06 12:41	07/27/06 23:07	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080

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

[2126392]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest 6577 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4763	07/26/06 12:39	07/27/06 20:03	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Bromodichloromethane		0.33	ug/L	0.25	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Chloroform		0.67	ug/L	0.25	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Dibromochloromethane		0.30	ug/L	0.30	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Total THMs		1.5	ug/L	0.50	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/26/06 22:58	WR	E96080
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Benzo(a)pyrene		0.069 U	ug/L	0.069	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Di(2-ethylhexyl)adipate		0.67 U	ug/L	0.67	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Simazine		0.62 U	ug/L	0.62	EPA 525.2	SVOC2428	07/26/06 16:04	08/4/06 21:20	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 17:48	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 17:48	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2317		07/26/06 13:28	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2425	07/26/06 14:30	08/3/06 13:56	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2318	07/27/06 8:51	07/27/06 13:33	JJM	E96080
Dibromoacetic Acid	Q	0.21	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080
Dichloroacetic Acid	Q	0.66 U	ug/L	0.66	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080
Monobromoacetic Acid	Q	0.28 U	ug/L	0.28	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080
Monochloroacetic Acid	Q	0.88 U	ug/L	0.88	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080

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

[2126392]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Woodberry Forest 6577 DW Scan

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Total HAAs	Q	0.21	ug/L	0.18	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080
Trichloroacetic acid	Q	0.20 U	ug/L	0.20	EPA 552.1	PEST4783	09/7/06 13:07	09/7/06 21:54	JL	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/7/06 15:46	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1017		08/2/06 12:40	SAL	E84129
Color		7.0	CU	1.8	SM2120 B	WCGE25985		07/26/06 14:00	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/3/06 9:00	08/4/06 15:22	GG	E96080

Laboratory ID: **2126392002** *Sampled:* *Received:* 07/25/06 13:25
Sample ID: **Trip Blanks** *Matrix:* Water Results reported on Wet Weight Basis

1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Bromodichloromethane	0.25 U	ug/L	0.25	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Bromoform	0.41 U	ug/L	0.41	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Chloroform	0.25 U	ug/L	0.25	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Dibromochloromethane	0.30 U	ug/L	0.30	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Total THMs	0.50 U	ug/L	0.50	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2666		07/26/06 23:31	WR	E96080

[1]Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 295 Fax: (772) 467-1584

RECEIVED
DEC 22 2006
By

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest 6577 DW Scan
Sample Location: WF P.O.E. Grab
Sample Number: 2126392001
Sampling Date: 7/25/06 8:58
PWS ID (From Page 1): _____
Date Received: 7/25/06 13:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	7/26/06 22:58	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 22:58	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	7/26/06 22:58	E96080
2964	Methylene chloride	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 22:58	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 22:58	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 22:58	E96080
2976	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	7/26/06 22:58	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 22:58	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	7/26/06 22:58	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	7/26/06 22:58	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 22:58	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	7/26/06 22:58	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	7/26/06 22:58	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	7/26/06 22:58	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	7/26/06 22:58	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	7/26/06 22:58	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	7/26/06 22:58	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	7/26/06 22:58	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	7/26/06 22:58	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 22:58	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 22:58	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest 6577 DW Scan
Sample Location: WF P.O.E. Grab
Sample Number: 2126392001
Sampling Date: 7/25/06 8:58
PWS ID (From Page 1): _____
Date Received: 7/25/06 13:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	**0.10**	U	EPA 505	0.10	0.01	7/27/06	7/27/06 23:07	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	7/27/06	7/27/06 23:07	E96080
2015	Methoxychlor	[40]	ug/L	**0.044**	U	EPA 505	0.044	0.1	7/27/06	7/27/06 23:07	E96080
2020	Toxaphene	[3]	ug/L	**0.61**	U	EPA 505	0.61	1	7/27/06	7/27/06 23:07	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	7/26/06	7/27/06 20:03	E96080
2032	Diquat	[20]	ug/L	**4.8**	U	EPA 549.2	4.8	0.4	7/27/06	7/27/06 13:33	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	7/26/06	8/03/06 13:56	E96080
2034	Glyphosate	[700]	ug/L	**26**	U	EPA 547	26	6		7/26/06 13:28	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.67**	U	EPA 525.2	0.67	0.6	7/26/06	8/04/06 21:20	E96080
2036	Oxamyl	[200]	ug/L	**0.41**	U	EPA 531.1	0.41	2		8/01/06 17:48	E96080
2037	Simazine	[4]	ug/L	**0.62**	U	EPA 525.2	0.62	0.07	7/26/06	8/04/06 21:20	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.84**	U	EPA 525.2	0.84	0.6	7/26/06	8/04/06 21:20	E96080
2040	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	7/26/06	7/27/06 20:03	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	7/26/06	7/27/06 20:03	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.23**	U	EPA 525.2	0.23	0.1	7/26/06	8/04/06 21:20	E96080
2046	Carbofuran	[40]	ug/L	**0.18**	U	EPA 531.1	0.18	0.9		8/01/06 17:48	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	7/26/06	8/04/06 21:20	E96080
2051	Alachlor	[2]	ug/L	**0.60**	U	EPA 525.2	0.60	0.2	7/26/06	8/04/06 21:20	E96080
2065	Heptachlor	[0.4]	ug/L	**0.036**	U	EPA 505	0.036	0.04	7/27/06	7/27/06 23:07	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.028**	U	EPA 505	0.028	0.02	7/27/06	7/27/06 23:07	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	7/26/06	7/27/06 20:03	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	7/26/06	7/27/06 20:03	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.30**	U	EPA 525.2	0.30	0.1	7/26/06	8/04/06 21:20	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.069**	U	EPA 525.2	0.069	0.02	7/26/06	8/04/06 21:20	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	7/26/06	7/27/06 20:03	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	7/27/06	7/27/06 23:07	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0020**	U	EPA 504.1	0.0020	0.02	7/28/06	7/29/06 0:10	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0048**	U	EPA 504.1	0.0048	0.01	7/28/06	7/29/06 0:10	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	7/27/06	7/27/06 23:07	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Printed: 12/19/06

HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5844

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Woodberry Forest 6577 DW Scan
Sample Location: Trip Blanks
Sample Number: 2126392002
Sampling Date:
PWS ID (From Page 1): _____
Date Received: 7/25/06 13:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	7/26/06 23:31	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 23:31	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	7/26/06 23:31	E96080
2964	Methylene chloride	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 23:31	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 23:31	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 23:31	E96080
2976	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	7/26/06 23:31	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	7/26/06 23:31	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	7/26/06 23:31	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	7/26/06 23:31	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 23:31	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	7/26/06 23:31	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	7/26/06 23:31	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	7/26/06 23:31	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	7/26/06 23:31	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	7/26/06 23:31	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	7/26/06 23:31	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	7/26/06 23:31	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	7/26/06 23:31	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 23:31	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	7/26/06 23:31	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Printed: 12/19/06

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-2584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
✓ FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone (352) 787-0980 Fax (352) 787-4333
Client Contact: G Kissick (904) 237-0919
Project Name: Woodberry Forest #C577
Sampled By: GK

Method(s) of Shipment: _____

e-mail: _____

Standard Laboratory Turn Around Time
Or
Rush In ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: Y N
Custody Seals Intact: Y N
pH Checked: Y N
LAB # 272099

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	1°+2° metals	CN	Nb, Nb3 Cl	SO4	Pb, Cu, Fe, Total Mg	Odor	Color	Alkalinity	SO4	SM5.1	SM5.2	COMMENTS
001	7.25.06	8:20 AM	G	DW	1	WF-A	✓											Cl2 Res 1.2P.E
		8:21 AM			1	WF-B		✓										Ph 7.7
		8:22 AM			1	WF-C			✓									Sampled AT
		8:23 AM			1	WF-D					✓							P.O.E / H.P.T.
		8:24 AM			1	WF-E						✓						PER LAB
		8:25 AM			1	WF-F							✓					INSTRUCTION
		8:32 AM			3	WF-J									✓			
		8:33 AM			1	WF-L										✓		
001	↓	8:35 AM	↓	↓	1	WF-M											✓	

* Sample Type: G=Grab, C=Composite
** Matrix: S=Solid, SL=Sludge, DW=Drinking Water, GW=Ground Water, SW=Surface Water, WW=Wastewater, M=Marine

RELINQUISHED BY	GK	RELINQUISHED BY		RELINQUISHED BY	Fedex to Fedex
DATE/TIME	7-25-06	DATE/TIME	7-25-06 12:25	DATE/TIME	7-25-06 1600
RECEIVED BY		RECEIVED BY		RECEIVED FOR HBEL CUSTODY BY	
DATE/TIME	7-25-06 12:30	DATE/TIME	7-25-06 1325	DATE/TIME	7-26-06 1000

Report Page 1 of 1

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

___FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
___FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
✓ FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
___FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: Aqua Utilities Florida
Address: P.O. Box 490310
Leesburg Zip: 34749
Phone (352) 787-6980 Fax (352) 787-6333
Client Contact: G. Kissick (904) 237-0919
Project Name: Woodberry Forest #6577
Sampled By: G. Ki

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time
Or
Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only
Temperature Checked: 5° Y N
Custody Seals Intact: Y N
pH Checked: Y N
LAB # 812393

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	531.1	547	548	549	505	THM	HAA5	Reg VOCs	COMMENTS
001	7-25-06	8:37 AM	DW	G	1	WF-N	✓								Clz Res 1.2 P.E
		8:30 AM			1	WF-O		✓							Ph 7.7
		8:44 AM			3	WF-P			✓						Sampled at P.O.E.
		8:50 AM			1	WF-Q				✓					Hpt. per Lab
		8:54 AM			3	WF-R					✓				Instruction
		8:58 AM			3	WF-S						✓			
		8:15 AM			1	WF-K							✓		
001	↓	8:11 AM	↓	↓	3	WF-H								✓	
002					3	Trip Blank (added @ lab GK)								✓	

* Sample Type: G=Grab C=Composite
** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

	RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME
	GK	7-25-06	[illegible]	7-25-06
	[illegible]	7-25-06	[illegible]	1345
	[illegible]	7-25-06	[illegible]	16P
	[illegible]	F26.06	[illegible]	1000

Report Page 6

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2 of 2

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
JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County – PW

System Name	PWS ID Number	System Name	PWS ID Number
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys 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 April 30, 2007**. *(You may use the attached response form to indicate the corrective actions taken.)*

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04319 MAY 22 80
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WOODBERRY FOREST SUBDIVISION County Marion PWS ID # 3424646
Plant Location 9050 Southeast County Road 25, Belleview, FL 34470 Phone 352-732-3504
Owner Name Aqua Utilities Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/14/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS
☒ Community 5D
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
As built 8/13/1985
☐ 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
Garry Kissick C-7846
O & M Log: ☒ Yes ☐ No
O & M Manual: ☒ Yes ☐ No
Emergency Response Plan: ☒ Yes ☐ No ☐ N/A

Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 55
Population Served 193 Basis Operator
Average Day (from MORs) 15,457 gpd
Max. Day (from MORs) 27,000 gpd 8/06
Max-day Design Capacity 54,000 gpd
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 Elliot Propane
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps 1
☐ High Service Pumps
☒ Treatment Equipment All
Satisfy average-day demand? ☒Yes ☐No ☐Unk
Comments

TREATMENT PROCESSES IN USE
Hypochlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Master
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments:

PWS ID # 3424646
Date 2/14/07

GROUND WATER SOURCE

Well Number		1(AAC0051)			
Year Drilled		1984			
Depth Drilled		178'			
Drilling Method		Rotary			
Type of Grout		Cement			
Static Water Level		40'			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Screen			
Length (outside casing)		155'			
Diameter (outside casing)		4"			
Material (outside casing)		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	>200'			
	Other Sanitary Hazard	None			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-Rite			
	Model Number	Unknown			
	Rated Capacity (gpm)	70			
	Motor Horsepower	5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		N/A			

COMMENTS _____

PWS ID # 3424646
Date 2/14/07

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.10 Remote 2.2+
Remote tap location 9440 SE 119th Lane
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
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		
Capacity (gal)	3,000		
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	ARV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide dates of last tank cleaning and inspection.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 3424646
Date 2/14/07

COMMENTS/REMINDERS:

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**

3. **Provide date of last cleaning and inspection for finished drinking water storage tank.**

   Accumulated sludge and biogrowths 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 biogrowth. [Rule 62-555.350(2), F.A.C.]

   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, 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 biogrowths, 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.]

   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.]

   Ensure proper disinfection and bacteriological evaluation in accordance with 62-555.340, 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. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and 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.]

Inspector _____ Title Env. Specialist I Date 2/19/07

Approved by _____ Title Environmental Manager Date 3/16/07

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: 3424646

PWS Name: **Woodberry Forest Subdivision**

Mailing Address: _____

_____

Date: _____

Business Name: _____

_____

Owner(s) Name: _____

_____

Mailing Address: _____

Phone Number(s): _____

Fax #: _____

E-Mail Address: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: Nathan Hess, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated February 14,2007, 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)

A UA
Utilities Florida

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspections
Marion County

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.

2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.

2. The chlorine injection point will be replaced with in the next 14 days.

3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

2. Screens have been placed on all valves.

3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.

5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

2. The tap has been repaired.

3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

Patrick A.. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail